Clinical Education Handbook
For Clinical Education Faculty
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome letter</td>
<td>2</td>
</tr>
<tr>
<td>2. Philosophy of Clinical Education</td>
<td>3</td>
</tr>
<tr>
<td>3. Goals and Objectives</td>
<td>4</td>
</tr>
<tr>
<td>A. Short-term Clinical Internships</td>
<td>4</td>
</tr>
<tr>
<td>1. Process Skills</td>
<td>4</td>
</tr>
<tr>
<td>2. Student Performance Expectations and Responsibilities</td>
<td>4-5</td>
</tr>
<tr>
<td>3. Clinical Instructor Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>4. Student Participation and Evaluation</td>
<td>5-6</td>
</tr>
<tr>
<td>a. General Medical Conditions</td>
<td>5-6</td>
</tr>
<tr>
<td>b. Musculoskeletal Rehabilitation</td>
<td>6</td>
</tr>
<tr>
<td>c. Neurorehabilitation</td>
<td>6</td>
</tr>
<tr>
<td>d. Evaluating the Short-term Experience</td>
<td>6</td>
</tr>
<tr>
<td>B. Long-term Clinical Education Internships</td>
<td>7</td>
</tr>
<tr>
<td>1. Stages of Care</td>
<td>7</td>
</tr>
<tr>
<td>2. Student Performance Expectations and Responsibilities</td>
<td>7</td>
</tr>
<tr>
<td>3. Clinical Instructor Responsibilities</td>
<td>8</td>
</tr>
<tr>
<td>4. Evaluating the Long-term Internship: Formal and Informal</td>
<td>8-9</td>
</tr>
<tr>
<td>4. Policies and Procedures</td>
<td>10</td>
</tr>
<tr>
<td>A. General Information</td>
<td>10</td>
</tr>
<tr>
<td>B. Clinical Internship Contracts</td>
<td>10</td>
</tr>
<tr>
<td>C. Clinical Education Site Selection Processes</td>
<td>10</td>
</tr>
<tr>
<td>1. Short-term Clinical Internship Site Selection</td>
<td>10-11</td>
</tr>
<tr>
<td>a. Specific Needs of Students Assigned to the Clinical Education Site</td>
<td>11</td>
</tr>
<tr>
<td>b. Cancellations or Changes in Clinical Education Assignment</td>
<td>11</td>
</tr>
<tr>
<td>2. Long-term Clinical Internship Site Selection</td>
<td>11</td>
</tr>
<tr>
<td>a. Specific Needs of Students During Site Selection</td>
<td>12</td>
</tr>
<tr>
<td>b. Cancellations or Changes in Clinical Education Assignment</td>
<td>12</td>
</tr>
<tr>
<td>c. Specific Needs of Students Assigned to the Clinical Education Site</td>
<td>13</td>
</tr>
</tbody>
</table>
D. Student Attendance/Absence During Clinical Affiliations 13-14
E. Clinical Education Remediation 14-16
F. Conflict Resolution 16-17
   1. Academic Faculty/Individual Student Issues 16
   2. CCCE and/or CI and Student Issues 16-17
G. Clinical Attire 17-18
H. Patient Rights 18
I. Students with Special Needs 18
J. Reporting Alleged Violations of the Physical Therapy Practice Act and/or Rules and Regulations Regarding the Provision of Physical Therapy 19-20
K. Requirements 20
   a. OSHA Training 20
   b. HIPAA Training 20

5. Emory DPT Curriculum Outline 21-22

6. Evaluation Process 23
   A. Short-term Clinical Education Experiences 23
      1. Competency in Provision of Care 23-27
      2. Competency in Interpersonal Communications 27-32
      3. Competency in Teaching-Learning 32-34
      4. Competency in Administration 34-35
   B. Long-term Clinical Education Internships 35
      1. Competency in Provision of Care 36-40
      2. Competency in Interpersonal Communications 40-45
      3. Competency in Teaching-Learning 45-46
      4. Competency in Administration 47-49

7. Evaluation Forms 50-122
   A. Short-term Forms 50-63
      1. General Medicine Conditions 50-63
      2. Musculoskeletal Rehabilitation 64-77
      3. Neurorehabilitation 78-96
   B. Long-term Form 97-122
8. The Problem-Solving Process applied to Physical Therapy  123-126
9. Clinical Site Orientation Check-list  127-128
10. APTA PT Student Evaluation: Clinical Experience and Clinical Instruction  129-137
11. Internships –Midterm Student Assessment  138-140
12. Clinical Education Facility Information  141-144
13. Johnnie Morgan Award for Excellence in Clinical Science  145
   A. Clinical Sites  146-155
   B. Center Coordinators of Clinical Education (CCCE)  156-159
   C. Clinical Instructors (CI)  160-163
15. Characteristics of an Effective Student  164
16. Characteristics of an Ineffective Student  165
17. Clinical Education Faculty  166
   A. Qualifications  166
   B. Rights and Privileges  166
18. Additional Resources  167
   a. Clinical Affiliation Agreement  168-174
   b. Criteria for Selection of Clinical Education Facilities  175-180
Dear Valued Clinical Faculty:

We appreciate your commitment to the clinical education of Emory DPT students. Your coordination and supervision of clinical internships allows students to integrate information learned in the classroom and laboratory settings, as well as master entry-level skills necessary for clinical practice. Thank you for accepting the responsibilities associated with being a Clinical Instructor and/or Center Coordinator for Clinical Education, in addition to those of your healthcare setting and/or employer.

This handbook introduces you to the Emory DPT Program’s philosophy of clinical education, the Emory University Internship Clinical Evaluation (EUICE), our expectations of you as a clinical instructor, and the guidelines established for clinical faculty by the APTA. Thank you for your continued support of our program and your commitment to clinical education.

Sincerely,

Patricia H. Bridges, PT, MMSc, EdD
Tami Phillips, PT, MBA, DPT, NCS
Sarah Caston, PT, DPT, NCS
Directors of Clinical Education
PHILOSOPHY OF THE CLINICAL EDUCATION PROGRAM

The philosophy of Emory’s Doctor of Physical Therapy (DPT) program is the foundation for the design of its clinical education program. The current healthcare paradigm stresses patient-centered care, is dynamic, and is dependent on the process through which each client is attended by healthcare workers. This healthcare environment, in turn, contributes to the objectives of Emory’s clinical education program. There are 4 areas of clinical competency in the DPT program and they are: Provision of Care, Interpersonal Communications, Teaching-Learning, and Administration. These competencies are further broken down into specific objectives with criteria. The clinical education program integrates these competencies and related objectives into the clinical setting.

Learning an effective process for resolving any healthcare problem is the primary goal that follows each student throughout all clinical education experiences. Therefore, objectives required to meet competencies are written using a problem-solving format. Utilizing this format to determine/provide a therapeutic service; to plan, implement, and evaluate the teaching-learning process; to recognize the rights and dignity of the client while planning/administering programs of care; or to participate in the administration of a physical therapy service; becomes a major focus for students in the clinical setting.

Clinical application of classroom and laboratory material is critical. The curriculum is organized by symptom complex or clinical problem, rather than by medical discipline or physical therapy technique. Medical conditions of varying severity, different healthcare settings, and increased student expectations are introduced. Short-term internships are scheduled during these semesters of study to maximize the opportunity to transfer the knowledge and skills learned in the classroom and laboratory to the clinical setting.

Long-term internships are designed to provide student exposure to the healthcare continuum, with each student completing an experience in acute care, an interdisciplinary inpatient or outpatient rehabilitation facility, and an outpatient community setting. A diverse range of medical problems are presented, medical complexity increases, and student responsibilities expand to include client care decisions, administrative experiences, as well as administrative and consultative academic projects.

The evaluation process used in the clinic is based on competencies, objectives, and criteria established during the development of the DPT program. They are introduced early in the coursework, are continuously evaluated in the classroom, and serve as standards for student performance in clinic. The student utilizes the problem-solving process to independently assess his/her performance. The clinical instructor (CI) is to consistently evaluate the student’s use of this process, as well as his/her clinical competency, and provide ongoing feedback.
GOALS AND OBJECTIVES

Short-term Clinical Internships

Process Skills
The first of three two-week, short-term clinical internships begins in the third semester. This allows students to integrate material in the clinic that was covered in the first two semesters and the General Medical Conditions course. Competency in Provision of Care, Interpersonal Communication, Teaching-learning, and Administration can be practiced in any healthcare setting. However, as the student moves through the curriculum, the type of setting utilized during these experiences is determined by the set of medical symptoms and related problems covered in the classroom during that semester. For example, two goals of the General Medical Conditions’ internship are for the student to practice using his/her problem-solving skills in interactions with staff, clients and families; and in teaching, assessing and intervening in care of clients with acute medical symptoms and related problems. As the student moves into the next two semesters, musculoskeletal and neurological symptoms and problems are covered and included in the clinical objectives for those 2 experiences. Throughout all short-term internships, the student is assessed on safety and professionalism defined under the “Provision of Care” and “Administrative” competencies, respectively. After completing these internships, students have experienced a range of practice settings, a variety and severity of medical problems, and a continuum of care in preparation for their long-term clinical internships.

Student Performance Expectations and Responsibilities
The student should enter each short-term internship prepared to cognitively work through the problem-solving process for the medical problems introduced in the concurrent coursework. Given a scenario, he should be able to address, though not completely, each cognitive item on the Emory University Internship Clinical Evaluation (EUICE) form for the short-term internships. Students will have practiced the psychomotor skills related to the assessments and interventions taught during each symptom complex with classmates in lab, but will not have experience with clients. A fair expectation at the beginning of each short-term would be a demonstration of the appropriate psychomotor skill by the CI with the client, or an opportunity to assist the CI in performing the skill.

Specific student responsibilities include:
- learning and reviewing classroom and laboratory material
- applying that information in clinic
- identifying questions and needs as they occur in clinic
- meeting objectives for professional conduct
- meeting departmental policies and procedures
- independently assessing his/her own performance
- reflecting on clinical practice
- assessing the clinical education experience
• providing feedback to the clinical instructor
• returning all evaluation forms to the school

Any questions about these responsibilities should be directed to the student’s clinical advisor: Patricia Bridges, Director of Clinical Education (DCE), or Tami Phillips and Sarah Caston, Assistant Directors of Clinical Education (ADCE).

The main objectives for each of the short-term clinical internships are that the student can identify the major symptoms and problems repeatedly presented, become increasingly effective in problem solving, interpersonal communication, the teaching learning process and minimally competent in the basic psychomotor skills practiced across the experience. By the end, he should be able to address most EUICE items with increased competence, but not necessarily independently. For example, he should be able to identify interventions that meet some of the client’s needs, but not as efficiently or effectively as what would be required to fully meet the competency. Also, he should demonstrate competency with interpersonal skills, teaching learning process, and a minimal level of competency with the basic psychomotor skills taught during the semester. At the end of each subsequent semester’s rotation, he should possess an increased repertoire of assessments and interventions, improved analytical skills, and a minimal level of competency with an increased number of basic psychomotor skills. The student is not required to achieve a minimum score for each short-term clinical internship. Instead, the CI’s EUICE score is calculated and becomes a part of the course grade (5%) for General Medical Conditions, Musculoskeletal Rehabilitation and Adult Neurorehabilitation. The evaluation process will be discussed in greater detail later in this handbook.

Clinical Instructor Responsibilities
The expectation is that all student activities in clinic are supervised, facilitated, and assessed by a qualified CI. The CI should plan an experience based on both the school’s and student's objectives. In addition, he/she is to demonstrate effective use of all the process skills (provision of patient care, interpersonal relationships, teaching-learning and administrative), as well as, facilitate these in the student. The CI will assess student performance, provide feedback on an ongoing basis, and complete a final student performance evaluation using the EUICE for short-terms at the end of the clinical. The CI is expected to contact the school if any issues or concerns arise at any time regarding student performance.

Student Participation and Evaluation
General Medical Conditions
To participate in the General Medical Conditions clinical internship, a student must make an 80% in all courses included in the first two semesters of the program. If the student does not receive 80% for a course, the faculty can decide, as outlined in the DPT Program’s remediation process, to work with the student to remediate a course. The remediation is designed to allow the student to successfully complete course work that will be applied
during the general medical clinical. Additionally, all academic and laboratory material covered during the General Medical Conditions course will be completed prior to the clinical experience. If the student has missed material, the DCE/ADCE is informed and an appropriate plan for completing the content is developed. This could potentially delay entry into the clinic. If the CI notes concern with the student’s performance during the clinical experience, the CI and academic faculty can identify additional time to be spent in a clinical setting and/or academic laboratory setting to address the concern.

Musculoskeletal Rehabilitation
The student must make an 80% in all third semester courses to move into the fourth semester. If the student does not receive 80% for a course, the faculty can decide, as outlined in the DPT Program’s remediation process, to work with the student to remediate a course. The remediation is designed to allow the student to successfully complete course work that will be applied during the musculoskeletal rehabilitation clinical. The student must complete all academic and laboratory material covered during Musculoskeletal Rehabilitation prior to the clinical experience. If the student has missed material, the DCE/ADCE is informed and an appropriate plan for completing the content is developed. This could potentially delay entry into the clinic. If the CI notes concern with the student’s performance during the clinical, the CI and the academic faculty can identify additional time to be spent in a clinical setting and/or academic laboratory setting to address the concern.

Neurorehabilitation
The student must meet all previous academic and clinic requirements to move into the fifth semester, with the same opportunities for remediation as identified for the previous complexes. Since this semester houses the last of the short-term clinical experiences, the requirements at the end of this semester are set to determine each student’s readiness for long-term internships. To complete this semester, the student must score an 80% on all prior course work, as well as an 80% in all courses during the current semester.

Evaluating the Short-term Internship
Each of the short-term clinical internships is an integral part of General Medical Conditions, Musculoskeletal Rehabilitation or Adult Neurorehabilitation. Final clinical education evaluations of the student, by the student and clinical instructor, are submitted on-line for the DCE/ADCE to review. The CI’s final evaluation is used to compute a percentage grade which is submitted to the course instructor to be factored into the overall course grade. The clinic grade is worth 5% and is determined by averaging the scores of the 4 competency sections of the evaluation. Each section is scored by averaging the scores for each one of the criteria. If during conversation with the CI, it is determined by the DCE/ADCE that the student had significant difficulties during the clinical internship, additional time in the clinic may be required and scheduled.
Long-term Clinical Internships

Stages of Care
The goal for the long-term internship is for the student to continue to practice all the process and psychomotor skills across all types of client symptoms and related problems. At this point, the settings selected reflect the role of the physical therapist in the healthcare continuum, rather than client problems. Each student will gain practical experience in the care of clients during various stages of rehabilitation, in different medical environments, as well as interactions with multiple disciplines and agencies. An internship is required in inpatient acute care, inpatient or outpatient interdisciplinary rehabilitation, and a community outpatient setting. Student selection is determined by the student, factoring in their individual needs and interests, and facility availability, but in no required sequence. Each of the 3 internships is 10 weeks, represents a unique clinical experience, is graded separately and is housed under a separate course (Internship I, II, and III). They begin in the 6th semester and continue through the 7th semester. A week for travel is scheduled between each internship.

Student Performance Expectations and Responsibilities
The student has successfully completed all course work and 3 short-term clinical internships by the time he begins his long-term internships. He has the knowledge base to initiate the problem-solving process for any issue presented by the client. Having completed the 3 short-terms, the student has worked with various medical diagnoses found in acute medical settings, extended care, home health, outpatient, and rehabilitation settings. As opportunities for the practice of process skills differ from setting to setting, students will demonstrate varying levels of competency entering each of the long-term internships. Student competency levels should increase as practice and feedback continues across each 10-week clinical education experience.

Specific student responsibilities include:

- reviewing prior classroom and clinic material/experiences
- identifying questions and needs as they occur in the clinic
- meeting objectives for professional conduct
- meeting departmental policies and procedures
- seeking out educational opportunities unique to each setting
- independently assessing his/her own performance
- assessing the clinical education experience
- providing feedback to the clinical instructor
- meeting the school's long-term clinical education objectives
- returning all evaluation forms to the school in a timely way
Any questions about these responsibilities should be directed to the student’s clinical advisor: the Director of Clinical Education, or the Assistant Directors of Clinical Education.

**Clinical Instructor Responsibilities**
The expectation is that all student activities in clinic are supervised, facilitated, and assessed by a qualified CI. The CI will plan an experience based on both the school’s and student's objectives. In addition, she is to demonstrate effective use of all the process skills (provision of patient care, interpersonal relationships, teaching-learning and administrative), as well as, facilitate these in the student. The CI will assess student performance and provide feedback on an ongoing basis, and complete a midterm and final student performance evaluation using the EUICE for the long-term internship. The CI is expected to contact the school if she has any issues or concerns at any time regarding student performance.

**Evaluating the Long-term Internship: Formal and Informal**
The expectation is for the CI and student to assess student performance on an ongoing basis and complete the evaluation forms on-line at mid-term (at the end of 5 weeks) and at the end of the internship (10 weeks). The student is encouraged to use the items on the evaluation form and the criteria to facilitate use of a problem-solving approach in care of the client, family, and staff. At 5 and 10 weeks, the CI completes her evaluation on-line assessing student performance and the student completes his self-evaluation. The mid-term identifies student strengths and weaknesses, facilitating planning and implementation for the final 5 weeks of the affiliation.

Students are required to successfully complete three long-term (10-week) clinical internships. Each rotation represents a unique clinical experience, is graded separately and is housed under three separate courses (Internship I, II, and III). To successfully complete an individual internship, the student must receive an 80% on the clinical instructor’s final evaluation in each of the four competencies (provision of patient care, interpersonal skills, teaching-learning skills, and administrative practice). Additionally, he must score an 80% for question #7 Examination items and for #13 Therapeutic Interventions, as well as 100% for #16 Safety and #40 Professionalism. The total number of YES and NO response items, in each competency area of the evaluation form, are divided into the total number of YES response items to determine a percentage score. Questions #7 and #13 will be calculated the same way. A final overall grade is calculated by averaging the percentages across all 4 competencies. This is converted to a letter grade for each of the three Internships. Final scoring of the evaluation and assignment of the grade is the responsibility of the Director and Assistant Directors of Clinical Education. These grading criteria must be met in each of the long-term internships, as each represents a unique setting and requires different processing skills.

If a student does not successfully complete an internship with an overall score of 80% - an 80% in each of the 4 competencies, an 80% for both question #7 and #13, and 100% for
safety (#16) and professionalism (#40); a remediation may be allowed after receiving input from the CI. Please see the “Clinical Education Remediation” policy in the Policy and Procedure section of this handbook for details. The failure of one internship does not necessarily interrupt any of the remaining rotations as each represents a different setting. However, student performance concerns could postpone subsequent affiliations until a remediation is completed if warranted. All three long-term internships must be successfully completed before the student can graduate from the program.
EMORY UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF PHYSICAL THERAPY
POLICIES AND PROCEDURES

General Information
The Director of Clinical Education (DCE), Dr. Patricia Bridges, and Assistant Directors of Clinical Education (ADCE), Drs. Tami Phillips and Sarah Caston, are the clinical education advisors. In addition to working with students, they are responsible for initiating contact with the Center Coordinator of Clinical Education (CCCE) at each participating facility to negotiate a short or long-term internship. If a CCCE or other facility staff contact the school regarding establishing a new affiliation, that individual is referred to the DCE/ADCE. They are best suited to make decisions about adding sites - utilizing data such as commitments currently in place; CI, CCCE, and student clinical education histories; and academic and facility policies and procedures. The DCE/ADCE also mentor and educate CIs about the Emory Physical Therapy Program’s clinical education process and evaluation tools, as well as, offer the American Physical Therapy Association’s Clinical Instructor Credentialing and Education Program.

Clinical Internship Contracts
The Emory University, Division of Physical Therapy maintains a current contractual agreement with each of the clinical facilities where students participate in clinical education. These contracts state the responsibilities of all parties, including the students. A generic example of a contract is included in the “Additional Resources” section of this handbook. If you have questions, contact Dr. Patricia Bridges, Director of Clinical Education or Drs. Tami Phillips and Sarah Caston, Assistant Directors of Clinical Education.

EMORY UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF PHYSICAL THERAPY
POLICY and PROCEDURE

CLINICAL EDUCATION SITE SELECTION PROCESSES

Short-Term Clinical Internship Site Selection
Short-term clinical sites are assigned by the clinical advisors to meet the education needs of each student utilizing the individual’s Clinical Profile completed during orientation, as well as feedback from faculty and previous CI’s. Past work/volunteer experience, willingness to travel, previous travel, facility preference, and patient population may be considered. Students are not assigned to facilities where they have worked or volunteered for a significant amount of time.

Short-term clinical internships occur at the end of semesters 3, 4, and 5. Students will be assigned to a facility for a 2-week block. A primary criterion for a short-term clinical site is that the staff can provide an opportunity for students to practice the process and psychomotor skills taught in the classroom during the semester. The clinical facilities are located varying distances from the university campus, and may require travel up to an hour and a half each way or travel to locations...
in cities throughout the US. Every effort is made to disperse the travel responsibility across all students during the 3 short term internships while simultaneously meeting educational objectives, and student interests/needs. Students are responsible for providing their own transportation and need to include this financial obligation in their budget.

**Specific Needs of Students Assigned to the Clinical Education Site**
Since the DCE and ADCEs make the short-term clinical education assignments, specific educational needs of the student can be considered. If there are academic or clinical weaknesses, student assignments to sites that have staff with recognized strengths will be made when possible. It is the responsibility of a student with medical or personal issues that need to be considered to contact their clinical education advisor. If a student has a documented disability that requires reasonable accommodations in the clinic, the DCE/ADCE must be notified by the student and can assign a clinical setting that can best make the needed accommodations. The student is also responsible for identifying their needs to the CCCE and the clinical instructor if accommodations are needed.

**Cancellation or Changes in Clinical Education Assignments**
If a clinical site cancellation occurs before or during the short-term affiliation, the DCE/ADCE will seek a replacement site that can provide experiences consistent with material currently covered in the classroom.

**Long-term Internship Site Selection**
The long-term internships begin spring semester of the second year and conclude at the end of the summer semester. Students must complete a 10-week internship in each of the following settings (30 weeks total): inpatient acute care, inpatient or outpatient interdisciplinary rehabilitation, and community outpatient. Site selection is governed by each class using a process that has been utilized for many years, allowing for individual priorities and class negotiation to be considered. The DCE/ADCE are responsible for securing clinical education experiences in inpatient acute care, inpatient or outpatient interdisciplinary rehabilitation, and community settings. Students will be required to select one internship in each of these settings. Clinical site information is compiled in a file and located on Canvas for students to review at any time during the program. Early exploration of these files is encouraged, as is considering multiple possibilities and timeframes for each setting. Facility files include copies of the Clinical Site Information Forms (CSIFs), Clinical Education Facility Information Form (CEFI) – filled out by previous students, and unique site requirements. Housing information is included in each non-Atlanta clinical site file, when the information is available. As the long-term internship site selection day nears, the DCE/ADCE will provide updated information regarding sites that have agreed to host students. At this point, each student reviews the site options available, and considers his/her interests and needs. Students are reminded that no student is guaranteed an internship in Atlanta. Students are responsible for securing housing and meeting all financial responsibilities related to travel, room board and pet care.
Following selection day, the student Clinical Education Committee will develop a comprehensive list of the selections made by the students. The list will then be re-distributed to the class for review. At that time, if anyone desires a change in their assignment, he/she will present a written request for revision to the student Clinical Education Committee. The committee will approach the class regarding a process for consideration of the request. Options might include another class meeting or trading by individuals. All students must sign off on a FINAL list prior to submitting it to the DCE/ADCE. This signature indicates a commitment by the student to their assigned clinical sites. These final commitments will be reviewed by the DCE, ADCE, and faculty. If concerns regarding any of the student selections are identified, e.g. a student’s need or interest is not best met with the experience available in the site chosen; the selection can be canceled and alternative sites proposed to the student.

**Specific Needs of Students During Site Selection**

If there is a medical need, documented by a student’s physician, that impacts the long-term selection process, (e.g. need to stay in Atlanta for medical care) the DCE/ADCE will assist the student in consulting with the Clinical Education Committee. The student should identify their need to the committee, based on his/her comfort level, which is then confirmed by the DCE/ADCE. Subsequently, the selection process designed by the class must allow for the medically documented need to be met. There are various ways to meet these needs with minimal disruption to the other students. For example, a student may be allowed to stay in Atlanta for medical care all three internships, but should wait to make a selection in each round until the rest of the class has initially selected.

If a student has a documented disability that requires reasonable accommodations during her long-terms, the DCE/ADCE is available to discuss this issue. If a student needs more information than available from the DCE/ADCE, she can discuss with the DCE/ADCE the need to communicate directly with the CCCE.

There may also be family needs (e.g. young children) or medical needs that are a concern to a student, but do not represent a medical necessity. These requests can be considered by the Clinical Education Committee. The committee must meet with their own class to determine as a group, if special needs, other than medically documented issues, will be recognized and if so what process will be used to meet those needs.

**Cancellation or Changes in Clinical Education Assignments**

If cancellation of a long-term clinical occurs after students have completed their selection process, the DCE/ADCE will identify possible replacement sites. Initially this will be from the list of facilities offering long-term opportunities for the same type of experience (acute, rehabilitation, or community) during the same time period as the cancelled internship. It may become necessary to utilize sites offering the same experience during a different time period. After initial resources are identified, the DCE/ADCE will seek input from the student regarding her interest, priority of selected sites, and financial needs. The student will be encouraged to review any material about the sites utilizing Canvas or other media, and discuss choices with
respect to her interests/needs with the DCE/ADCE or other faculty members. If sites are not available from the existing list, the DCE/ADCE will determine other sites to pursue.

Specific Needs of Students Assigned to the Clinical Education Site
Should a student desire to change her clinical assignment due to an emergency or medical issue, she must submit a formal written request to the DCE/ADCE. If the request is approved by the faculty Clinical Education Committee, the DCE/ADCE will work with the student to find an appropriate clinical assignment per the procedure in the preceding paragraph.

If a student has a documented disability that requires reasonable accommodations during her long-term internships, the DCE/ADCE is available to discuss this issue. If a student needs more information than available from the DCE/ADCE, she can discuss with the DCE/ADCE the need to communicate directly with the CCCE. It is the student’s responsibility to identify their needs to the CCCE and their clinical instructors if accommodations are needed.

EMORY UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF PHYSICAL THERAPY
POLICY AND PROCEDURE

STUDENT ATTENDANCE/ABSENCE DURING CLINICAL AFFILIATIONS

The design of the clinical education experience promotes development, practice, and assessment of the student’s ability to provide physical therapy services in a variety of settings. One critical aspect of the professional responsibility for service provision is being present and on time. The policy presented below is consistent with expectations in an employment situation.

1) WORK WEEK: The student’s schedule will be determined by the service needs of the clinical site. For the most part, it is similar to the clinical instructor’s (CI) schedule in terms of hours/day; days of the week scheduled, etc. No assumptions should be made about working 8:00 a.m. to 5:00 p.m., Monday through Friday. The student’s workday will continue until responsibilities are met.

2) HOLIDAYS: Clinical services in many settings are provided on holidays. No assumptions should be made about having a holiday "off". If the CI is scheduled to provide services on a holiday, the student may be scheduled to work. Student status does not allow special privileges regarding holiday work. Also, the day after a holiday (e.g., the Friday after Thanksgiving) may not be a holiday.

3) ABSENCES: The ONLY PERMISSABLE REASONS for absence are personal illness or death of a family member. If the student is ill and cannot work, or called away for funeral services, the Clinic Coordinator of Clinical Education (CCCE)/CI must be notified immediately. It is your responsibility to find out if the facility has a specific policy that must be followed in case of an unforeseen absence. For example, one may require a phone call to the CCCE and another may prefer one directly to the CI. The time off MUST be made up and
this scheduling is at the discretion of the CI. In certain instances, during a long-term internship only, if only one day is missed and the student’s clinical performance is meeting criteria, the CI may decide that a make-up day is not necessary. The student’s clinical education advisor, Patricia Bridges (Director of Clinical Education - DCE), or Tami Phillips or Sarah Caston (Assistant Directors of Clinical Education - ADCE), must be advised by the student of any absence due to illness or bereavement, and the related make-up plan. The student is responsible for providing this information to their clinical education advisor within two days of the absence. Under no circumstances should the DCE/ADCE find out about absences after the clinical ends.

4) SPECIAL REQUESTS: Clinic absences should not occur except as described in Section #3. However, if there is a special circumstance, the student must submit a request in writing to the DCE or ADCE PRIOR to discussing it with the CCCE/CI. The DCE/ADCE will determine if the special request merits further consideration and may give approval to negotiate this special need with the CCCE/CI. Approval from the DCE/ADCE is only permission to discuss the request with the CCCE/CI, not approval for the proposal. The CCCE must be consulted in addition to the CI regarding special requests. Approval is at the discretion of the CCCE/CI, and if obtained, the student must communicate the result to the DCE/ADCE within two days of the approval. Time away from the clinic MUST be made up and this scheduling is at the discretion of the CI.

5) If the special request involves a professional development activity and if only one day of clinic is missed, the CI may determine the necessity of making up the missed day if the student’s performance is meeting criteria.

6) Compliance with this policy is represented on the clinical evaluation form in the behaviors for administration competency – “Adhere to school/facility policies and procedures.”

7) Any questions about the policy and related procedures should be addressed to the DCE or ADCE.

EMORY UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF PHYSICAL THERAPY
POLICY and PROCEDURE

CLINICAL EDUCATION REMEDIATION

By the end of each of the long-term internships, the student must score 80% in each of the following areas: provision of care, interpersonal communication, teaching-learning, and administration, as well as, 80% for question #7 Examination Procedures and question #13 Interventions, as well as 100% for question #16 safety and #40 professionalism. These criteria must be met in each of the long-terms, as each represents a unique setting requiring different processing skills. Only the final evaluation completed by the CI is used to compute a grade for each course. If a student does not meet the necessary criteria to successfully complete an internship, the outcome will be determined based on the following considerations:
1. **Student with no prior remediation in Class or in the Clinic**

   If a student has no prior remediation in class or clinic, and no egregious behaviors have occurred; a remedial internship can be scheduled at the discretion of the DCE/ADCE. The remediation will be for 10 weeks and in the same setting (acute care, rehabilitation, community) as the unsuccessful affiliation. Less than 10 weeks may be considered at the discretion of the DCE/ADCE after evaluating all of the available information, only if the student’s primary CI can justify a recommendation of less time based on student performance. The student will continue with any remaining affiliations, unless her knowledge base or performance skills are felt to be inadequate for success. In this case, remediation would take the place of part, if not all, of the next scheduled internship. Otherwise, the remediation internship will be scheduled at the conclusion of the academic program when a setting can be negotiated by the DCE/ADCE.

   The DCE/ADCE will determine if the Academic Affairs Committee should be consulted. This committee will make a recommendation based on a student statement, a DCE/ADCE report, as well as input from the CI. The faculty would receive the recommendation and vote; rendering a final decision. The Director of the Division would receive this vote and notify the student.

   If the student is unsuccessful in the first or second internship and her knowledge or skills are inadequate for success in the remaining affiliation(s), time can be scheduled to work academically and/or clinically, as resources allow, preparing to return to long-terms. If the student is not successful in this remedial work, the situation is directed to the Academic Affairs Committee. After consulting the DCE/ADCE and the faculty involved in remediation, the Academic Affairs Committee will make a recommendation regarding the student’s status in the program. This could include starting the program over, returning to the semester necessary to prepare for return to clinic, or dismissal from the program. The faculty will make the final decision regarding the recommendation.

   If the student is unsuccessful in the 3rd internship and in need of remedial work, this will be scheduled at the conclusion of the academic program and if successful, followed by a repeat of the 3rd internship.

2. **Student with Prior Remediation in Class or in the Clinic**

   If a student is not successful in a long-term internship and has a prior long-term failure or a cumulative total of 4 course (including internship) remediations, the situation is directed to the Academic Affairs Committee for consideration of dismissal from the program. The Academic Affairs Committee can recommend further remediation if able to identify a plan that can be met with available academic and clinical resources. This may include the
student repeating a portion of the program. The faculty will make the decisions regarding remediation or dismissal of this student.

3. **Dismissal from Clinic by CI/CCCE**
   If a CI/CCCE ends an internship before the scheduled 10 weeks due to safety issues, professionalism, and/or major gaps in the necessary knowledge base, the situation is directed to the Academic Affairs Committee. A recommendation from the committee based on input from the clinical instructor, the DCE/ADCE, and faculty reports from previous class/laboratory work could include dismissal from the program or remediation. If remediation is recommended, the criteria for the remedial experience would be based on input from the CI, the DCE/ADCE, and the faculty. If this is a student who has a cumulative total of 4 remediations or a prior long-term failure, all policies as stated in #2 above will apply.

4. **Failure to Achieve 100% in Safety or Professionalism**
   As stated in the instructions of the long-term student performance evaluation form, a “NO” response on item 16, “Safety in patient care” or item 40, “Professional Behavior” at the mid-term or final review period may result in dismissal from the internship and/or remediation. The determination would be handled based on the above sections #1-3.

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**EMORY UNIVERSITY SCHOOL OF MEDICINE**
**DIVISION OF PHYSICAL THERAPY**
**POLICY and PROCEDURE**

**CONFLICT RESOLUTION**

**Academic Faculty/Individual Student Issues**
If a student has a concern or conflict with another student or faculty member, the expectation is that it will be addressed directly with the involved party. If a student feels unprepared to have this conversation, she can speak to her advisor or a faculty member experienced in communication skills to discuss the most effective way to address the issue. If a student approaches uninvolved faculty, that person will discontinue the conversation and refer the student to the appropriate individual. If a student concern is not resolved in a timely fashion, after being addressed directly, the student can speak to the director of the program for guidance. This communication process fosters responsible and professional communication to resolve concerns without involving others, which serves no positive purpose.

**CCCE and/or CI/Student Issues**
The same expectation of direct communication, as identified above, exists between the student and her CCCE and/or CI. Additionally, the CCCE and/or CI are expected to identify concerns directly to the student and not other clinical staff. If the student does not feel prepared to address the concern with the CCCE/CI, the student should consult the DCE/ADCE. The DCE/ADCE has clinical information and experience to best guide the student. The student should inform the
DCE/ADCE of the CI’s response. This allows the DCE/ADCE to work with instructor and student to improve the experience if necessary. Identifying concerns after the affiliation is over does not provide the CI with immediate feedback which could potentially resolve a situation. If concerns are not handled in a timely fashion after a private meeting, the CCCE should be consulted and involved. If the issues persist, an alternative clinical experience will be found. Communication with parties that are not immediately involved can result in an unprofessional and damaging situation for all concerned.

EMORY UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF PHYSICAL THERAPY
POLICY and PROCEDURE

CLINICAL ATTIRE

The Division of Physical Therapy has standards for appropriate clinical attire with the goals of fostering professional behavior in students and showing respect to others in the healthcare environment in which we exist.

Unless otherwise stated by a facility, the standards for clinical attire are as follows:

Uniform: Solid-color, trouser-style pants; solid shirt/blouse, and white Emory DPT lab coat (men and women). No pants or shirt combinations that allow the midriff or back to be exposed during bending, lifting, or stooping. No necklines that allow exposure during bending, lifting or stooping. No skinny jeans/pants, yoga-style pants, or leggings.

Shoes: Leather, rubber-bottomed, sturdy shoes that are dark blue, black, brown or white. Leather athletic shoes may be allowed in some settings; should be white or black if they are permitted. No clogs, sandals, or open-toed/heeled shoes.

Hose/Socks: Dark blue, black or beige hose or socks.

Identification: Emory photo ID should be worn. Name tags obtained through the Division of Physical Therapy should be worn on lab coat. Facilities may also require an ID that should be worn on premises.

Perfume/Cologne: None. (Note: The policy is applicable to men and women.)

Jewelry: Please be aware that some clinical facilities may have strict policies related to the wearing of jewelry. 1-2 pairs of earrings in the lobe only are typically allowed. Nose and tongue rings are not typically allowed, unless you have a religious reason. You may be required to provide documentation. While you may wear these types of jewelry on Emory’s campus, you will have to comply with the facility policy.
**Tattoos:**
Please be aware that some clinical facilities may have strict policies related to tattoos. Please comply with the facility policy.

**Nails:**
Please be aware that some clinical facilities may have strict policies related to the wearing of acrylic/gel nails, and finger nail polish. Please comply with the facility policy. If there is not a policy, clear or light-toned colors (light pink, beige, nude) are preferred.

**Hair/Make-up:**
Please be aware that some clinical facilities may have strict policies related to hair color, requiring that color choices be restricted to brown, black, red, blonde, gray, etc. Additionally, long hair must be pulled up in a professional manner so that it does not hang in the way. Make-up should be modest and professional, restricted to neutral-toned colors.

The dress code for some facilities may specify a uniform including scrubs, specific color schemes, etc. You must follow their policy.

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**EMORY UNIVERSITY SCHOOL OF MEDICINE**
**DIVISION OF PHYSICAL THERAPY**
**POLICY and PROCEDURE**

**PATIENT RIGHTS**

Each clinical education facility is responsible for providing the school with up-to-date regulations, policies, and procedures applicable to student affiliates. The school is to issue this information to the students. Students are responsible for reviewing and adhering to facility policies and procedures which include the use of information other than protected health information, the risk-free right of patients to refuse to participate in clinical education, obtaining authorized use of images or any material portraying information about individuals, and the use of human subjects in demonstration and practice for educational purposes.

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**EMORY UNIVERSITY SCHOOL OF MEDICINE**
**DIVISION OF PHYSICAL THERAPY**
**POLICY and PROCEDURE**

**STUDENTS WITH SPECIAL NEEDS**

The campus Office of Disability Services is available for students with special needs. The Office of Disability Services is located in Room 110 of the Administration Building (404-727-6016). Students with special needs have the responsibility to seek assistance and/or testing from this university office. The student also has the responsibility for presenting any letters stating special considerations to each instructor at the beginning of each course.
EMORY UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF PHYSICAL THERAPY
POLICY and PROCEDURE

REPORTING ALLEGED VIOLATIONS OF THE PHYSICAL THERAPY PRACTICE ACT, AND/OR RULES AND REGULATIONS REGARDING THE PROVISION OF PHYSICAL THERAPY

Individual practice acts govern the provision of physical therapy (PT) in each state where a student may affiliate. The Georgia Physical Therapy Practice Act and Rules and Regulations: Georgia State Board of Physical Therapy set forth the laws, rules, and regulations regarding the practice of PT in the state of Georgia. Students should study the practice act for each state where they affiliate. Laws, rules and regulations regarding the practice of PT are also discussed in the Professionalism and Ethics course.

Reporting an Alleged Violation
Affiliating students are expected to report alleged violations of state PT laws, rules, or regulations to the Director of Clinical Education (DCE) or the Assistant Directors of Clinical Education (ADCE) at Emory University, Division of Physical Therapy. The DCE/ADCE will decide whether a discussion with the facility’s Center Coordinator of Clinical Education (CCCE) or Clinical Instructor (CI) should occur. After the discussion, the DCE/ADCE will give the student a summary of the findings. Should the student witness another suspected violation, she should report this to the DCE/ADCE who will then contact the CCCE/CI. The DCE/ADCE will discuss the suspected violations with CCCE and determine an appropriate course of action.

Follow-up After a Reported Alleged Violation
Within an appropriate period following a report, the DCE/ADCE will follow up with the facility, and if needed the student, to ensure that action has been taken to resolve the concern. If there is resolution, no further action will take place regarding the incident. The Division of Physical Therapy will maintain a file of reported alleged violations, and closely monitor sites for the subsequent two years following a student report. Monitoring may include a review of the “American Physical Therapy Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction”; Division of Physical Therapy Mid-term Clinical Science Student Assessment; and/or any other communications. A facility, which continues in apparent violation of their state Physical Therapy Practice Act and Rules and Regulations governing provision of PT, will be removed from the list of clinical affiliations and steps will be taken to terminate its affiliation agreement.

Effect of Reporting on Student Clinical Placement
If a student reports an alleged violation, he/she may be removed from a facility for the following reasons:

1) The student fears reprisal following the discussion with the CCCE/CI regarding the alleged violation.
2) The alleged violation is not corrected following the discussion.
3) The facility leadership denies wrong doing and states they are not in violation of their state Physical Therapy Practice Act and Rules and Regulations, when in fact the Division of Physical Therapy believes the facility is in violation.

If a student is removed from a facility, every effort will be made to place her with a faculty member in one of the Emory facilities until a suitable replacement internship is located.

**REQUIREMENTS**

**OSHA Training**
All students receive OSHA training through Blackboard before initiation of the clinical education component of the program. This OSHA course concerning bloodborne pathogen and other potentially infectious materials is required annually. Please keep a record of completion in your files, as you will need to provide it during your internships.

**HIPAA Training**
All students receive instruction on regulations issued under the Health Insurance Portability and Accountability Act before initiation of the clinical education component of the program. The Emory Learning Management System (ELMS) course concerning confidentiality and privacy of protected health information including all regulations issued under the Health Insurance Portability and Accountability Act is required annually. Please keep a record of completion in your files, as you will need to provide it during your internships.
### EMORY UNIVERSITY
DIVISION OF PHYSICAL THERAPY
DOCTOR OF PHYSICAL THERAPY

**CURRICULUM OUTLINE**

Note: The schedule, order and names of the coursework may change in order for us to provide the most up-to-date and appropriate educational experience possible.

#### DPT I

**Semester 1: Summer 2016**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Instructor</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>DPT 700</td>
<td>Health Promotion, Wellness &amp; Prevention: Individual</td>
<td>Pullen</td>
<td>1</td>
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<tr>
<td>DPT 705</td>
<td>Human Anatomy</td>
<td>Kapasi</td>
<td>4</td>
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<tr>
<td>DPT 710</td>
<td>Fundamentals of Measurement</td>
<td>Smith</td>
<td>3</td>
</tr>
<tr>
<td>DPT 715</td>
<td>Kinesiology and Biomechanics</td>
<td>Rogozinski</td>
<td>4</td>
</tr>
<tr>
<td>DPT 720</td>
<td>Ethics and Professionalism</td>
<td>Greenfield</td>
<td>2</td>
</tr>
<tr>
<td>DPT 725</td>
<td>Interpersonal Communications</td>
<td>Penna</td>
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**Semester Total 16**

**Semester 2: Fall 2016**

<table>
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<th>Course Title</th>
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</thead>
<tbody>
<tr>
<td>DPT 730</td>
<td>Systems Physiology</td>
<td>Sabatier, Nichols</td>
<td>5</td>
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<tr>
<td>DPT 735</td>
<td>Neuroscience</td>
<td>Kesar, Nichols</td>
<td>4</td>
</tr>
<tr>
<td>DPT 740</td>
<td>Introduction to Interventions</td>
<td>Rossi</td>
<td>3</td>
</tr>
<tr>
<td>DPT 745</td>
<td>Growth Process through the Lifespan</td>
<td>Shah, Smith</td>
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<tr>
<td>DPT 750</td>
<td>The Teaching and Learning Process in PT</td>
<td>Greenfield</td>
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**Semester Total 18**

**Semester 3: Spring 2017**

<table>
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<tbody>
<tr>
<td>DPT 755</td>
<td>General Medical Conditions</td>
<td>Davis, Bishop</td>
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<tr>
<td>DPT 760</td>
<td>Medical Genetics in PT</td>
<td>Nichols</td>
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</tr>
<tr>
<td>DPT 765</td>
<td>Evidence-Based Practice</td>
<td>Johanson</td>
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**Semester Total 17**

#### DPT II

**Semester 4: Summer 2017**

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<th>Course Title</th>
<th>Instructor</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>DPT 800</td>
<td>Musculoskeletal Rehabilitation</td>
<td>Geist, Rossi</td>
<td>10</td>
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<tr>
<td>DPT 805</td>
<td>Principles of Motor Learning</td>
<td>Borich</td>
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**Semester Total 13**
### Semester 5: Fall 2017

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<tbody>
<tr>
<td>DPT 810</td>
<td>Adult Neurorehabilitation</td>
<td>Phillips, Zajac-Cox</td>
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<tr>
<td>DPT 815</td>
<td>Pediatric Rehabilitation</td>
<td>Rogozinski</td>
<td>4</td>
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<tr>
<td>DPT 820</td>
<td>Health Service and Management</td>
<td>Davis/Spencer/Kapasi</td>
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<tr>
<td>DPT 825</td>
<td>Exploration of Human Behavior</td>
<td>Penna</td>
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**Semester Total 16**

### Semester 6: Spring 2018

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<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>DPT 830</td>
<td>Internship I</td>
<td>Bridges, Phillips</td>
<td>10</td>
</tr>
<tr>
<td>DPT 835</td>
<td>Administration and Consultation in Healthcare</td>
<td>Rossi</td>
<td>2</td>
</tr>
<tr>
<td>DPT 840</td>
<td>Internship II</td>
<td>Bridges, Phillips</td>
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**Semester Total 22**

### DPT III

### Semester 7: Summer 2018

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<tbody>
<tr>
<td>DPT 900</td>
<td>Internship III</td>
<td>Bridges, Phillips</td>
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<tr>
<td>DPT 905</td>
<td>Current Practices in PT</td>
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**Semester Total 12**

### Semester 8: Fall 2018

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<tbody>
<tr>
<td>DPT 910</td>
<td>Advanced Medical Screening</td>
<td>Geist</td>
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<tr>
<td>DPT 915</td>
<td>Clinical Research I</td>
<td>Johanson</td>
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**Semester Total 15**

### Semester 9: Spring 2019

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<tbody>
<tr>
<td>DPT 920</td>
<td>Health Promotion, Wellness &amp; Prevention: Community</td>
<td>Pullen</td>
<td>3</td>
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<tr>
<td>DPT 925</td>
<td>Clinical Research II</td>
<td>Johanson</td>
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</table>

**Semester Total 15**

**Total Credits for Program = 144**

Elective credits will start with the numbering of DPT 950. The DPT Curriculum Committee will identify the electives and number of hours for each.

For above course descriptions see [http://www.rehabmed.emory.edu/pt/prospective/schedule.shtml](http://www.rehabmed.emory.edu/pt/prospective/schedule.shtml)

****ELECTIVES****

For elective descriptions see [http://www.rehabmed.emory.edu/pt/prospective/electives.shtml](http://www.rehabmed.emory.edu/pt/prospective/electives.shtml)
EVALUATION PROCESS

Short-Term Clinical Education Experiences

The EUICE evaluation tool used during the short-term clinical internship is basically the same as the EUICE tool used for the long-term internship. A copy of the form and rationale for its use can be found in this handbook. The expectation is for the CI and student to assess student performance on an ongoing basis and to complete the evaluation instruments at the end of the internship. The CI completes one evaluation form assessing student performance. The student completes another assessing his/her own performance (independent of the CI), as well as the APTA form evaluating the clinical experience and clinical instruction. The CI is encouraged to use the evaluation form and programmatic criteria as references to identify questions to ask the student in order to facilitate the student’s problem-solving skills and provide feedback. The student is encouraged to use the form and criteria to guide him/her to use a problem-solving approach in care of the client; in interacting with and teaching clients, families, and staff; and meeting the administrative needs of the setting. Comparing student performance to the behaviors and criteria on the evaluation will help the student identify strengths and weaknesses, and experiences to focus on during future internships. The completed evaluation form gives the school an objective measure of the student’s level of performance. The final evaluation of the student’s performance by the clinical instructor contributes 5% to the final course grade.

EMORY UNIVERSITY, DIVISION OF PHYSICAL THERAPY
SHORT TERM CLINICAL EXPERIENCES – CRITERIA SHEETS

COMPETENCY IN PROVISION OF CARE

Upon graduation, the student will use the problem solving process in demonstration of areas of expertise through the application of research evidence or a theoretical framework of basic, behavioral, social and medical sciences.

COMPONENTS AND CRITERIA

1. Identify symptoms and co-existing conditions of the client:
   A. Identifies problems reported by the client or client's family (i.e. "What brings you in?")
   B. Identifies pathologies, impairments, functional limitations, or disabilities\(^1\) that could compromise the client's medical safety and/or that relate to symptoms identified by:
      i. Interview with the client and/or client's family to obtain client demographics, client's past and present medical history, family medical history, review of systems.
      ii. Observation of client during interview
iii. Review of medical record to determine medical history, results of physical examination, diagnostic tests, related treatment being received, laboratory values, medications, psychosocial status, and progress

iv. Consult with other health care workers

2. Differentiate symptoms presented and impairments (symptoms and/or signs) to be assessed based on:
   A. The client's medical safety
   B. The client's comfort
   C. Medical treatment priorities
   D. The client's functional, physiological, emotional, vocational, and social needs

3. Identify characteristics of relevant symptoms or conditions:
   A. Onset of symptoms; identifies as sudden or progressive, precipitating or concurrent circumstances:
      i. Identify nature/quality of symptoms (i.e. severity, descriptors, factors aggravating and relieving symptoms)
      ii. Identify location/areas of impairments (signs or symptoms) even if seemingly unrelated to iatrotropic stimulus (body diagram helpful)
      iii. Identify progression or stage (i.e. acute, intermittent, improving)
      iv. Identify previous or ongoing treatment
      v. Formulate relationships between characteristics of symptoms and other findings (other impairments).
   B. A relationship of impairments to other evaluative findings; specific statements of relationships of symptoms to:
      i. Physical examination
      ii. Other diagnostic tests
      iii. Lab values
      iv. Age related norms

4. Determine the priority of conditions to be assessed:
   A. Hypothesize the condition(s) represented by impairments and other findings.
   B. Initiate referrals to other health professionals, as indicated.
   C. Determine priority of conditions considering:
      i. Client medical safety
      ii. Client comfort
      iii. Medical treatment priorities
      iv. Information being sought from another source through referral initiation
      v. Client’s functional, physiologic, emotional, social and vocational needs
      vi. Client’s age
      vii. Financial and other required resources

5. Identify and determine the rationale for procedures to examine the client's impairments or conditions. Specific statements of relationship of impairments to:
   A. Client's medical condition and treatment priorities
B. Client's comfort and ability to assist in the procedure (i.e. follow directions) if necessary
C. Explanation of mechanism by which the test(s) assesses movement and physiologic/neuromusculoskeletal conditions of the client
D. Explanation of the possible examination findings and implications of the findings
E. Indication of the purpose served by the examination procedure(s) or test(s) as:
   i. To determine current status
   ii. To contribute to determination of diagnosis
   iii. To determine prognosis
   iv. To determine appropriate intervention plan and goals of interventions
   v. To determine progress
   vi. To assess the appropriateness of an examination procedure to determine prognosis
F. Assessment of reliability of the procedure(s)
G. Assessment of the accuracy of the procedure based on the best current research evidence
H. Identification of safety considerations
I. Identification of possible undesirable consequences secondary to administration of the procedure(s)
J. Assessment of time constraints
K. Determination of equipment, materials, and personnel resources necessary
L. Identification of financial considerations
6. Prepare to execute the examination:
   A. Prepare self:
      i. Review the procedure if necessary.
      ii. Request assistance of other personnel if necessary.
   B. Prepare client/client's family:
      i. Emotional, cognitive and physical preparation
   C. Prepare equipment, materials and treatment areas:
      i. Procure equipment, materials, and treatment areas.
      ii. Determine safety and operational status of equipment.
      iii. Calibrate equipment.
7. Conduct the examination according to the criteria sheet for the specific procedures/tests.
8. Evaluate the examination findings:
   A. State the results of the examination.
   B. Determine the relationship of examination findings to:
      i. Client's impairment(s), functional limitation(s), and/or disability(ies)
      ii. Progression and state of symptoms
      iii. Other diagnostic findings
      iv. Disease process
      v. Medical history
      vi. Anatomic, biomechanical, physiologic, behavioral, biochemical or developmental bases for movement
      vii. Intervention being received
viii. Purpose of the examination

9. Establish a physical therapy diagnosis:
   A. Classify the movement disorder based on current literature or identify impairments most related to the functional limitations:
      i. That accounts for all pertinent impairments
      ii. Toward which intervention and intervention goals are directed

10. Determine the prognosis.

11. Establish intervention goals:
   A. Identify priority order of goals.
   B. Including interim and discharge goals/short term and long term goals based on:
      i. Impairments
      ii. Diagnoses
      iii. The client's personal and vocational goals
      iv. Measurable functional outcomes

12. Determine an intervention plan with rationale based on:
   A. The client's physiologic stability
   B. The client's comfort
   C. Priority of client and caregiver's needs
   D. Goals of the client and the client's family
   E. The client and caregiver's ability to participate in the intervention
   F. The diagnosed problem
   G. Related impairments, including current status, stage, progression and duration
   H. Related medical intervention, including effect of the intervention on other interventions;
      effect of other interventions on this specific intervention
   I. Explanation of the mechanism by which the intervention affects client's impairment(s),
      functional ability(ies)/limitation(s), and/or disability(ies)
   J. The best current research evidence
   K. Explanation of the relationship of the possible results of interventions the short and long term goals and functional outcomes
   L. Explanation of the relationship of results to the client's program of care proposed by health care team
   M. Assessment of time restraints
   N. Determination of equipment, materials and personnel resources necessary
   O. Identification of financial considerations
   P. Assessment of resources available to client, family, aide

13. Administer the intervention (according to the criteria sheet for the specific procedures).

14. Assess the effects of the intervention:
   A. State the effects of the intervention on:
      i. Impairment(s)
      ii. Functional ability(ies)/limitation(s) and/or disability(ies)
   B. State the relationship of the effects of the intervention to:
i. Progression and stage of impairment(s)
ii. Other diagnostic findings
iii. Disease process
iv. Medical history
v. Related interventions
C. State the status of:
   i. Targeted functional outcomes
   ii. Short term and long term goals

15. Modify the intervention and/or goals, as indicated based on:
   A. Client's medical safety
   B. Client's comfort
   C. Client's ability to provide required assistance
   D. Effect on impairment(s), functional ability(ies)/limitation(s), and/or disability(ies)
   E. Required client resources
   F. Current and future intervention priorities

16. Adhere to safety in provision of patient care:
   A. Assess the safety of the examination and/or intervention procedures.
   B. State the safety considerations.
   C. Prepare self, environment and equipment/materials in accordance with the criteria for safety listed in the criteria sheet for the examination and/or intervention.
   D. Monitor impairments during the examination and/or intervention.
   E. Assess the effects of the examination/intervention on impairments.
   F. Modify the examination/ intervention based on client’s medical safety.
   G. Related impairments, including current status, stage, progression and duration.

17. Record concisely and accurately in appropriate records according to the criteria sheet on “Documentation”:
   A. Including, but not limited to, initial, progress and discharge notes
   B. Notes state, as appropriate:
      i. Subjective results
      ii. Objective results
      iii. Assessment
      iv. Plan
      v. Intervention given

COMPETENCY IN INTERPERSONAL COMMUNICATIONS
Upon graduation, the student will use the problem solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social and medical sciences on which to base the practice of physical therapy, including: an active recognition of the rights and dignity of the individual in planning and administering programs of care.
COMPONENTS AND CRITERIA
The criteria and items on the evaluation form relate to any and all interactions the student has during clinical education experiences. Examples include interactions with a client or client's family, physician, clinical instructor or supervisor, telephone conversations, etc. Also, the criteria and evaluation items refer only to responses of the student during an actual interaction, not to responses by the student after an interaction. Specific examples are incorporated below.

18. Identify cognitive needs and resources of other person(s), including:
   A. Other person who may be the focus of communication for the student. This may include
      but not be limited to the following:
      i. Client
      ii. Client family or support persons
      iii. Clinical instructor or supervisor
      iv. Faculty
      v. Supportive personnel - staff members
   B. What the person needs to know regarding:
      i. The relationship of the physical therapy program to the total program of care
      ii. The person's role in the program of care, affiliation, or system, in general
      iii. The student's objectives or interest in the program, affiliation of system, in general
      iv. The relationship of the subject of the communication to past or future communications
         with the student or other persons
         Examples: Does the student identify that his/her instructor needs to know his/her
         interest in this clinical experience? Does the student identify that the client's wife
         needs to know her role in the treatment program?
   C. Sources of information available to the other person(s) relative to the information being
      sought:
      i. Client family or support persons
      ii. Health professionals - co-workers
      iii. Other students
      iv. Clinical education instructor or supervisor
      v. Faculty
      vi. Reference materials
      vii. Outside agencies

19. Identify emotional needs and resources of the other person through:
   A. Solicitation of how the person feels
   B. The verbal and non-verbal cues provided
   C. Use of interviewee-centered response

The cognitive and emotional needs of another person are most often identified by focusing on
the other person's verbal and nonverbal cues. These needs might be identified by giving
interviewee-centered responses. Interviewee-centered responses are exhibited by, but not limited to the following:

**VERBAL**

1. Silence:
   Silence is simply giving no verbal response. As a deliberate response, the use of silence implies that silence is the best response to be offered at that point in the interaction.

2. Restatement:
   Restatement is a verbal response designed to let the other person know he is being listened to and to let the other person hear what he/she has said. Restatement is accomplished by:
   a) Restating exactly what has been said, including using the first person pronoun (I),
   b) Restating exactly what has been said, but using the second person pronoun (you),
   c) Restating the significant parts of what has been said and D) restating, in summary fashion

3. Clarification:
   Clarification usually refers to responses made to clarify what the other person (interviewee) has said. Such responses are made by:
   a) Stating more simply to make clearer that which the other person said so he/she can decide if the responses were what he/she had in mind restating exactly what has been said, but using the second person pronoun (you)
   b) Using your own words to clarify a response the other person had difficulty stating clearly
   Clarification may also be used as a response to be sure you have understood what the other person said.

4. Reflection:
   Reflection responses express solely the feeling/tone of the other person’s responses; a reflection response verbalizes only the feelings and attitudes that seems to lie behind the other person's words.

5. Interpretation:
   Interpretation responses attach meaning to what the other person has said.
   Interpretation may take one of two forms:
   a) Interpretation based on the other person's internal frame of reference
   b) Interpretation based on your internal frame of reference

**NON-VERBAL**

1. Maintaining eye contact
2. Head nodding
3. Maintaining a position facing the other person
D. Experiences and feelings of the person in similar or related interactions or situations
E. Identification and use of relevant persons to clarify needs
F. Identification of what the other person can contribute to his/her own emotional needs as well as what people available to him/her can contribute

**Examples:** Does the student use interviewee centered responses and identify that the client is afraid to attempt stairs using crutches? Does the student identify resources available to the client for dealing with his/her fears?

20. Identify cognitive needs and resources of self (student), including:

A. What you (student) know or need to know about the other person (client and/or his relevant others, clinical supervisor):
   i. Relevant background
   ii. Client's interpretation of his/her medical background
   iii. Client's and relevant others' feeling about the client's condition
   iv. Expectations of client and relevant others
   v. Related future plans

B. Sources of information available to you (student):
   vi. Yourself - education and experience
   vii. Present status, relevant goals, interest, values and beliefs
   viii. Medical record or other reference materials
   ix. The client and relevant others
   x. Other health professionals
   xi. Co-workers
   xii. Clinical instructor, supervisor or coordinator
   xiii. Faculty

21. Identify the emotional needs and resources of self (student), including:

A. How you (student) feel about the other person (client and/or his relevant others, clinical supervisor)

B. How you (student) feel about your relationship with the other person

C. Sources of emotional support available within you (student) which you can offer the relationship

**Examples:** Does the student identify his/her willingness to participate in the development and maintenance of the relationship? Does the student identify his/her own experience in similar relationships?

22. Identify the roles of relevant persons, including:

A. Student's responsibilities to the client

B. Client's responsibilities in the treatment plan

C. Person(s) primarily responsible for completing the task
   Examples: Does the student identify the role of the client's spouse in the transfer?

D. Person(s) primarily concerned with supporting the emotional needs of the people involved

23. Respond to others in a way that fosters a positive change, including:

A. Facilitating acceptance by the other person of ideas, attitudes, and feelings he/she has:

**Example:** The student allowed the client to feel sad.
B. Movement of the other person toward the knowledge and/or attitudes desired
   Example: A client expresses concern or worry over a situation. The student responds to
   the client in such a way that the client is no longer needlessly concerned or is reassured
   that his concerns will be attended.
C. Responses appropriately related to the established needs of the other person(s) involved
D. Responses appropriately related to the abilities and needs of self
E. Use of verbal or non-verbal responses
F. Listening, giving input to the person(s) and referral
   Giving input to the other person(s) is exhibited by, but not limited to, verbal and nonverbal
   responses which are interviewer-centered. Interviewer-centered responses are those
   initiated by the student and directed toward the other person(s) and/or nonverbal
   approaches to the other person(s).

The following are interviewer-centered responses:

<table>
<thead>
<tr>
<th>INTERVIEWER-CENTERED</th>
<th>VERBAL</th>
<th>NON-VERBAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanation</td>
<td>Touching the other person(s)</td>
<td></td>
</tr>
<tr>
<td>Encouragement</td>
<td>Moving toward or positioning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>yourself close to the other</td>
<td></td>
</tr>
<tr>
<td>Assurance</td>
<td>persons</td>
<td></td>
</tr>
<tr>
<td>Suggestions</td>
<td></td>
<td></td>
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<tr>
<td>Advice</td>
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</tbody>
</table>

Inappropriate responses to other people include the following:

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<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Approval-disapproval</td>
<td>Rejection</td>
</tr>
<tr>
<td>Criticism</td>
<td>Scolding</td>
</tr>
<tr>
<td>Ridicule</td>
<td>Threat</td>
</tr>
<tr>
<td>Contradiction</td>
<td>Punishment</td>
</tr>
<tr>
<td>Denial</td>
<td></td>
</tr>
</tbody>
</table>

24. Refer client and relevant others to another person if indicated by:
   A. Identifying when client or client’s relevant others needs exceed your abilities
   B. Identifying when client’s needs interfere with physical therapy care
   C. Identifying when therapist responses do not satisfy the client and relevant others
   D. Identifying when extent or nature of the needs cannot be identified by the therapist
   E. Identifying the health professional capable of meeting the client’s needs
   F. Referring the client to the appropriate health professional
   G. Following established institutional referral procedures
   Example: The client is concerned about his/her diet. The student suggests that he/she (client)
   speak with the dietitian.

25. Exhibit caring for the people with whom he/she is involved by:
   A. Accepting responsibilities
Examples: Does the student keep appointments as scheduled? Does the student follow through on commitments made?

B. Exhibiting concern for others' well being and respect for others’ rights and dignity
   Examples: The student arranges for privacy when needed for work with clients. The student presents himself in an inoffensive manner when dealing with others.

C. Supporting patient programs and departmental efforts
   Examples: When seeking assistance from an aide, the student ignores the aides response that he/she is taking care of another therapist request.

D. Utilizing appropriate interpersonal skills as previously identified

The question of item 25 is not if the student cares but if the student exhibits caring in such a way that the people with whom the student is involved recognize the student cares.

26. Evaluate the effect of his/her response on the needs of other person(s) and self by:
   A. Recognizing the manner in which the other person responds or reacts to or withdraws from him/her
      Example: The student can demonstrate and/or express awareness of his/her own responses:
         1) Which facilitate the other person's participation in the interaction
         2) Which cause the other person to withdraw from the interaction
   B. Determining the effects of the interaction on the cognitive and emotional needs of the other person and of him/herself
      Example: The student identifies the failure of previous responses to meet needs. The student determines that his/her response to the client has increased the client's fear and confusion.

27. Modify his/her responses to meet the needs of the relevant others if indicated by:
   A. Eliminating or modifying responses which affect the interaction(s) negatively
   B. Selecting other response options to meet need demands
   C. Initiate modified responses
   D. Re-evaluate altered responses for attainment of identified needs.
   E. Continue modifications until needs are met

COMPETENCY IN TEACHING-LEARNING
Upon graduation, the student will use the problem-solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social and medical sciences on which to base the practice of physical therapy, including: participation in planning, implementing and evaluating the teaching learning process.

COMPONENTS AND CRITERIA
28. Identify the needs of the learner/client, including:
   A. Identify what the learner needs to know
B. What the learner needs to be able to do

29. Identify an appropriate level of learning or skill to be accomplished, including:
   A. Identification of the specific knowledge and/or skills the learner/client must already have to participate in the learning experience and accomplish the intended objective
   B. Determination of the extent to which the learner/client has the prerequisite knowledge and/or skills
   C. Determination of a way(s) to provide the prerequisite knowledge and skills if lacking

30. State what is to be learned, including:
   A. Observable behavior
   B. Who is to demonstrate the behavior
   C. Conditions under which the behavior is to be demonstrated
   D. Minimal level of acceptable behavior
   E. An implied domain of the behavior (i.e. cognitive, psychomotor, affective)

31. Make certain the learner/client understands the purpose for learning:
   A. Tell the learner/client why the behavior is to be learned.
   B. Relate the learning experience/behavior to be learned to past experiences of the learner, to present experiences of the learner and to future experiences of the learner.
   C. Ask the learner to state in his/her own words what is to be learned.
   D. Ask the learner to state in his/her own words why he/she needs to learn what is being taught.
   E. Ask the learner to state how what is being learned relates to other experiences in his/her life.

32. Explain what is to be learned:
   A. Provide the information or materials necessary for learning.
   B. State the principles involved in the behavior.
   C. Ask the learner/client to state, in his/her own words, the principles involved.
   D. Provide the learner with cues in important features of the behavior.

33. Demonstrate to the learner/client what is to be learned:
   A. Use appropriate materials or application examples.
   B. Make the demonstration as similar as possible to the situation in which the learning is to be used.

34. Provide an opportunity for the learner/client to practice doing what is being learned:
   A. Make the practice situation as similar as possible to the actual situation(s) for which the learner is being prepared.
   B. Provide adequate practice.
   C. Provide practice which requires that the activity of the learner is consistent with the behavior stated in the objective.
   D. Identify resources which are available to the learner/client beyond this experience, for additional exposure as practice.

35. Provide feedback on performance to the learner/client:
   A. Indicate the extent to which he/she is demonstrating what is being learned.
B. Make suggestions for improvement.
C. Provide additional information, explanation, or demonstration when necessary.
D. Assist the learner in identifying how he/she can determine the extent to which he/she is demonstrating what is being learned.

36. State some examples of use of what is being leaned in the client's everyday life:
   A. Present several different kinds of examples.
   B. Present examples as similar as possible to actual situations in the learner/client's life.
   C. Incorporate principles and cues in the examples.

37. Ask the learner/client to give examples of use of what is being learned in the client’s everyday life:
   A. Determine that the examples reflect actual, possible situations and understanding of principles.

38. Determine that the learner/client has learned what is being taught:
   A. Identify and implement an activity which will allow demonstration of learning and which is:
      i. Consistent with the behavior stated in the objective
      ii. Consistent with the activities of the learning experience
      iii. Incorporates the conditions stated in the objective
   B. Determine that the minimal level of acceptable performance is met.

COMPETENCY IN ADMINISTRATION
Upon graduation, the student will use the problem-solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social, and medical sciences on which to base the practice of physical therapy, including: participation in the administration of a defined physical therapy service.

COMPONENTS AND CRITERIA
39. Identify the administrative structure to provide physical therapy services:
   A. Administrative structure/hierarchy
   B. Current staff positions/roles, lines of communication, and any future changes to provide quality
   C. Vision statement/philosophy of the department

40. Demonstrate Professional Behaviors:
   A. Maintain schedule throughout day (e.g. arrives on time, adheres to patient schedule)
   B. Adhere to school/facility dress code
   C. Facilitate team environment to insure quality patient care:
      i. Effectively communicate to all staff members, patients, and families
      ii. Demonstrate flexibility in all areas within a team environment
      iii. Accept responsibility for facility needs and complete tasks in a timely manner
      iv. Take initiative to resolve problems
      v. Request and/or provide assistance to co-workers as necessary
   D. Demonstrate safe and legal practice:
i. Consistent with State Board Rules/Regulations
ii. Follow APTA guidelines
   a. Practice in a manner consistent with the APTA Core Values
iii. Demonstrate Ethical Practice
   a. Practice in a manner consistent with the APTA Code of Ethics
      (i) implement in response to an ethical situation, a plan of action that
demonstrates sound moral reasoning congruent with core professional
ethics and values; and
      (ii) Report to the appropriate faculty suspected cases of fraud and abuse related
to the utilization of and payment for physical therapy and other health care
services
iv. Comply with Centers for Medicare and Medicaid Services guidelines
v. Comply with HIPAA guidelines

41. Identify the overall goals of the physical therapy services provided:

A. Patient/Client care:
   i. Primary patient populations served
   ii. Levels of care able to provide
   iii. Resources available to ensure quality patient care
   iv. Identify the team members involved with providing physical therapy services

B. Other services/consultations available to meet the patient’s needs

C. Educational opportunities:
   i. Students
   ii. Community education (e.g. presenting to a school system a program on prevention of
      head injuries, presenting to an industrial site, a back school)
   iii. Health professionals:
      a. Academic setting
      b. Conferences

D. Other disciplines (e.g. teaching nursing assistants transfer techniques)

E. Current research efforts or efforts toward evidence-based practice within physical therapy
   services.

Long-term Clinical Internships
The expectation is for the CI and the student to assess student performance on an ongoing basis
and complete the EUICE form at mid-term (at the end of 5 weeks) and at the end of 10 weeks.
The CI completes one evaluation assessing student performance. The student completes another
assessing his/her own performance (independent of the clinical instructor), as well as the APTA
form evaluating the clinical experience and clinical instruction, at mid-term and again at the end
of the experience. As with the short-term experiences, the student is encouraged to use the items
on the evaluation form and the criteria to guide the student to use a problem-solving approach in
care of the client, the client’s family and staff. The student performance evaluation forms
completed by the CI and student at mid-term identify student strengths and weaknesses and allow
for planning for the last 5 weeks of the internship. To successfully complete an individual internship, the student must receive an 80% on the clinical instructor’s final evaluation in each of the four competencies (provision of care, interpersonal communication, teaching-learning skills, and administrative practice). Additionally, he must score an 80% for question #7 Examination items and for #13 Therapeutic Interventions, as well as 100% for #16 Safety and #40 Professionalism.

Upon graduation, the student will use the problem solving process in demonstration of areas of expertise through the application of research evidence or a theoretical framework of basic, behavioral, social, and medical sciences.

**COMPETENCY IN PROVISION OF CARE**

Upon graduation, the student will use the problem solving process in demonstration of areas of expertise through the application of research evidence or a theoretical framework of basic, behavioral, social, and medical sciences.

**COMPONENTS AND CRITERIA**

1. Identify symptoms and co-existing conditions of the client:
   A. Identifies problems reported by the client or client's family. (i.e. "What brings you in?")
   B. Identifies pathologies, impairments, functional limitations, or disabilities that could compromise the client's medical safety and/or that relate to symptoms identified by:
      i. Interview with the client and/or client's family to obtain client demographics, client's past and present medical history, family medical history, review of systems
      ii. Observation of client during interview
      iii. Review of medical record to determine medical history, results of physical examination, diagnostic tests, related treatment being received, laboratory values, medications, psychosocial status, and progress
      iv. Consult with other health care workers

2. Differentiate symptoms presented and impairments (symptoms and/or signs) to be assessed based on:
   A. The client's medical safety
   B. The client's comfort
   C. Medical treatment priorities
   D. The client's functional, physiological, emotional, vocational, and social needs

3. Identify characteristics of relevant symptoms or conditions:
   A. Onset of symptoms identified as sudden or progressive; precipitating or concurrent circumstances:
      i. Identify nature/quality of symptoms (i.e. severity, descriptors, factors aggravating and relieving symptoms)
      ii. Identify location/areas of impairments (signs or symptoms) even if seemingly unrelated to iatrotropic stimulus (body diagram helpful)
      iii. Identify progression or stage (i.e. acute, intermittent, improving)
Identify previous or ongoing treatment
v. Formulate relationships between characteristics of symptoms and other findings (for example, other impairments)

B. Relationship of impairments to other evaluative findings; specific statements of relationships of symptoms to:
   i. Physical examination
   ii. Other diagnostic tests
   iii. Lab values
   iv. Age related norms

4. Determine the priority of conditions to be assessed:
   A. Hypothesize the condition(s) represented by impairments and other findings.
   B. Initiate referrals to other health professionals, as indicated.
   C. Determine priority of conditions considering:
      i. Client medical safety
      ii. Client comfort
      iii. Medical treatment priorities
      iv. Information being sought from another source through referral initiation
      v. Client's functional, physiologic, emotional, social, and vocational needs
      vi. Client age
      vii. Financial and other required resources

5. Identify and determine the rationale for procedures to examine the client's impairments or conditions. Specific statements of relationship of impairments to:
   A. Client's medical condition and treatment priorities
   B. Client's comfort and ability to assist in the procedure (i.e. follow directions) if necessary
   C. Explanation of mechanism by which the test(s) assesses movement and physiologic/neuromusculoskeletal conditions of the client
   D. Explanation of the possible examination findings and implications of the findings
   E. Indication of the purpose served by the examination procedure(s) or test(s) as:
      i. To determine current status
      ii. To contribute to determination of diagnosis
      iii. To determine prognosis
      iv. To determine appropriate intervention plan and goals of interventions
      v. To determine progress
      vi. To assess the appropriateness of an examination procedure to determine prognosis
   F. Assessment of reliability of the procedure(s)
   G. Assessment of the accuracy of the procedure(s) based on the best current research evidence
   H. Identification of safety considerations
   I. Identification of possible undesirable consequences secondary to administration of the procedure(s)
   J. Assessment of time constraints
K. Determination of equipment, materials, and personnel resources necessary
L. Identification of financial considerations

6. Prepare to execute the examination:
   A. Prepare self:
      i. Review the procedure if necessary
      ii. Request assistance of other personnel if necessary
   B. Prepare client/client's family:
      i. Emotional, cognitive, and physical preparation
   C. Prepare equipment, materials, and treatment areas:
      i. Procure equipment, materials, and treatment areas
      ii. Determine safety and operational status of equipment
      iii. Calibrate equipment

7. Conduct the examination according to the criteria sheet for the specific procedures/tests

8. Evaluate the examination findings:
   A. State the results of the examination.
   B. Determine the relationship of examination findings to:
      i. Client's impairment(s), functional limitation(s), and/or disability(ies)
      ii. Progression and state of symptoms
      iii. Other diagnostic findings
      iv. Disease process
      v. Medical history
      vi. Anatomic, biomechanical, physiologic, behavioral, biochemical or developmental bases for movement
      vii. Intervention being received
      viii. Purpose of the examination

9. Establish a physical therapy diagnosis:
   A. Classify the movement disorder based on current literature or identify impairments most related to the functional limitations:
      i. That accounts for all pertinent impairments
      ii. Toward which intervention and intervention goals are directed

10. Determine the prognosis.

11. Establish intervention goals:
    A. Identify priority order of goals.
    B. Including interim and discharge goals/short term and long term goals based on:
       i. Impairments
       ii. Diagnoses
       iii. The client's personal and vocational goals
       iv. Measurable functional outcomes

12. Determine an intervention plan with rationale based on:
    A. The client's physiologic stability
    B. The client's comfort
C. Priority of client and caregiver's needs  
D. Goals of the client and the client's family  
E. The client and caregiver's ability to participate in the intervention  
F. The diagnosed problem  
G. Related impairments, including current status, stage, progression, and duration  
H. Related medical intervention, including effect of the intervention on other interventions; effect of other interventions on this specific intervention  
I. Explanation of the mechanism by which the intervention affects client's impairment(s), functional ability(ies)/limitation(s), and/or disability(ies)  
J. The best current research evidence  
K. Explanation of the relationship of the possible results of interventions to the short and long-term goals and functional outcomes  
L. Explanation of the relationship of results to the client's program of care proposed by health care team  
M. Assessment of time restraints  
N. Determination of equipment, materials, and personnel resources necessary  
O. Identification of financial considerations  
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14. Assess the effects of the intervention:  
   A. State the effects of the intervention on:  
      i. Impairment(s)  
      ii. Functional ability(ies)/limitation(s) and/or disability(ies)  
   B. State the relationship of the effects of the intervention to:  
      i. Progression and stage of impairment(s)  
      ii. Other diagnostic findings  
      iii. Disease process  
      iv. Medical history  
      v. Related interventions  
   C. State the status of:  
      i. Targeted functional outcomes  
      ii. Short term and long term goals  
15. Modify the intervention and/or goals, as indicated based on:  
   A. Client's medical safety  
   B. Client's comfort  
   C. Client's ability to provide required assistance  
   D. Effect on impairment(s), functional ability(ies)/limitation(s), and/or disability(ies)  
   E. Required client resources  
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16. Adhere to safety in provision of patient care:  
   A. Assess the safety of the examination and/or intervention procedures.
B. State the safety considerations.
C. Prepare self, environment, and equipment/materials in accordance with the criteria for safety listed in the criteria sheet for the examination and/or intervention.
D. Monitor impairments during the examination and/or intervention.
E. Assess the effects of the examination/intervention on impairments.
F. Modify the examination/intervention based on client’s medical safety and related impairments, including current status, stage, progression, and duration.

17. Record concisely and accurately in appropriate records according to the criteria sheet on “Documentation”:
A. Including, but not limited to, initial, progress, and discharge notes
B. Notes state, as appropriate:
   i. Subjective results
   ii. Objective results
   iii. Assessment
   iv. Plan
   v. Intervention given

COMPETENCY IN INTERPERSONAL COMMUNICATIONS
Upon graduation, the student will use the problem-solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social, and medical sciences on which to base the practice of physical therapy, including: an active recognition of the rights and dignity of the individual in planning and administering programs of care.

COMPONENTS AND CRITERIA
The criteria and items on the evaluation form relate to any and all interactions the student has during clinical education experiences. Examples include interactions with a client or client's family, physician, clinical instructor or supervisor, telephone conversations, etc. Also, the criteria and evaluation items refer only to responses of the student during an actual interaction, not to responses by the student after an interaction. Specific examples are incorporated below.

18. Identify cognitive needs and resources of other person(s), including:
   A. Other person who may be the focus of communication for the student. This may include but not be limited to the following:
      i. Client
      ii. Client family or support persons
      iii. Clinical instructor or supervisor
      iv. Faculty
      v. Supportive personnel/staff members
   B. What the person needs to know regarding:
      i. The relationship of the physical therapy program to the total program of care
      ii. The person's role in the program of care, affiliation, or system, in general
      iii. The student's objectives or interest in the program, affiliation of system, in general
iv. The relationship of the subject of the communication to past or future communications with the student or other persons
v. Examples: Does the student identify that his/her instructor needs to know his/her interest in this clinical experience? Does the student identify that the client's wife needs to know her role in the treatment program?

C. Sources of information available to the other person(s) relative to the information being sought:
   i. Client family or support persons
   ii. Health professionals/co-workers
   iii. Other students
   iv. Clinical education instructor or supervisor
   v. Faculty
   vi. Reference materials
   vii. Outside agencies

19. Identify emotional needs and resources of the other person through:
   A. Solicitation of how the person feels
   B. The verbal and non-verbal cues provided
   C. Use of interviewee-centered response:
      The cognitive and emotional needs of another person are most often identified by focusing on the other person's verbal and nonverbal cues. These needs might be identified by giving interviewee-centered responses. Interviewee-centered responses are exhibited by, but not limited to the following:
      **VERBAL**
      1) Silence:
         Silence is simply giving no verbal response. As a deliberate response, the use of silence implies that silence is the best response to be offered at that point in the interaction.
      2) Restatement:
         Restatement is a verbal response designed to let the other person know he is being listened to and to let the other person hear what he/she has said.
         Restatement is accomplished by:
         a) Restating exactly what has been said, including using the first person pronoun (I)
         b) Restating exactly what has been said, but using the second person pronoun (you)
         c) Restating the significant parts of what has been said and restating, in summary fashion
      3) Clarification:
Clarification usually refers to responses made to clarify what the other person (interviewee) has said. Such responses are made by:

a) Stating more simply to make clearer that which the other person said so he/she can decide if the responses were what he/she had in mind
b) Restating exactly what has been said, but using the second person pronoun (you)
c) Using your own words to clarify a response the other person had difficulty stating clearly

Clarification may also be used as a response to be sure you have understood what the other person said.

Reflection responses express solely the feeling, tone of the other person’s responses; reflection response verbalizes only the feelings and attitudes that seem to lie behind the other person's words.

Interpretation responses attach meaning to what the other person has said. Interpretation may take one of two forms:

a) Interpretation based on the other person's internal frame of reference
b) Interpretation based on your internal frame of reference

NON-VERBAL
1) Maintaining eye contact
2) Head nodding
3) Maintaining a position facing the other person

D. Experiences and feelings of the person in similar or related interactions or situations
E. Identification and use of relevant persons to clarify needs
F. Identification of what the other person can contribute to his/her own emotional needs as well as what people available to him/her can contribute:

Examples: Does the student use interviewee-centered responses and identify that the client is afraid to attempt stairs using crutches? Does the student identify resources available to the client for dealing with his/her fears?

20. Identify cognitive needs and resources of self (student), including:

A. What you (student) know or need to know about the other person (client and/or his/her relevant others, clinical supervisor):
   i. Relevant background
   ii. Client's interpretation of his/her medical background
   iii. Client's and relevant others' feeling about the client’s condition
   iv. Expectations of client and relevant others
   v. Related future plans
B. Sources of information available to you (student):
   i. Yourself - education and experience
   ii. Present status, relevant goals, interest, values, and beliefs
iii. Medical record or other reference materials
iv. The client and relevant others
v. Other health professionals
vi. Co-workers
vii. Clinical instructor, supervisor, or coordinator
viii. Faculty

21. Identify the emotional needs and resources of self (student), including:
   A. How you (student) feel about the other person (client and/or his/her relevant others, clinical supervisor)
   B. How you (student) feel about your relationship with the other person
   C. Sources of emotional support available within you (student) which you can offer the relationship:
      **Examples:** Does the student identify his/her willingness to participate in the development and maintenance of the relationship? Does the student identify his/her own experience in similar relationships?

22. Identify the roles of relevant persons, including:
   A. Student's responsibilities to the client
   B. Client's responsibilities in the treatment plan
   C. Person(s) primarily responsible for completing the task
      **Examples:** Does the student identify the role of the client's spouse in the transfer? Person(s) primarily concerned with supporting the emotional needs of the people involved

23. Respond to others in a way that fosters a positive change, including:
   A. Facilitating acceptance by the other person of ideas, attitudes, and feelings he/she has:
      Example: The student allowed the client to feel sad.
   B. Movement of the other person toward the knowledge and/or attitudes desired:
      Example: A client expresses concern or worry over a situation. The student responds to the client in such a way that the client is no longer needlessly concerned or is reassured that his concerns will be attended.
   C. Responses appropriately related to the established needs of the other person(s) involved
   D. Responses appropriately related to the abilities and needs of self
   E. Use of verbal or non-verbal responses
   F. Listening, giving input to the person(s), and referral:
      Giving input to the other person(s) is exhibited by, but not limited to verbal and nonverbal responses, which are interviewer-centered. Interviewer-centered responses are those initiated by the student and directed toward the other person(s) and/or nonverbal approaches to the other person(s). The following are interviewer-centered responses:

<table>
<thead>
<tr>
<th>INTERVIEWER-CENTERED</th>
<th>VERBAL</th>
<th>NON-VERBAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>explanation</td>
<td></td>
<td>touching the other person(s)</td>
</tr>
<tr>
<td>encouragement</td>
<td></td>
<td>moving toward or positioning</td>
</tr>
<tr>
<td>assurance</td>
<td></td>
<td>yourself close to the other</td>
</tr>
</tbody>
</table>
Inappropriate responses to other people include the following:

<table>
<thead>
<tr>
<th>suggestions</th>
<th>persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>advice</td>
<td>Persons</td>
</tr>
</tbody>
</table>

24. Refer client and relevant others to another person if indicated by:
   A. Identifying when client or client’s relevant others needs exceed your abilities
   B. Identifying when client’s needs interfere with physical therapy care
   C. Identifying when therapist responses do not satisfy the client and relevant others
   D. Identifying when extent or nature of the needs cannot be identified by the therapist
   E. Identifying the health professional capable of meeting the client’s needs
   F. Referring the client to the appropriate health professional
   G. Following established institutional referral procedures

   **Example:** The client is concerned about his/her diet. The student suggests that he/she (client) speak with the dietitian.

25. Exhibit caring for the people with whom he/she is involved by:
   A. Accepting responsibilities:
      **Examples:** Does the student keep appointments as scheduled? Does the student follow through on commitments made?
   B. Exhibiting concern for others' well being and respect for others’ rights and dignity:
      **Examples:** The student arranges for privacy when needed for work with clients. The student presents himself in an inoffensive manner when dealing with others.
   C. Supporting patient programs and departmental efforts:
      **Examples:** When seeking assistance from an aide, the student acknowledges the aide’s response that he/she is taking care of another therapist’s request.
   D. Utilizing appropriate interpersonal skills as previously identified:

      *The question is not if the student cares but if the student exhibits caring in such a way that the people with whom the student is involved recognize the student cares.*

26. Evaluate the effect of his/her response on the needs of other person(s) and self by:
   A. Recognizing the manner in which the other person responds, reacts to, or withdraws from him/her:
      **Example:** The student can demonstrate and/or express awareness of his/her own responses: 1) which facilitate the other person’s participation in the interaction, 2) which cause the other person to withdraw from the interaction.
B. Determining the effects of the interaction on the cognitive and emotional needs of the other person and of him/herself:

**Example:** The student identifies the failure of previous responses to meet needs. The student determines that his/her response to the client has increased the client's fear and confusion.

27. Modify his/her responses to meet the needs of the relevant others if indicated by:
   A. Eliminating or modifying responses which affect the interaction(s) negatively
   B. Selecting other response options to meet need demands
   C. Initiate modified responses
   D. Re-evaluate altered responses for attainment of identified needs.
   E. Continue modifications until needs are met

**COMPETENCY IN THE TEACHING-LEARNING PROCESS**

Upon graduation, the student will use the problem solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social, and medical sciences on which to base the practice of physical therapy, including: participation in planning, implementing, and evaluating the teaching-learning process.

**COMPONENTS AND CRITERIA**

28. Identify the needs of the learner/client, including:
   A. Identify what the learner needs to know
   B. What the learner needs to be able to do

29. Identify an appropriate level of learning or skill to be accomplished, including:
   A. Identification of the specific knowledge and/or skills the learner/client must already have to participate in the learning experience and accomplish the intended objective
   B. Determination of the extent to which the learner/client has the prerequisite knowledge and/or skills
   C. Determination of a way(s) to provide the prerequisite knowledge and skills if lacking

30. State what is to be learned, including:
   A. Observable behavior
   B. Who is to demonstrate the behavior
   C. Conditions under which the behavior is to be demonstrated
   D. Minimal level of acceptable behavior
   E. An implied domain of the behavior (i.e. cognitive, psychomotor, affective)

31. Make certain the learner/client understands the purpose for learning:
   A. Tell the learner/client why the behavior is to be learned
   B. Relate the learning experience/behavior to be learned to past experiences of the learner, to present experiences of the learner, and to future experiences of the learner
   C. Ask the learner to state in his/her own words what is to be learned
   D. Ask the learner to state in his/her own words why he/she needs to learn what is being taught
E. Ask the learner to state how what is being learned relates to other experiences in his/her life

32. Explain what is to be learned:
   A. Provide the information or materials necessary for learning
   B. State the principles involved in the behavior
   C. Ask the learner/client to state, in his/her own words, the principles involved
   D. Provide the learner with cues in important features of the behavior

33. Demonstrate to the learner/client what is to be learned:
   A. Use appropriate materials or application examples
   B. Make the demonstration as similar as possible to the situation in which the learning is to be used

34. Provide an opportunity for the learner/client to practice doing what is being learned:
   A. Make the practice situation as similar as possible to the actual situation(s) for which the learner is being prepared
   B. Provide adequate practice
   C. Provide practice which requires that the activity of the learner is consistent with the behavior stated in the objective
   D. Identify resources which are available to the learner/client beyond this experience, for additional exposure as practice

35. Provide feedback on performance to the learner/client:
   A. Indicate the extent to which he/she is demonstrating what is being learned
   B. Make suggestions for improvement
   C. Provide additional information, explanation, or demonstration when necessary
   D. Assist the learner in identifying how he/she can determine the extent to which he/she is demonstrating what is being learned

36. State some examples of use of what is being learned in the client's everyday life:
   A. Present several different kinds of examples
   B. Present examples as similar as possible to actual situations in the learner/client's life
   C. Incorporate principles and cues in the examples

37. Ask the learner/client to give examples of use of what is being learned in the client’s everyday life:
   A. Determine that the examples reflect actual, possible situations and understanding of principles

38. Determine that the learner/client has learned what is being taught:
   A. Identify and implement an activity which will allow demonstration of learning and is:
      i. Consistent with the behavior stated in the objective
      ii. Consistent with the activities of the learning experience
      iii. Incorporates the conditions stated in the objective
   B. Determine that the minimal level of acceptable performance is met
COMPETENCY IN ADMINISTRATION
Upon graduation, the student will use the problem solving process in demonstration of areas of expertise and application of a theoretical framework of basic, behavioral, social, and medical sciences on which to base the practice of physical therapy, including: participation in the administration of a defined physical therapy service.

COMPONENTS AND CRITERIA
39. Identify the administrative structure to provide physical therapy services:
   A. Administrative structure/hierarchy
   B. Current staff positions/roles, lines of communication, and any future changes to provide quality
   C. Vision statement/philosophy of the department

40. Demonstrate Professional Behaviors:
   A. Maintain schedule throughout day, e.g. arrives on time, adheres to patient schedule
   B. Adhere to school/facility dress code
   C. Facilitate team environment to insure quality patient care:
      i. Effectively communicate to all staff members, patients, and families
      ii. Demonstrate flexibility in all areas within a team environment
      iii. Accept responsibility for facility needs and complete tasks in a timely manner
      iv. Take initiative to resolve problems
      v. Request and/or provide assistance to co-workers as necessary
   D. Demonstrate safe and legal practice:
      i. Consistent with State Board Rules/Regulations
      ii. Follow APTA guidelines
         (a) Practice in a manner consistent with the APTA Core Values
      iii. Demonstrate Ethical Practice
         (a) Practice in a manner consistent with the APTA Code of Ethics
         (i) implement in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values; and
         (ii) Report to the appropriate faculty suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services
      iv. Comply with Centers for Medicare and Medicaid Services guidelines
      v. Comply with HIPAA guidelines

41. Identify the overall goals of the physical therapy services provided:
   A. Patient/Client care:
      i. Primary patient populations served
      ii. Levels of care able to provide
      iii. Resources available to ensure quality patient care
      iv. Identify the team members involved with providing physical therapy services
B. Other services/consultations available to meet the patient’s needs
C. Educational opportunities:
   i. Students
   ii. Community education, e.g. presenting to school system a program on prevention of head injuries, presenting to an industrial site, a back school
   iii. Health professionals:
      a. Academic setting
      b. Conferences
   iv. Other disciplines, e.g. teaching nursing assistants transfer techniques
D. Current research efforts or efforts toward evidence-based practice within physical therapy services

42. Identify the administrative needs of the physical therapy service:
   A. Daily clinical administration. Follows department/service policies and procedures for:
      i. Insurance coverage
      ii. Documentation
      iii. Informed consent
      iv. Incident reporting
      v. Emergency response
      vi. Ordering equipment
      vii. Charges
      viii. Discharge planning
   B. Ongoing departmental administrative activities
      i. Budgeting:
         a. Sources of revenue for the department/organization directly affected by a staff physical therapist:
            i. Sales of service
            ii. Sales of products
         b. Sources of expenses for the department/organization directly affected by a staff physical therapist:
            i. Salary
            ii. Benefits
            iii. Education
            iv. Supplies/Equipment
            v. Travel
            vi. Professional dues
      ii. Marketing:
         a. Main sources of referral to the department/organization
         b. Main sources of competition for the department/organization
         c. Strengths of the department including staff specialists, equipment, interdepartmental relationships/communication, and referral relationships/communication
iii. Physical plant utilization and needs of the physical therapy service
iv. Outcomes management programs
v. Risk management programs
vi. Quality care initiatives:
   a. JCAHO and CARF accreditation requirements
   b. Continuous Quality Improvement (CQI) or other ongoing quality care program

43. Identify and provide a rationale for an effective method of resolving the administrative service needs:

   A. Establish a plan of action to resolve the problem:
      i. Support the philosophy/vision/goals of the service.
      ii. Consider all professional practice standards.
      iii. Determine the priorities of the administrative needs.

   iv. Identify resources necessary and available to implement the plan:
      a. Personnel
      b. Finances
      c. Physical space
      d. Equipment/material
      e. Time

   v. Develop a time schedule for implementation of the plan.

44. Implement the plan:
   A. Use personnel appropriately.
   B. Follow all professional practice standards.

45. Evaluate the extent to which the goals of the plan have been met as related to daily clinical and ongoing departmental administrative activities.

46. Modify the plan as necessary to meet the needs of the service:
   A. Identify a process for revising the plan of action.
   B. Implement modification of the plan.
Instructions
Welcome to the online Emory Evaluation of student performance for the General Medical Conditions clinical experience. A short online tutorial has been created to assist you with the completion of this form and can be found by clicking on the following link: [http://youtu.be/GyuOh-pzxXk](http://youtu.be/GyuOh-pzxXk)

The online form is used in conjunction with competency and criteria sheets for [Provision of Patient Care](#), [Interpersonal Communication](#), the [Teaching-Learning Process](#), and [Administration](#) included in the packet of information mailed to clinical instructors and center coordinators of clinical education, as well as the criteria sheets for examination and therapeutic interventions found in the [Emory Physical Therapy Entry Level Competencies and Criteria](#) manual available at your facility. For your convenience, you can access criteria sheets for Provision of Patient Care, Interpersonal Communication, Teaching-Learning, and Administration online. To view a competency and see the individual items/observable behaviors, click on the highlighted title. Additionally, criteria for each individual item/behavior within a competency can be accessed by clicking on the highlighted item in the evaluation form. A pop-up window will open with a description of the criteria.

After beginning the evaluation, but before you click the “Submit Evaluation” button, you can:
- EXIT at the end of each page and your responses will be automatically saved
- RE-ENTER the evaluation to view or make changes using the link provided in the email invitation
- RE-ENTER the document and resume where you left off or start at the beginning

Please hold the evaluation conference with your student before submitting the evaluation form!

Course Objectives
Items on the form are designed to measure the following general objectives during this clinical experience. Given patients with straight-forward general medical problems and limited comorbidities, the student will use the problem-solving process to assess patients and establish a plan of care, in accordance with Emory’s Provision of Patient Care criteria. Given patients with straight-forward general medical problems and limited comorbidities, the student will provide therapeutic services in accordance with Emory’s Provision of Patient Care criteria. The student will use the interpersonal communication and teaching-learning processes during interactions with patients, healthcare providers, and staff in accordance with Emory’s Interpersonal Communications and Teaching-Learning criteria. The student will demonstrate professional behavior in accordance with Emory’s Administration criteria. The student will identify the administrative structure and goals of the physical therapy department as described in the Administration criteria.

Feedback
Daily feedback: It is expected that the clinical instructor (CI) provide the student feedback, present suggestions, and frequently set/assess educational goals.
Periodic feedback: A thorough review of student performance (utilizing the evaluation form as a guide) is helpful at the end of the first week of the two-week block.

Who Completes the Final Short Term Evaluation Form? The CI and student each receive their OWN email link to THEIR copy of the form and should complete them independently. Do NOT share links. If a second CI has been working with the student, she should collaborate with the primary CI using one link/form.

**IMPORTANT: The CI and student should electronically sign both evaluation forms. The CI/student must personally enter his/her own name and date after the evaluation conference for this to be considered a valid electronic signature.**

When are the Evaluations completed?
The final day of the two-week block is the only time a formal written evaluation is completed by both the CI and student. The evaluation is only based on the last week of the affiliation.

How is the Online Clinical Education Evaluation Form Completed?
The form is divided into 4 sections/competencies: provision of care, interpersonal communication, teaching-learning, and administration. Observable behaviors to be graded are listed for each competency, and a comments’ section is provided.

Each item evaluated will be scored as follows: 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time 2 = Beginning Competency: Student performs all criteria for the item 26 -50% of the time 1 = Rarely Competent: Student performs all criteria for the item 0-25% of the time N/A = Not applicable: Student did not have an opportunity to perform or did not have a sufficient number of opportunities to be evaluated (usually < 3)

Scoring Example: #12: “Determine an intervention plan with rationale”: If the student correctly demonstrated this behavior according to criteria 80% of the time during the second week (8 times out of 10 or better), the appropriate response is “4”. If less than 80%, please estimate the percentage of time the student demonstrated a behavior according to criteria and select that scoring level. If the CI did not have an opportunity to observe the student or there was not sufficient opportunity, Not Applicable “N/A” should be selected.

Two items are pulled out of sequence from their respective competencies and graded first due to their importance in clinical care. The first is #16: “Adhere to safety in provision of patient care”, and the second is #40: “Demonstrate professional behavior.” We expect the student will earn a “4 – Demonstrates Competency” for both of these items, and be at 100%. If the student is not earning a “4”, or is earning a “4” but demonstrating “red flags”, please contact one of the Directors of Clinical Education immediately (Patricia Bridges – 404-712-4132 or Tami Phillips – 404-727-1350 or Sarah Caston 404-712-5531). A “red flag” for either item may result in dismissal from the affiliation and/or remediation.

Please utilize the “Comments” boxes to:

- provide constructive feedback, examples and suggestions for items requiring further practice
- provide information about items marked N/A
- provide positive feedback, examples, and suggestions

What is the Procedure for the Evaluation Conference? After the student and CI complete the evaluation forms individually online, they SHOULD NOT click the “Submit Evaluation” button. Simply close the browser window and responses will be automatically saved. To access saved responses for the CI/student conference, click on the link provided in each individual’s email invitation.

The CI and student should review their individual, completed evaluation forms in the conference. Differences in responses are discussed with both persons offering examples to substantiate the chosen response. If agreement is not reached, the responses on each form should remain and written comments made.
At the end of the evaluation, both evaluation forms are signed electronically by the student and the clinical instructor. Clinical Instructors please indicate whether you have a clinical specialty certification and specify whether you are an APTA credentialed clinical instructor. If the affiliating facility requires a printed copy of this evaluation, you will have the option to download and print or save a PDF or your completed evaluation after you click the submit evaluation button, which is located on the last page of the evaluation form. Emory does not require a printed copy.

Upon completing the conference and signing these documents, press the submit button to send each form.

At this point, the student and CI discuss the “APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction” form which is completed by the student on-line and printed. In addition to the student signing the form, the CI signs the form indicating he/she has reviewed the information with the student.

What Forms Does the Student Need to Return to Emory University, Division of Physical Therapy?
1) Clinical Education Evaluation: Online submission on the last day of the clinical affiliation by both the CI and student individually.
2) APTA Physical Therapy Student Evaluation - Clinical Experience and Clinical Instruction:
The student will:
   A. FILL OUT the entire form online (including ALL of the CI’s information on the first page), but DO NOT SUBMIT YET.
   B. PRINT THE FORM and
   C. THEN submit online.
   D. Ensure BOTH the student and the clinical instructor, sign the form.
   E. Write a note to Mrs. Moore if any of the information entered online about the CI is missing on the printed copy. Please let her know if the information was entered online, but did not print. Please also let her know what specific information was entered.
   F. Hand-deliver the hard copy by the close of business Monday, immediately following the end of the two-week clinical block, to Suite 312, 1462 Clifton Road.
3) Clinical Site Orientation Checklist: The orientation checklist is due by the close of business Monday, immediately following the end of the two-week clinical block. Hand-deliver to Suite 312, 1462 Clifton Road.

Please click the "Save and Continue" button below to begin the evaluation.

Please complete the following:

<table>
<thead>
<tr>
<th>*STUDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PRIMARY CLINICAL INSTRUCTOR</td>
</tr>
<tr>
<td>SECONDARY CLINICAL INSTRUCTOR (Optional)</td>
</tr>
<tr>
<td>*FACILITY</td>
</tr>
<tr>
<td>*DATE: FINAL (mm/dd/yyyy)</td>
</tr>
<tr>
<td>*COMPLETED BY</td>
</tr>
</tbody>
</table>

PROVISION OF PATIENT CARE

Please use the following scale to score the student:
4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency: Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency: Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

Given a client, the student was able to: Provision of Patient Care
16. Adhere to safety in provision of patient care.

COMMENTS:

ADMINISTRATION

Please use the following scale to score the student:
4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency: Student performs all criteria for the item 26-49% of the time
1 = Rarely meets competency: Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

In any and all circumstances during the clinical education experience, the student was able to:

PROVISION OF PATIENT CARE

Please use the following scale to score the student:
4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency: Student performs all criteria for the item 26-49% of the time
1 = Rarely meets competency: Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

Given a client, the student was able to:

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th>4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1. Identify symptoms and coexisting conditions of the client.</td>
<td>4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
<tr>
<td>*2. Differentiate symptoms and impairments presented from symptoms and impairments to be assessed.</td>
<td>4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
<tr>
<td>*3a. Identify onset of symptoms.</td>
<td>4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
<tr>
<td>*3b. Identify the relationship of symptoms to other examination findings.</td>
<td>4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
<tr>
<td>*4. Determine the priority of conditions to be assessed.</td>
<td>4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
<tr>
<td>*5. Identify and determine the rationale for procedures to examine the client's impairments or conditions.</td>
<td>4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
<tr>
<td>*6. Prepare to execute the examination procedure.</td>
<td>4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
</tbody>
</table>
PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

7. Given a client, the student was able to conduct the examination according to the criteria sheet for the specific procedure/tests listed below:

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>*7a. Visual Inspection</td>
</tr>
<tr>
<td>*7b. Blood Pressure Assessment</td>
</tr>
<tr>
<td>*7c. Pulse Rate and Peripheral Pulse Evaluations</td>
</tr>
<tr>
<td>*7d. Evaluation of Ventilation</td>
</tr>
<tr>
<td>*7e. Lung Auscultation</td>
</tr>
<tr>
<td>*7f. Gross Evaluation</td>
</tr>
<tr>
<td>*7g. Palpation</td>
</tr>
<tr>
<td>*7h. Goniometry</td>
</tr>
<tr>
<td>*7i. Manual Muscle Testing</td>
</tr>
<tr>
<td>*7j. Sensory Assessment</td>
</tr>
<tr>
<td>*7k. Functional Limitations (Functional Mobility Assessment)</td>
</tr>
<tr>
<td>*7l. Pulmonary Evaluation</td>
</tr>
</tbody>
</table>

PROVISION OF PATIENT CARE (Additional Examination Procedures)

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>7m. Other (list below if applicable)</td>
</tr>
<tr>
<td>7n. Other (list below if applicable)</td>
</tr>
<tr>
<td>7o. Other (list below if applicable)</td>
</tr>
<tr>
<td>7p. Other (list below if applicable)</td>
</tr>
<tr>
<td>------------------------------------</td>
</tr>
<tr>
<td>7q. Other (list below if applicable)</td>
</tr>
<tr>
<td>7r. Other (list below if applicable)</td>
</tr>
<tr>
<td>7s. Other (list below if applicable)</td>
</tr>
</tbody>
</table>

If 7m. "other" is applicable, list the procedure/test below.

If 7n. "other" is applicable, list the procedure/test below.

If 7o. "other" is applicable, list the procedure/test below.

If 7p. "other" is applicable, list the procedure/test below.

If 7q. "other" is applicable, list the procedure/test below.

If 7r. "other" is applicable, list the procedure/test below.

If 7s. "other" is applicable, list the procedure/test below.

**PROVISION OF PATIENT CARE**

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time  
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time  
2 = Beginning to show competency - Student performs all criteria for the item 26-49% of the time  
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time  
N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a client, the student was able to:**

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>*8. Evaluate examination findings.</td>
</tr>
<tr>
<td>*9. Establish a physical therapy diagnosis.</td>
</tr>
<tr>
<td>*10. Determine the prognosis.</td>
</tr>
<tr>
<td>*11. Establish intervention goals.</td>
</tr>
<tr>
<td>*12. Determine an intervention plan with rationale.</td>
</tr>
</tbody>
</table>

**PROVISION OF PATIENT CARE**

Please use the following scale to score the student:
Click the highlighted Item Below to View the Criteria.

13. Given a client, the student was able to administer the intervention according to the criteria sheet or evidence-based method for the specific procedures listed below.

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13a. Draping</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13b. Range of Motion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13c. Bed Mobility</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13d. Transfers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13e. Measurement of Ambulation Aids</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13f. Ambulation Training</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13g. Selection and Teaching Exercise</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13h. Breathing Exercises</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13i. Pursed Lips Breathing Exercise</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13j. Pre-operative Instruction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13k. Wound Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13l. Application of Superficial Heat</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13m. Application of Cold</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROVISION OF PATIENT CARE (Additional Therapeutic Interventions)

Please use the following scale to score the student:

- 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
- 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
- 2 = Beginning to show competency: Student performs all criteria for the item 26-49% of the time
- 1 = Rarely meets competency: Student performs all criteria for the item 0-25% of the time
- N/A not applicable

Click the highlighted Item Below to View the Criteria.

13. Given a client, the student was able to administer the intervention according to the criteria sheet or evidence-based method for the specific procedures listed below.

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13n. Other (list below if applicable)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13o. Other (list below if applicable)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13p. Other (list below if applicable)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If 13n. "other" is applicable, list the procedure/test below.

If 13o. "other" is applicable, list the procedure/test below.
If 13p. "other" is applicable, list the procedure/test below.

**PROVISION OF PATIENT CARE**

*Note: Question #16 is missing below because you have already completed that question above.*

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a client, the student was able to:**

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14. Assess the effects of the intervention.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15. Modify the intervention and/or goals as indicated.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17a. Record initial notes concisely and accurately in appropriate records.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17b. Record progress notes concisely and accurately in appropriate records.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17c. Record discharge notes concisely and accurately in appropriate records.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17d. Record intervention(s) given concisely and accurately in appropriate records.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
**INTERPERSONAL COMMUNICATION**

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time  
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time  
2 = Beginning to show competency: Student performs all criteria for the item 26 -49% of the time  
1 = Rarely meets competency: Student performs all criteria for the item 0-25% of the time  
N/A not applicable

Click the highlighted Item Below to View the Criteria.

**In any and all interactions during the clinical education experience, the student was able to:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Interpersonal Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>*18. Identify cognitive needs and resources of other person(s).</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
<tr>
<td>*19. Identify emotional needs and resources of other person(s).</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
<tr>
<td>*20. Identify cognitive needs and resources of self.</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
<tr>
<td>*21. Identify emotional needs and resources of self.</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
<tr>
<td>22. Identify roles of relevant persons.</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
<tr>
<td>*23 Respond to others in a way that fosters a positive change.</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
<tr>
<td>*24. Refer client and relevant others to another person if indicated.</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
<tr>
<td>*25. Exhibit caring for the people with whom he/she is involved.</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
<tr>
<td>*26. Evaluate the effect of his/her response on the needs of the other person(s) and self.</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
<tr>
<td>*27. Modify his/her response to the needs of relevant others as indicated.</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
</tbody>
</table>

Comments:
TEACHING-LEARNING

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency - Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

Given a client or other opportunities to plan, implement and evaluate the teaching learning process, the student was able to:

| *28. Identify the needs of the learner/client. | 4☐ 3☐ 2☐ 1☐ N/A☐ |
| *29. Identify an appropriate level of learning or skill to be accomplished in the learning experience. | 4☐ 3☐ 2☐ 1☐ N/A☐ |
| *30. State the behavior to be learned by the client/learner. | 4☐ 3☐ 2☐ 1☐ N/A☐ |
| *31. Make certain the learner/client understands the purpose (i.e., why they are learning what they are learning). | 4☐ 3☐ 2☐ 1☐ N/A☐ |
| *32. Explain what is to be learned. | 4☐ 3☐ 2☐ 1☐ N/A☐ |
| *33. Demonstrate to the learner/client what is to be learned. | 4☐ 3☐ 2☐ 1☐ N/A☐ |
| *34. Provide an opportunity for the learner/client to practice the behavior. | 4☐ 3☐ 2☐ 1☐ N/A☐ |
| *35. Give the learner/client feedback on performance of the desired behavior. | 4☐ 3☐ 2☐ 1☐ N/A☐ |
| *36. Give some examples of use of the behavior in the client's everyday life. | 4☐ 3☐ 2☐ 1☐ N/A☐ |
| *37. Solicit some examples from the client of use of the behavior in his/her everyday life. | 4☐ 3☐ 2☐ 1☐ N/A☐ |
| *38. Determine that the learner/client has learned what is being taught. | 4☐ 3☐ 2☐ 1☐ N/A☐ |

Comments:
ADMINISTRATION

Note: Question #40 is missing below because you have already completed that question above.

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency: Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency: Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

The student was able to demonstrate competency in the administrative process according to the objectives and criteria below:

<table>
<thead>
<tr>
<th>Administrative Process</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>*39. Identify the administrative structure to provide physical therapy services.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>*41. Identify the overall goals of the physical therapy services provided.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments:
Please provide the following dates regarding student attendance:

<table>
<thead>
<tr>
<th>Date(s) absent: (mm/dd/yyyy)</th>
<th>Date(s) made-up: (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

STUDENT:

<table>
<thead>
<tr>
<th>*Name: *Date: (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

PRIMARY CLINICAL SUPERVISOR:

<table>
<thead>
<tr>
<th>*Name: *Date: (mm/dd/yyyy)</th>
<th>*Clinical Specialty Certification (cite the specific certification or enter None):</th>
<th>Date of Clinical Specialty Certification: (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

*APTA Credentialed Clinical Instructor (Primary CI):  
☐ Yes  
☐ No

SECONDARY CLINICAL SUPERVISOR (Optional):

<table>
<thead>
<tr>
<th>Name: Date: (mm/dd/yyyy)</th>
<th>Clinical Specialty Certification (cite the specific certification or enter None):</th>
<th>Date of Clinical Specialty Certification: (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

APTA Credentialed Clinical Instructor (Secondary CI):  
☐ Yes  
☐ No

1. How many minutes did it take you to complete the evaluation?

2. Did you complete the evaluation at one sitting, or did you start the evaluation, and complete it at a later time?

☐ I completed the evaluation at one sitting  
☐ I started the evaluation, stopped, and completed at a later time

3. Please rate your agreement with the following:

<table>
<thead>
<tr>
<th>a. Based on the instructions provided, I understand how to score the Emory online clinical education evaluation of student performance.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. The process used to complete the Emory online clinical education evaluation was simple.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. It was convenient for me to complete the Emory clinical education evaluation online.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. I am familiar with the objectives and expectations of the Emory PT program for this experience.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. I understand how to use Emory</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
4. If you disagreed or strongly disagreed with any of the above, please reference the item number and provide specific details.

5. Please provide any additional comments regarding your experience completing the online evaluation.

Did you watch the power point demonstration on YouTube of how to complete the Emory DPT evaluation form?
☐ Yes
☐ No

3. Please rate your agreement with the following:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The power point format clarified the evaluation’s scoring procedures.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. The power point format clarified the timing for the evaluation and conference afterwards.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. The power point format effectively identified where to find specific resources to assist in my assessment of the student’s performance, such as where to find the location of definitions for criteria and competencies.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. I have a better understanding of why Emory DPT uses this specific evaluation form.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. The power point format kept me engaged while reviewing the instructions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. The power point format made it easier to understand the instructions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. I will use this presentation during my student’s internship as a resource and reference.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
You have completed the online evaluation of student performance.

**WARNING!**
DO NOT CLICK the "Submit Evaluation" button until after you have the CI/student conference. Please note that your responses are automatically saved when you exit the form. In order to access your saved evaluation form for the CI/student discussion, please click on the link provided in the email invitation you received.

**FINAL STEP FOR SUBMISSION** After completing the CI/student conference, please click the "Submit Evaluation" button below to submit your final responses.

Thank you for completing the online evaluation!

Note: If you need to stop and complete the survey later, your responses on all previous pages will be automatically saved when you exit the evaluation. To save any responses on the current page, please click the “Save and Continue” button below before you exit the evaluation. When you are ready to complete the survey, simply click on the link in the email invitation you received and you will be able to resume where you left off or at the beginning if you prefer.
Instructions

Welcome to the on-line “Clinical Education Evaluation” of student performance for the Musculoskeletal Rehabilitation short term clinical education experience. The online form is to be used in conjunction with competency documents provided by the clinical coordinator, as well as criteria sheets found in the Emory Physical Therapy Entry Level Competencies and Criteria manual available at your facility. For your convenience, you can access the competencies online. To view a competency, click on the title you wish to review: Provision of Patient Care, Interpersonal Communication, the Teaching-Learning Process, and Administration. Additionally, the criteria for each individual item within a competency can be accessed by clicking on the highlighted item in the evaluation form. A pop-up window will open with a description of the criteria.

After beginning the evaluation you can exit at any time, for any reason, and your responses will be automatically saved as long as you do not click the “Submit Evaluation” button. You may re-enter the evaluation to view or make changes to your responses as many times as necessary using the link provided in the email invitation, as long as you have not submitted the form. When you re-enter the document, you will be given the option to resume where you left off or start at the beginning.

Please hold the evaluation conference with your student before submitting the evaluation form. If the affiliating facility requires a printed copy of this evaluation, you will have the option to download and print or save a PDF of your completed form after you click the "Submit Evaluation" button, which is located on the last page of the evaluation form.

Course Objectives

Items on the form are designed to measure the following general objectives during this clinical experience.

- Given patients with straight-forward orthopedic problems and limited comorbidities, the student will use the problem-solving process to assess patients and establish a plan of care, in accordance with Emory’s criteria described in the Provision of Patient Care criteria.
- Given patients with straight-forward orthopedic problems and limited comorbidities, the student will provide therapeutic services in accordance with Emory's Provision of Patient Care criteria.
- The student will use the interpersonal communication and teaching-learning processes during interactions with patients, healthcare providers, and staff in accordance with Emory’s Interpersonal Communications and Teaching-Learning criteria.
- The student will demonstrate professional behavior in accordance with Emory’s Administration criteria.
Feedback

**Daily feedback:** It is expected that the clinical instructor (CI) provide the student feedback, present suggestions, and frequently set/assess educational goals.

**Periodic feedback:** A thorough review of student performance (utilizing the evaluation form as a guide) is helpful at the end of the first week of the two-week block.

**Who Completes the Final Short Term Evaluation Form?**
The CI and student individually complete their own version of the evaluation form online. If more than one CI provided supervision during the affiliation the therapist who had primary responsibility must be designated as “primary CI.” The primary CI will collect and collate data from all supervising CIs involved during the appropriate time period. The primary CI will input the ratings and comments into the online evaluation form and hold the evaluation conference with the student.

**When are the Evaluations completed?** The evaluation is completed at the end of the affiliation. The final day of the two-week block is the only time a formal written evaluation by the CI and student should be performed. The evaluation is only based on the last week of the affiliation.

**How is the Online Clinical Education Evaluation Form Completed?**
The form is divided into 4 sections/competencies: provision of care, interpersonal communication, teaching-learning, and administration. Observable behaviors to be graded are listed for each competency, and a comments’ section is provided.

Each item evaluated will be scored as follows: 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time, 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time, 2 = Beginning Competency: Student performs all criteria for the item 26-49% of the time, 1 = Rarely Competent: Student performs all criteria for the item 0-25% of the time, and N/A = Not applicable: Student did not have an opportunity to perform or did not have a sufficient number of opportunities to be evaluated (usually < 3).

Scoring Example: #12: “Determine an intervention plan with rationale”: If the student correctly demonstrated this behavior according to criteria 80% of the time during the second week (8 times out of 10 or better), the appropriate response is “4”. If less than 80%, please estimate the percentage of time the student demonstrated a behavior according to criteria and select that scoring level. If the CI did not have an opportunity to observe the student or there was not sufficient opportunity, Not Applicable “N/A” should be selected.

Two items are pulled out of sequence from their respective competencies and graded first due to their importance in clinical care. The first is #16: “Adhere to safety in provision of patient care”, and the second is #40: “Demonstrate professional behavior.” We expect the student will earn a “4 – Demonstrates Competency” for both of these items, and be at 100%. If the student is not earning a “4”, or is earning a “4” but demonstrating “red flags”, please contact one of the Directors of Clinical Education immediately (Patricia Bridges – 404-712-4132, Tami Phillips – 404-727-1350, or Sarah Caston – 404-712-5531). A “red flag” for either item may result in dismissal from the affiliation and/or remediation.

Please utilize the “Comments” boxes to:
- provide constructive feedback, examples and suggestions for items requiring further practice
- provide information about items marked N/A
- provide positive feedback, examples, and suggestions

**What is the Procedure for the Evaluation Conference?** After the student and CI complete the evaluation forms individually online, they **SHOULD NOT** click the “Submit Evaluation” button. Simply close the browser window and responses will be automatically saved. To access saved responses for the CI/student conference, click on the link provided in each individual’s email invitation.
The CI and student should review their individual, completed evaluation forms in the conference. Differences in responses are discussed with both persons offering examples to substantiate the chosen response. If agreement is not reached, the responses on each form should remain and written comments made. At the end of the evaluation, both evaluation forms are signed electronically by the student and the clinical instructor. Clinical Instructors please indicate whether you have a clinical specialty certification and specify whether you are an APTA credentialed clinical instructor. If the affiliating facility requires a printed copy of this evaluation, you will have the option to download and print or save a PDF or your completed evaluation after you click the “Submit Evaluation” button, which is located on the last page of the evaluation form. Emory does not require a printed copy.

Upon completing the conference and signing these documents, press the submit button to send each form.

At this point, the student and CI discuss the “APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction” form which is completed by the student on-line and printed. In addition to the student signing the form, the CI signs the form indicating he/she has reviewed the information with the student.

**IMPORTANT: The CI and student should electronically sign both evaluation forms. The CI/student must personally enter his/her own name and date after the evaluation conference for this to be considered a valid electronic signature.**

What is the Procedure for the Evaluation Conference? After the student and CI complete the evaluation forms individually on-line, they SHOULD NOT click the “Submit Evaluation” button. Simply close the browser window and responses will be automatically saved. To access saved responses for the CI/student conference, click on the link provided in the email invitation. Please hold the CI/student evaluation conference before submitting your responses and then return to submit the form electronically after the conference.

The evaluation conference should be held in a private area with a computer. The CI and student should review their evaluations simultaneously. Optimally, the student would bring a laptop to the clinic so that each evaluation could be brought up on a separate computer, allowing the CI and student to scroll down through sections of the form at the same time. A second option would be locating a computer lab or private office with two computers. Finally, it is possible to open two browser windows on one computer by having:

- the CI click on the link provided in the email invitation and once the form is open, minimize the browser window;
- the student can then open a second browser window (i.e. Internet Explorer, Netscape, Mozilla etc.) and access his/her email to click on the link provided in the email invitation; and
- the CI and student can then “maximize and minimize” each browser window to see the two evaluation documents.

Conversely, you may open and review one document at a time if you prefer. Differences in responses between the CI’s form and the student’s self-assessment are discussed with both persons offering examples to substantiate the chosen response. If agreement is not reached, responses on the forms should remain and a comment entered.

At the end of the evaluation conference, the CI and student should sign both the CI evaluation and the student self-assessment electronically. (Typing his/her name in the space provided on the "Signatures" page is considered to be a signature. The CI/student must each personally enter his or her own name and date after the evaluation conference for this to be considered a valid electronic signature.)

Upon completing the conference and signing these documents, press the submit button to send each form.

This should be done for the evaluation completed by the CI, as well as the evaluation completed by the student. Printed copies of these forms do not need to be provided to the Emory University, Division of Physical Therapy. If the affiliating facility requires a printed copy of this evaluation, you will have the option to download and print or save a PDF of your completed evaluation after you click the submit evaluation button, which is located on the last page of the evaluation form.

At this point, the student and CI can discuss the APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form which is also completed on-line, printed, and signed by the student. The CI is asked to sign this form indicating he/she has reviewed the information contained in the evaluation of the clinical education experience.
What Forms Does the Student Need to Return to Emory University, Division of Physical Therapy?

Clinical Education Evaluation: Online submission of both the clinical instructor’s and student’s versions. Online submission should be completed the last day of the clinical affiliation. APTA Physical Therapy Student Evaluation - Clinical Experience and Clinical Instruction form: Fill out the entire form on-line (including the clinical instructor’s information on the first page), print, and submit on-line. Review the printed form with your clinical instructor during the final evaluation meeting. Both the student and the clinical instructor, sign the form. The hard copy of the APTA form is due on the Monday immediately following the end of the two-week clinical block, by the close of business. Hand deliver to Suite 312, 1462 Clifton Road.

Clinical Site Orientation Checklist: The orientation checklist is due on the Monday immediately following the end of the two-week clinical block, by the close of business. Hand deliver to Suite 312, 1462 Clifton Road.

Please click the "Next Page" button below to begin the evaluation.

Please complete the following:

<table>
<thead>
<tr>
<th>*STUDENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*PRIMARY CLINICAL INSTRUCTOR</td>
<td></td>
</tr>
<tr>
<td>SECONDARY CLINICAL INSTRUCTOR (Optional)</td>
<td></td>
</tr>
<tr>
<td>*FACILITY</td>
<td></td>
</tr>
<tr>
<td>*DATE: FINAL (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>*COMPLETED BY</td>
<td></td>
</tr>
</tbody>
</table>

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency - Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria. Given a client, the student was able to:

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>*16. Adhere to safety in provision of patient care.</td>
</tr>
</tbody>
</table>

COMMENTS:
ADMINISTRATION

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

In any and all circumstances during the clinical education experience, the student was able to:

PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria. Given a client, the student was able to:

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1. Identify symptoms and coexisting conditions of the client.</td>
</tr>
<tr>
<td>*2. Differentiate symptoms and impairments presented from symptoms and impairments to be assessed.</td>
</tr>
<tr>
<td>*3a. Identify onset of symptoms.</td>
</tr>
<tr>
<td>*3b. Identify the relationship of symptoms to other examination findings.</td>
</tr>
<tr>
<td>*4. Determine the priority of conditions to be assessed.</td>
</tr>
<tr>
<td>*5. Identify and determine the rationale for procedures to examine the client’s impairments or conditions.</td>
</tr>
<tr>
<td>*6. Prepare to execute the examination procedure.</td>
</tr>
</tbody>
</table>

Comments:
PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency - Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

7. Given a client, the student was able to conduct the examination according to the criteria sheet for the specific procedure/tests listed below:

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>*7a. Gross Evaluation</td>
</tr>
<tr>
<td>*7b. Vital Signs</td>
</tr>
<tr>
<td>*7c. Visual Inspection</td>
</tr>
<tr>
<td>*7d. Special Tests</td>
</tr>
<tr>
<td>*7e. Palpation</td>
</tr>
<tr>
<td>*7f. Posture Evaluation</td>
</tr>
<tr>
<td>*7g. Goniometry</td>
</tr>
<tr>
<td>*7h. Manual Muscle Testing</td>
</tr>
<tr>
<td>*7i. Orthopedic Evaluation: Peripheral Joints</td>
</tr>
<tr>
<td>*7j. Limb Measurements</td>
</tr>
<tr>
<td>*7k. Measurement of Ambulation Aids</td>
</tr>
<tr>
<td>*7l. Amputee Evaluation</td>
</tr>
<tr>
<td>*7m. Prosthetic Evaluation</td>
</tr>
<tr>
<td>*7n. Gait Analysis</td>
</tr>
<tr>
<td>*7o. Sensory Evaluation</td>
</tr>
<tr>
<td>*7p. Functional Evaluation</td>
</tr>
<tr>
<td>*7q. Other (list below if applicable)</td>
</tr>
<tr>
<td>*7r. Other (list below if applicable)</td>
</tr>
<tr>
<td>*7s. Other (list below if applicable)</td>
</tr>
<tr>
<td>*7t. Other (list below if applicable)</td>
</tr>
<tr>
<td>*7u. Other (list below if applicable)</td>
</tr>
<tr>
<td>*7v. Other (list below if applicable)</td>
</tr>
<tr>
<td>*7w. Other (list below if applicable)</td>
</tr>
<tr>
<td>*7x. Other (list below if applicable)</td>
</tr>
<tr>
<td>*7y. Other (list below if applicable)</td>
</tr>
<tr>
<td>*7z. Other (list below if applicable)</td>
</tr>
</tbody>
</table>
If 7q. "other" is applicable, list the procedure/test below.

If 7r. "other" is applicable, list the procedure/test below.

If 7s. "other" is applicable, list the procedure/test below.

If 7t. "other" is applicable, list the procedure/test below.

If 7u. "other" is applicable, list the procedure/test below.

If 7v. "other" is applicable, list the procedure/test below.

If 7w. "other" is applicable, list the procedure/test below.

If 7x. "other" is applicable, list the procedure/test below.

If 7y. "other" is applicable, list the procedure/test below.

If 7z. "other" is applicable, list the procedure/test below.

PROVISION OF PATIENT CARE
Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.  Given a client, the student was able to:

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>*8. Evaluate examination findings.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
<tr>
<td>*9. Establish a physical therapy diagnosis.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
<tr>
<td>*10. Determine the prognosis.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
<tr>
<td>*11. Establish intervention goals.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
<tr>
<td>*12. Determine an intervention plan with rationale.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐</td>
</tr>
</tbody>
</table>
PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency - Student performs all criteria for the item 26-49% of the time
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

**13. Given a client, the student was able to administer the intervention according to the criteria sheet or evidence-based method for the specific procedures listed below.**

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>*13a. Range of Motion</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13b. Pre-operative Instruction</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13c. Massage</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13d. Soft Tissue Mobilization</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13e. Joint Mobilization</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13f. Manipulation</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13g. Iontophoresis with Phoresor Stimulator</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13h. High-Voltage Pulsed Stimulation</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13i. Neuromuscular Functional Electrical Stimulation</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13j. Moist Heat Pack</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13k. Intermittent Compression Pump (Jobst)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13l. T.E.N.S.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13m. Ultrasound</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13n. Medical Diathermy</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13o. Application of Cold</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13p. Ambulation Training</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13q. Paraffin</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13r. Cervical Traction</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13s. Lumbar Traction</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13t. Proprioceptive Neuromuscular Facilitation</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13u. Selection and Teaching of Exercise</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13v. Treatment of Functional Limitations</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13w. Other (list below if applicable)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13x. Other (list below if applicable)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>*13y. Other (list below if applicable)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>
If 13w. "other" is applicable, list the procedure/test below.

If 13x. "other" is applicable, list the procedure/test below.

If 13y. "other" is applicable, list the procedure/test below.

**PROVISION OF PATIENT CARE**

*Note: Question #16 is missing below because you have already completed that question above.*

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency - Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a client, the student was able to:**

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>*15. Modify the intervention and/or goals as indicated.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*17a. Record initial notes concisely and accurately in appropriate records.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b. Record progress notes concisely and accurately in appropriate records.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17c. Record discharge notes concisely and accurately in appropriate records.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*17d. Record intervention(s) given concisely and accurately in appropriate records.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
**INTERPERSONAL COMMUNICATION**

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time  
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time  
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time  
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time  
N/A not applicable

Click the highlighted Item Below to View the Criteria.

**In any and all interactions during the clinical education experience, the student was able to:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Interpersonal Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>*18. Identify cognitive needs and resources of other person(s).</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A□</td>
</tr>
<tr>
<td>*19. Identify emotional needs and resources of other person(s).</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A□</td>
</tr>
<tr>
<td>*20. Identify cognitive needs and resources of self.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A□</td>
</tr>
<tr>
<td>*21. Identify emotional needs and resources of self.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A□</td>
</tr>
<tr>
<td>22. Identify roles of relevant persons.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A□</td>
</tr>
<tr>
<td>*23. Respond to others in a way that fosters a positive change.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A□</td>
</tr>
<tr>
<td>*24. Refer client and relevant others to another person if indicated.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A□</td>
</tr>
<tr>
<td>*25. Exhibit caring for the people with whom he/she is involved.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A□</td>
</tr>
<tr>
<td>*26. Evaluate the effect of his/her response on the needs of the other person(s) and self.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A□</td>
</tr>
<tr>
<td>*27. Modify his/her response to the needs of relevant others as indicated.</td>
<td>☐ 3 ☐ 2 ☐ 1 ☐ N/A□</td>
</tr>
</tbody>
</table>

Comments:
TEACHING-LEARNING

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency - Student performs all criteria for the item 26-49% of the time
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time
N/A = not applicable

Click the highlighted Item Below to View the Criteria.

Given a client or other opportunities to plan, implement and evaluate the teaching learning process, the student was able to:

| *28. Identify the needs of the learner/client. | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |
| *29. Identify an appropriate level of learning or skill to be accomplished in the learning experience. | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |
| *30. State the behavior to be learned by the client/learner. | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |
| *31. Make certain the learner/client understands the purpose (i.e., why they are learning what they are learning). | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |
| *32. Explain what is to be learned. | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |
| *33. Demonstrate to the learner/client what is to be learned. | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |
| *34. Provide an opportunity for the learner/client to practice the behavior. | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |
| *35. Give the learner/client feedback on performance of the desired behavior. | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |
| *36. Give some examples of use of the behavior in the client's everyday life. | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |
| *37. Solicit some examples from the client of use of the behavior in his/her everyday life. | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |
| *38. Determine that the learner/client has learned what is being taught. | 4 ☐ 3 ☐ 2 ☐ 1 ☐ N/A ☐ |

Comments:
ADMINISTRATION

Note: Question #40 is missing below because you have already completed that question above.

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

The student was able to demonstrate competency in the administrative process according to the objectives and criteria below:

<table>
<thead>
<tr>
<th>Item</th>
<th>Administrative Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>*39. Identify the administrative structure to provide physical therapy services.</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>*41. Identify the overall goals of the physical therapy services provided.</td>
<td>4 3 2 1 N/A</td>
</tr>
</tbody>
</table>

Comments:
Please provide the following dates regarding student attendance:

<table>
<thead>
<tr>
<th>Date(s) absent: (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) made-up: (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

STUDENT:
*Name: *Date: (mm/dd/yyyy)

PRIMARY CLINICAL SUPERVISOR:
*Name: *
*Date: (mm/dd/yyyy)
*Clinical Specialty Certification (cite the specific certification or enter None): 
Date of Clinical Specialty Certification: (mm/dd/yyyy)

*APTA Credentialed Clinical Instructor (Primary CI): 
☐ Yes
☐ No

SECONDARY CLINICAL SUPERVISOR (Optional):
Name: 
Date: (mm/dd/yyyy)
Clinical Specialty Certification (cite the specific certification or enter None): 
Date of Clinical Specialty Certification: (mm/dd/yyyy)

APTA Credentialed Clinical Instructor (Secondary CI): 
☐ Yes 
☐ No

1. How many minutes did it take you to complete the evaluation?

2. Did you complete the evaluation at one sitting, or did you start the evaluation and complete it at a later time?
☐ I completed the evaluation at one sitting
☐ I started the evaluation, stopped, and completed at a later time

3. Please rate your agreement with the following:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Based on the instructions provided, I understand how to score the Emory online clinical education evaluation of student performance.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. The process used to complete the Emory online clinical education evaluation was simple.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. It was convenient for me to complete the Emory clinical education evaluation online.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. I am familiar with the objectives and expectations of the Emory PT program for this experience.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. I understand how to use</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
4. If you disagreed or strongly disagreed with any of the above, please reference the item number and provide specific details.

5. Please provide any additional comments regarding your experience completing the online evaluation.

You have completed the online evaluation of student performance.

**WARNING!**
DO NOT CLICK the "Submit Evaluation" button until after you have the CI/student conference. Please note that your responses are automatically saved when you exit the form. In order to access your saved evaluation form for the CI/student discussion, please click on the link provided in the email invitation you received.

**FINAL STEP FOR SUBMISSION** After completing the CI/student conference, please click the "Submit Evaluation" button below to submit your final responses.

Thank you for completing the online evaluation!

Note: If you need to stop and complete the survey later, your responses on all previous pages will be automatically saved when you exit the evaluation. To save any responses on the current page, please click the "Save and Continue" button below before you exit the evaluation. When you are ready to complete the survey, simply click on the link in the email invitation you received and you will be able to resume where you left off or at the beginning if you prefer.
Instructions
Welcome to the on-line “Clinical Education Evaluation” of student performance for the Adult Neurorehabilitation/Pediatric Rehabilitation short term clinical education experience. The online form is to be used in conjunction with competency documents provided by the clinical coordinator, as well as criteria sheets found in the Emory Physical Therapy Entry Level Competencies and Criteria manual available at your facility. For your convenience, you can access the competencies online. To view a competency, click on the title you wish to review: Provision of Patient Care, Interpersonal Communication, the Teaching-Learning Process, or Administration. Additionally, the criteria for each individual item within a competency can be accessed by clicking on the highlighted item in the evaluation form. A pop-up window will open with a description of the criteria.

After beginning the evaluation you can exit at any time, for any reason, and your responses will be automatically saved as long as you do not click the “Submit Evaluation” button. You may re-enter the evaluation to view or make changes to your responses as many times as necessary using the link provided in the email invitation, as long as you have not submitted the form. When you re-enter the document, you will be given the option to resume where you left off or start at the beginning.

Please hold the evaluation conference with your student before submitting the evaluation form. If the affiliating facility requires a printed copy of this evaluation, you will have the option to download and print or save a PDF of your completed evaluation after you click the "Submit Evaluation" button, which is located on the last page of the evaluation form.

Course Objectives
Items on the form are designed to measure the following general objectives during this clinical experience.

- Given patients with neurologic problems and limited comorbidities, the student will use the problem-solving process to assess patients and establish a plan of care, in accordance with Emory’s criteria described in the Provision of Patient Care criteria sheet.
- The student will use the interpersonal communication and teaching-learning processes during interactions with patients, healthcare providers, and staff in accordance with Emory’s criteria described in the Interpersonal Communications and Teaching-Learning criteria sheets.
- The student will demonstrate professional behavior in accordance with Emory’s criteria described in the Administration criteria sheet.
- The student will identify the administrative structure and goals of the physical therapy department as described in the Administration criteria sheet.
**Feedback**

**Daily feedback:** It is expected that the clinical instructor (CI) provide the student feedback, present suggestions, and frequently set/assess educational goals.

**Periodic feedback:** A thorough review of student performance (utilizing the evaluation form as a guide) is helpful at the end of the first week of the two-week block.

**Who Completes the Final Short Term Evaluation Form?**

The CI and student individually complete their own version of the evaluation form online. If more than one CI provided supervision during the affiliation the therapist who had primary responsibility must be designated as “primary CI.” The primary CI will collect and collate data from all supervising CIs involved during the appropriate time period. The primary CI will input the ratings and comments into the online evaluation form and hold the evaluation conference with the student.

**When are the Evaluations completed?** The evaluation is completed at the end of the affiliation. The final day of the two-week block is the only time a formal written evaluation by the CI and student should be performed. The evaluation is only based on the last week of the affiliation.

**How is the On-Line Clinical Education Evaluation Form Completed?**

The form is divided into 4 sections/competencies: provision of care, interpersonal communication, teaching-learning, and administration. Observable behaviors to be graded are listed for each competency, and a comments' section is provided.

Each item evaluated will be scored as follows: 4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time 3 = Developing Competency: Student performs all criteria for the item 50-79% of the time 2 = Beginning Competency: Student performs all criteria for the item 26 -49% of the time 1 = Rarely Competent: Student performs all criteria for the item 0-25% of the time N/A = Not applicable: Student did not have an opportunity to perform or did not have a sufficient number of opportunities to be evaluated (usually < 3)

Scoring Example: #12: “Determine an intervention plan with rationale”: If the student correctly demonstrated this behavior according to criteria 80% of the time during the second week (8 times out of 10 or better), the appropriate response is “4”. If less than 80%, please estimate the percentage of time the student demonstrated a behavior according to criteria and select that scoring level. If the CI did not have an opportunity to observe the student or there was not sufficient opportunity, Not Applicable “N/A” should be selected.

Two items are pulled out of sequence from their respective competencies and graded first due to their importance in clinical care. The first is #16: “Adhere to safety in provision of patient care”, and the second is #40: “Demonstrate professional behavior.” We expect the student will earn a “4 – Demonstrates Competency” for both of these items, and be at 100%. If the student is not earning a “4”, or is earning a “4” but demonstrating “red flags”, please contact one of the Directors of Clinical Education immediately (Patricia Bridges – 404-712-4132, Tami Phillips – 404-727-1350, or Sarah Caston – 404-712-5531). A “red flag” for either item may result in dismissal from the affiliation and/or remediation.

Please utilize the “Comments” boxes to:
- provide constructive feedback, examples and suggestions for items requiring further practice
- provide information about items marked N/A
- provide positive feedback, examples, and suggestions
**What is the Procedure for the Evaluation Conference?** After the student and CI complete the evaluation forms individually online, they **SHOULD NOT** click the “Submit Evaluation” button. Simply close the browser window and responses will be automatically saved. To access saved responses for the CI/student conference, click on the link provided in each individual’s email invitation.

The CI and student should review their individual, completed evaluation forms in the conference. Differences in responses are discussed with both persons offering examples to substantiate the chosen response. If agreement is not reached, the responses on each form should remain and written comments made. At the end of the evaluation, both evaluation forms are signed electronically by the student and the clinical instructor. Clinical Instructors please indicate whether you have a clinical specialty certification and specify whether you are an APTA credentialed clinical instructor. If the affiliating facility requires a printed copy of this evaluation, you will have the option to download and print or save a PDF of your completed evaluation after you click the “Submit Evaluation” button, which is located on the last page of the evaluation form. Emory does not require a printed copy.

**Upon completing the conference and signing these documents, press the submit button to send each form.**

At this point, the student and CI discuss the “APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction” form which is completed by the student on-line and printed. In addition to the student signing the form, the CI signs the form indicating he/she has reviewed the information with the student.

**IMPORTANT: The CI and student should electronically sign both evaluation forms. The CI/student must personally enter his/her own name and date **after the evaluation conference** for this to be considered a valid electronic signature.**

**What is the Procedure for the Evaluation Conference?** After the student and CI complete the evaluation forms individually on-line, they **SHOULD NOT** click the “Submit Evaluation” button. Simply close the browser window and responses will be automatically saved. To access saved responses for the CI/student conference, click on the link provided in the email invitation. Please hold the CI/student evaluation conference before submitting your responses and then return to submit the form electronically **after** the conference.

The evaluation conference should be held in a private area with a computer. The CI and student should review their evaluations simultaneously. Optimally, the student would bring a laptop to the clinic so that each evaluation could be brought up on a separate computer, allowing the CI and student to scroll down through sections of the form at the same time. A second option would be locating a computer lab or private office with two computers. Finally, it is possible to open two browser windows on one computer by having:

- the CI click on the link provided in the email invitation and once the form is open, minimize the browser window;
- the student can then open a second browser window (i.e. Internet Explorer, Netscape, Mozilla etc.) and access his/her email to click on the link provided in the email invitation; and
- the CI and student can then “maximize and minimize” each browser window to see the two evaluation documents.

Conversely, you may open and review one document at a time if you prefer. Differences in responses between the CI’s form and the student’s self-assessment are discussed with both persons offering examples to substantiate the chosen response. If agreement is not reached, responses on the forms should remain and a comment entered.

At the end of the evaluation conference, the CI and student should sign both the CI evaluation and the student self-assessment electronically. (Typing his/her name in the space provided on the “Signatures” page is considered to be a signature. The CI/student must each personally enter his or her own name and date after the evaluation conference for this to be considered a valid electronic signature.)
Upon completing the conference and signing these documents, press the submit button to send each form. This should be done for the evaluation completed by the CI, as well as the evaluation completed by the student. Printed copies of these forms do not need to be provided to the Emory University, Division of Physical Therapy. If the affiliating facility requires a printed copy of this evaluation, you will have the option to download and print or save a PDF of your completed evaluation after you click the submit evaluation button, which is located on the last page of the evaluation.

At this point, the student and CI can discuss the APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form which is also completed on-line, printed, and signed by the student. The CI is asked to sign this form indicating he/she has reviewed the information contained in the evaluation of the clinical education experience.

What Forms Does the Student Need to Return to Emory University, Division of Physical Therapy?

**Clinical Education Evaluation:** Online submission of both the clinical instructor’s and student’s versions. Online submission should be completed the last day of the clinical affiliation. APTA Physical Therapy Student Evaluation - Clinical Experience and Clinical Instruction form: Fill out the entire form on-line (including the clinical instructor’s information on the first page), print, and submit on-line. Review the printed form with your clinical instructor during the final evaluation meeting. Both the student and the clinical instructor, sign the form. The hard copy of the APTA form is due on the Monday immediately following the end of the two-week clinical block, by the close of business. Hand deliver to Suite 312, 1462 Clifton Road.

**Clinical Site Orientation Checklist:** The orientation checklist is due on the Monday immediately following the end of the two-week clinical block, by the close of business. Hand deliver to Suite 312, 1462 Clifton Road.

Please click the "Next Page" button below to begin the evaluation.
Please complete the following:

| *STUDENT                                      |                                      |
| *PRIMARY CLINICAL INSTRUCTOR                 |                                      |
| SECONDARY CLINICAL INSTRUCTOR (Optional)     |                                      |
| *FACILITY                                     |                                      |
| *DATE: FINAL (mm/dd/yyyy)                     |                                      |
| *COMPLETED BY                                 |                                      |

**PROVISION OF PATIENT CARE**

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency - Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a client, the student was able to:**

| Provision of Patient Care                      |                                      |
| *16. Adhere to safety in provision of patient care, | 4☐ 3☐ 2☐ 1☐ N/A☐ |

COMMENTS:
ADMINISTRATION

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency - Student performs all criteria for the item 26-49% of the time
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

In any and all circumstances during the clinical education experience, the student was able to:

<table>
<thead>
<tr>
<th>Administrative Process</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*40. Demonstrate professional behavior.</td>
<td>4☐ 3☐ 2☐ 1☐ N/A☐</td>
</tr>
</tbody>
</table>

COMMENTS:
**PROVISION OF PATIENT CARE**

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency: Student performs all criteria for the item 26 - 49% of the time
1 = Rarely meets competency: Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria. **Given a client, the student was able to:**

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Identify symptoms and coexisting conditions of the client.</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>2. Differentiate symptoms and impairments presented from symptoms and impairments to be assessed.</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>3a. Identify onset of symptoms.</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>3b. Identify the relationship of symptoms to other examination findings.</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>4. Determine the priority of conditions to be assessed.</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>5. Identify and determine the rationale for procedures to examine the client's impairments or conditions.</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>6. Prepare to execute the examination procedure.</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
**PROVISION OF PATIENT CARE**

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time  
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time  
2 = Beginning to show competency - Student performs all criteria for the item 26-49% of the time  
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time  
N/A not applicable

Click the highlighted Item Below to View the Criteria.

*7. Given a client, the student was able to conduct the examination according to the criteria sheet for the specific procedure/tests listed below:*

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>*7a. gross evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*7b. evaluation of temperature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*7c. evaluation of blood pressure</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*7d. evaluation of ventilation</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*7e. evaluation of pulse rate and peripheral pulses</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*7f. visual inspection</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*7g. Cognitive Assessment</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*7h. Screening for CNS Dysfunction</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*7i. Cranial Nerve Assessment</td>
<td></td>
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<td></td>
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<tr>
<td>*7j. Sensory Assessment</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>*7k. Evaluation of Functional Limitations</td>
<td></td>
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<td></td>
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<tr>
<td>*7l. Balance and Fall Risk</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>*7m. Gait Analysis</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*7n. Perceptual Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*7o. Task Analysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*7p. Other (list below if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*7q. Other (list below if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*7r. Other (list below if applicable)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>*7s. Other (list below if applicable)</td>
<td></td>
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</tr>
<tr>
<td>*7t. Other (list below if applicable)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>*7u. Other (list below if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*7v. Other (list below if applicable)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>*7w. Other (list below if applicable)</td>
<td></td>
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<tr>
<td>*7x. Other (list below if applicable)</td>
<td></td>
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</tr>
<tr>
<td>*7y. Other (list below if applicable)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
If 7p. "other" is applicable, list the procedure/test below.

If 7q. "other" is applicable, list the procedure/test below.

If 7r. "other" is applicable, list the procedure/test below.

If 7s. "other" is applicable, list the procedure/test below.

If 7t. "other" is applicable, list the procedure/test below.

If 7u. "other" is applicable, list the procedure/test below.

If 7v. "other" is applicable, list the procedure/test below.

If 7w. "other" is applicable, list the procedure/test below.

If 7x. "other" is applicable, list the procedure/test below.

If 7y. "other" is applicable, list the procedure/test below.
PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency- Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency- Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.  Given a client, the student was able to:

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>*8. Evaluate examination findings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*9. Establish a physical therapy diagnosis.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>*10. Determine the prognosis.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>*11. Establish intervention goals.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*12. Determine an intervention plan with rationale.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PROVISION OF PATIENT CARE

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency: Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency: Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

13. Given a client, the student was able to administer the intervention according to the criteria sheet or evidence-based method for the specific procedures listed below.

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>*13a. Bed Mobility</td>
</tr>
<tr>
<td>*13b. Transfers</td>
</tr>
<tr>
<td>*13c. Balance training</td>
</tr>
<tr>
<td>*13d. Ambulation training</td>
</tr>
<tr>
<td>*13e. Treatment of functional limitations</td>
</tr>
<tr>
<td>*13f. Range of Motion</td>
</tr>
<tr>
<td>*13g. PNF</td>
</tr>
<tr>
<td>*13h. Neurofacilitation</td>
</tr>
<tr>
<td>*13i. Structuring Treatment Sessions</td>
</tr>
<tr>
<td>*13j. Other (list below if applicable)</td>
</tr>
<tr>
<td>*13k. Other (list below if applicable)</td>
</tr>
<tr>
<td>*13l. Other (list below if applicable)</td>
</tr>
<tr>
<td>*13m. Other (list below if applicable)</td>
</tr>
<tr>
<td>*13n. Other (list below if applicable)</td>
</tr>
<tr>
<td>*13o. Other (list below if applicable)</td>
</tr>
<tr>
<td>*13p. Other (list below if applicable)</td>
</tr>
<tr>
<td>*13q. Other (list below if applicable)</td>
</tr>
<tr>
<td>*13r. Other (list below if applicable)</td>
</tr>
<tr>
<td>*13s. Other (list below if applicable)</td>
</tr>
</tbody>
</table>

If 13j. “other” is applicable, list the procedure/test below.

If 13k. “other” is applicable, list the procedure/test below.

If 13l. “other” is applicable, list the procedure/test below.
If 13m. “other” is applicable, list the procedure/test below.

If 13n. “other” is applicable, list the procedure/test below.

If 13o. “other” is applicable, list the procedure/test below.

If 13p. “other” is applicable, list the procedure/test below.

If 13q. “other” is applicable, list the procedure/test below.

If 13r. “other” is applicable, list the procedure/test below.

If 13s. “other” is applicable, list the procedure/test below.
**PROVISION OF PATIENT CARE**

*Note: Question #16 is missing below because you have already completed that question above.*

Please use the following scale to score the student:

- **4** = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
- **3** = Developing Competency: Student performs all criteria for the item 50-79% of the time
- **2** = Beginning to show competency - Student performs all criteria for the item 26 -49% of the time
- **1** = Rarely meets competency - Student performs all criteria for the item 0-25% of the time
- **N/A** not applicable

Click the highlighted Item Below to View the Criteria. **Given a client, the student was able to:**

<table>
<thead>
<tr>
<th>Provision of Patient Care</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14. Assess the effects of the intervention.</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>15. Modify the intervention and/or goals as indicated.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17a. Record initial notes concisely and accurately in appropriate records.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17b. Record progress notes concisely and accurately in appropriate records.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17c. Record discharge notes concisely and accurately in appropriate records.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17d. Record intervention(s) given concisely and accurately in appropriate records.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**
INTERPERSONAL COMMUNICATION

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency: Student performs all criteria for the item 26-49% of the time
1 = Rarely meets competency: Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

**In any and all interactions during the clinical education experience, the student was able to:**

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>4 ☐</th>
<th>3 ☐</th>
<th>2 ☐</th>
<th>1 ☐</th>
<th>N/A ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td><em>Identify cognitive needs and resources of other person(s).</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td><em>Identify emotional needs and resources of other person(s).</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td><em>Identify cognitive needs and resources of self.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td><em>Identify emotional needs and resources of self.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td><em>Identify roles of relevant persons.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td><em>Respond to others in a way that fosters a positive change.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td><em>Refer client and relevant others to another person if indicated.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td><em>Exhibit caring for the people with whom he/she is involved.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td><em>Evaluate the effect of his/her response on the needs of the other person(s) and self.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td><em>Modify his/her response to the needs of relevant others as indicated.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**
TEACHING-LEARNING

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency - Student performs all criteria for the item 26 -49% of the time
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

Given a client or other opportunities to plan, implement and evaluate the teaching learning process, the student was able to:

| *28. Identify the needs of the learner/client. | 4 3 2 1 N/A |
| *29. Identify an appropriate level of learning or skill to be accomplished in the learning experience. | 4 3 2 1 N/A |
| *30. State the behavior to be learned by the client/learner. | 4 3 2 1 N/A |
| *31. Make certain the learner/client understands the purpose (i.e., why they are learning what they are learning). | 4 3 2 1 N/A |
| *32. Explain what is to be learned. | 4 3 2 1 N/A |
| *33. Demonstrate to the learner/client what is to be learned. | 4 3 2 1 N/A |
| *34. Provide an opportunity for the learner/client to practice the behavior. | 4 3 2 1 N/A |
| *35. Give the learner/client feedback on performance of the desired behavior. | 4 3 2 1 N/A |
| *36. Give some examples of use of the behavior in the client's everyday life. | 4 3 2 1 N/A |
| *37. Solicit some examples from the client of use of the behavior in his/her everyday life. | 4 3 2 1 N/A |
| *38. Determine that the learner/client has learned what is being taught. | 4 3 2 1 N/A |

COMMENTS:
ADMINISTRATION

Note: Question #40 is missing below because you have already completed that question above.

Please use the following scale to score the student:

4 = Demonstrates Competency: Student performs all criteria for the item 80-100% of the time
3 = Developing Competency: Student performs all criteria for the item 50-79% of the time
2 = Beginning to show competency - Student performs all criteria for the item 26 - 49% of the time
1 = Rarely meets competency - Student performs all criteria for the item 0-25% of the time
N/A not applicable

Click the highlighted Item Below to View the Criteria.

The student was able to demonstrate competency in the administrative process according to the objectives and criteria below:

<table>
<thead>
<tr>
<th>Administrative Process</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>*39. Identify the administrative structure to provide physical therapy services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*41. Identify the overall goals of the physical therapy services provided.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS:
Please provide the following dates regarding student attendance:

| Date(s) absent: (mm/dd/yyyy) |  |
| Date(s) made-up: (mm/dd/yyyy) |  |

STUDENT:

| *Name: *Date: (mm/dd/yyyy) |  |

PRIMARY CLINICAL SUPERVISOR:

| *Name: |  |
| *Date: (mm/dd/yyyy) |  |
| *Clinical Specialty Certification (cite the specific certification or enter None): |  |
| Date of Clinical Specialty Certification: (mm/dd/yyyy) |  |

*APTA Credentialed Clinical Instructor (Primary CI):  
☐ Yes  
☐ No

SECONDARY CLINICAL SUPERVISOR (Optional):

| Name: |  |
| Date: (mm/dd/yyyy) |  |
| Clinical Specialty Certification (cite the specific certification or enter None): |  |
| Date of Clinical Specialty Certification: (mm/dd/yyyy) |  |

APTA Credentialed Clinical Instructor (Secondary CI):  
☐ Yes  
☐ No
1. How many minutes did it take you to complete the evaluation?

2. Did you complete the evaluation at one sitting, or did you start the evaluation, stop, and complete it at a later time?

☐ I completed the evaluation at one sitting
☐ I started the evaluation, stopped, and completed at a later time

3. Please rate your agreement with the following:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Based on the instructions provided, I understand how to</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>score the Emory online clinical education evaluation of student performance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. The process used to complete the Emory online clinical</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>education evaluation was simple.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. It was convenient for me to complete the Emory clinical</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>education evaluation online.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I am familiar with the objectives and expectations of the</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Emory PT program for this experience.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I understand how to use Emory criteria to rate student</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>performance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. If you disagreed or strongly disagreed with any of the above, please reference the item number and provide specific details.

5. Please provide any additional comments regarding your experience completing the online evaluation.
You have completed the online evaluation of student performance.

**WARNING!**
DO NOT CLICK the "Submit Evaluation" button until after you have the CI/student conference. Please note that your responses are automatically saved when you exit the form. In order to access your saved evaluation form for the CI/student discussion, please click on the link provided in the email invitation you received.

**FINAL STEP FOR SUBMISSION** After completing the CI/student conference, please click the "Submit Evaluation" button below to submit your final responses.

Thank you for completing the online evaluation!

Note: If you need to stop and complete the survey later, your responses on all previous pages will be automatically saved when you exit the evaluation. To save any responses on the current page, please click the "Save and Continue" button below before you exit the evaluation. When you are ready to complete the survey, simply click on the link in the email invitation you received and you will be able to resume where you left off or at the beginning if you prefer.
Instructions
Welcome to the online “Long-Term Clinical Evaluation” of student performance for use during the clinical internships. The online form is to be used in conjunction with competency documents provided by the Emory Program, as well as criteria sheets found in the Emory Physical Therapy Entry Level Competencies and Criteria manual available at your facility. For your convenience, you can access the competencies online. To view a competency, click on the title you wish to review: Provision of Patient Care, Interpersonal Communication, the Teaching-Learning Process, and Administration. Additionally, the criteria for each individual item within a competency can be accessed by clicking on the highlighted item in the evaluation form. A pop-up window will open with a description of the criteria.

After beginning the evaluation you can exit at any time, and your responses will be automatically saved as long as you do not click the “Submit Evaluation” button. You may re-enter the evaluation to view or make changes to your responses as many times as necessary, using the link provided in the email invitation, as long as you have not submitted the form. When you re-enter the document, you will be given the option to resume where you left off or start at the beginning.

Please hold the evaluation conference with your student before submitting the evaluation form. If your facility requires a printed copy of this evaluation, you will have the option to download and print, or save a PDF of your completed evaluation. Simply submit your evaluation using the “submit evaluation” button, located on the last page of the evaluation form, and the directions for saving will appear on the “successful submission” page.

Course Objectives
The student will use the problem-solving process to demonstrate competence and to apply the theoretical frameworks of basic, behavioral, social, and medical sciences; as the basis for his/her practice of physical therapy. This includes:

1. Examining and evaluating patients, and establishing an appropriate plan of care.
2. Providing appropriate therapeutic services.
3. Using the teaching-learning and interpersonal communication processes in interactions with patients, health care providers and staff.
4. An active recognition of the rights and dignity of the individual in planning and administering programs of care.
5. Participation in the administrative responsibilities of a clinical physical therapist.
6. Consultation with others in providing comprehensive care.
Feedback
It is expected that the clinical instructor (CI) provide student feedback throughout the clinical internship. Daily sessions allow both student and CI to ask questions, present suggestions, and frequently set/assess educational goals. On-going, continuous feedback fosters awareness of strengths and weaknesses, and develops self-assessment skills.

Who Completes the Midterm and Final Evaluation Forms?
The CI and student individually complete the evaluation form online. If more than one CI provided supervision during the first five weeks of the internship (midterm evaluation) or the last five weeks (final evaluation), the therapist who had primary responsibility must be designated as “primary CI.” The primary CI will collect and collate data from all supervising CIs involved during the appropriate time period; midterm or final. The primary CI will input the ratings and comments into the online evaluation form and hold the evaluation conference with the student.

When are the Evaluations Done?
The evaluation is to be done half-way into the internship (5 weeks) and at the end (10 weeks). Each evaluation should assess student performance during the preceding 5 weeks only. In other words, behavior which occurred during the first half of the affiliation should not influence the final evaluation.

How is the Online Clinical Education Evaluation Form Completed?
The form is divided into 4 sections/competencies: provision of patient care, interpersonal communication, teaching-learning process, and administration. Observable behaviors to be graded are listed for each competency, and a comments section is available for documenting specific details. All items are stated positively. Caution should be exercised to prevent a “YES” bias in your responses.

Two items are pulled out of sequence from their respective competencies and graded first due to their importance in clinical care. The first is #16: “Adhere to safety in provision of patient care”, and the second is #40: “Demonstrate professional behavior.” The student will earn either a “YES” or a “NO” for these items and must demonstrate appropriate behavior 100% of the time to receive a “YES.” The response is “NO” if met less than 100% of the time. If “NO”, please estimate the percentage of time the student demonstrated the behavior according to criteria and select that percentage from the drop down menu in the last column e.g. (50-79%). Please use your clinical judgment to determine if the safety concern was a one-time event that is typical during the learning process vs. one that is due to negligence, or one that is repeated over and over.

Scoring Example: #16: “Adhere to Safety”: If a client fell due to student negligence, this isolated incident may warrant a “NO” response despite the individual demonstrating a safety concern only once.

A “NO” for either of these items warrants immediate attention and a telephone call to the student’s clinical education advisor (Patricia Bridges – Director of Clinical Education 404-712-4132, or Tami Phillips – Assistant Director of Clinical Education 404-727-1350, or Sarah Caston – Assistant Director of Clinical Education 404-712-5531). A “NO” on either item may result in dismissal from the internship.

The remaining items on the form are scored with one of the following three responses: “YES”, “NO”, or “N/A” (Not Applicable). Selection of a “YES” or “NO” response should be based on the student’s general behavior, not isolated incidents.

Scoring Example: #12: “Determine an intervention plan with rationale”: If the student usually demonstrates a behavior according to criteria, the appropriate response is “YES” (usually is defined as eight times out of ten (80%) or better). The response is “NO” if met less than 80% of the time; please estimate the percentage of time the student demonstrated a behavior according to criteria and select that percentage from the drop down menu in the last column e.g. (50-79%).

If the CI did not have an opportunity to observe the student perform a behavior/item within a particular competency (generally 3 observations or more should be sufficient), or there was not an opportunity for the student to perform a behavior/item, “N/A” should be selected.
Please provide an explanation in the comments section for any “N/A” criteria, as well as, any time a student is not meeting criteria (below 80%). For example, indicate the item number e.g. #34, followed by the comment e.g. “The student needs to offer the patient an opportunity to practice the task learned under a variety of circumstances” or #17c: “The student had only 2 opportunities to write discharge notes. She is showing insight and improvement in this area.” Additionally, the comments boxes may be used for any positive or constructive feedback regarding the behaviors/items evaluated in each competency. The last page of the evaluation form should be used to comment on overall performance.

Items related to patient examination and therapeutic interventions are numbered 7a, 7b, 7c, etc. for “Examination Procedures” and 13a, 13b, 13c, etc. for “Therapeutic Interventions”. Additions may be added to the list. There should be criteria sheets for most examination procedures and therapeutic interventions; however, if there is an omission, please utilize the evidence-based method. Ideally, each time an examination or intervention is performed; the student is evaluated based on criteria. He/she must demonstrate each behavior included on the criteria sheet for an examination or treatment intervention to have been performed to criteria. If performed accordingly, select “YES”; otherwise, “NO”. If the CI did not have an opportunity to observe the student or if there was not an opportunity to perform a behavior; the appropriate response is “N/A”.

The “Examination Procedures” (Item 7) and “Therapeutic Interventions” (Item 13) scores will be calculated for you upon electronic submission of the evaluation form. For your information, the overall score for Item 7 will be calculated as follows: the total number of examinations performed to criteria (items you scored a “Yes”) will be divided by the total number of examinations (items you scored a “Yes” or “No”). If the score is 80% or greater the student will receive a “YES” for Item 7 (conduct the examination according to the criteria sheet for specific procedures/tests). Similarly, therapeutic interventions performed to criteria will be totaled and divided by the total number of interventions performed. If the score is 80% or greater, the item will be scored “YES” for Item 13 (administer the interventions according to the criteria sheets). If it does not appear that the student will receive a “YES” for either of these 2 items, please contact the student’s clinical education advisor for consultation.

As discussed earlier, all competencies should be responded to on the basis of the student’s performance during the immediately preceding 5 weeks. The CI should be able to cite several examples during the midterm/final conference for items with “YES” or “NO” responses chosen.

**IMPORTANT: The CI and student should electronically sign both evaluation forms. The CI/student must personally enter his/her own name and date after the evaluation conference for this to be considered a valid electronic signature.**

**What is the Procedure for the Evaluation Conference?**
After the student and CI complete the evaluation forms individually online, they SHOULD NOT click the “Submit Evaluation” button. Simply close the browser window and responses will be automatically saved. To access saved responses for the CI/student conference, click on the link provided in the email invitation. Please hold the CI/student evaluation conference, and then submit the form electronically after the conference.

The evaluation conference should be held in a private area with a computer. The CI and student should review their evaluations simultaneously. Optimally, the student would bring a laptop to the clinic so that each evaluation could be brought up on a separate computer, allowing the CI and student to scroll down through sections of the form at the same time. A second option would be locating a computer lab or private office with two computers. Finally, it is possible to open two browser windows on one computer by having: the CI click on the link provided in the email invitation and once the form is open, minimize the browser window; the student can then open a second browser window (i.e. Internet Explorer, Netscape, Mozilla etc.) and access her email to click on the link provided in the email invitation; and the CI and student can then “maximize and minimize” each browser window to see the two evaluation documents. Conversely, you may open and review one document at a time if you prefer. Differences in responses between the CI’s form and the student’s self-assessment are discussed with both persons offering examples to substantiate the chosen response. If agreement is not reached, responses on the forms should remain and a comment entered.

At the end of the evaluation conference, the CI and student should sign both the CI evaluation and the student
self-assessment electronically. (Typing his/her name in the space provided on the “Signatures” page is considered to be a signature. The CI/student must each personally enter his or her own name and date after the evaluation conference for this to be considered a valid electronic signature.)

**Final Scores At the End of the Internship**

Students are responsible for calculating their final score using the clinical instructor’s EUICE tool, prior to submission of the form. At the end of the internship, students must achieve the following scores for successful completion:

1) **Safety** (Question #16): Yes, 100% of the time
2) **Professionalism** (Question #40): Yes, 100% of the time
3) **Examination Procedures** (Question #7): 80% of the scored responses must be a Yes; must consider all items scored for question #7; do not count n/a’s when factoring score
4) **Therapeutic Interventions** (Question #13): 80% of the scored responses must be a Yes; must consider all items scored for question #13; do not count n/a’s when factoring score
5) **Provision of Patient Care Competency**: 80% of the scored responses must be a Yes; must consider items 1 – 17d; do not count n/a’s when factoring score
6) **Interpersonal Communications Competency**: 80% of the scored responses must be a Yes; must consider items 18 – 27; do not count n/a’s when factoring score
7) **Teaching-Learning Competency**: 80% of the scored responses must be a Yes; must consider items 28-38; do not count n/a’s when factoring score
8) **Administration Competency**: 80% of the scored responses must be a Yes; must consider items 39-46; do not count n/a’s when factoring score

*If the student does not meet ALL of the above 8 criteria, you must contact your clinical education advisor immediately for consultation. Ideally this should occur before you leave your clinic location, in case there is only a need for an additional week in order to be competent.*

Upon completing the conference and signing these documents, press the submit button to send each form. This should be done for the evaluation completed by the CI, as well as the evaluation completed by the student. Printed copies of these forms do not need to be provided to the Emory Physical Therapy program. If the affiliating facility requires a printed copy of this evaluation, you will have the option to download and print or save a PDF of your completed evaluation, after you click the submit evaluation button located on the last page of the evaluation form.

At this point, the student and CI can discuss the APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form which is also completed online, printed, and signed by the student. The CI is also asked to sign this form indicating he/she has reviewed the information contained in the evaluation of the clinical education experience.

**What Forms Does the Student Need to Return to Emory University, Division of Physical Therapy?**

**Due at Mid-term:**

1) Clinical Site Orientation Checklist: return by mail; due no later than the close of business one week after the mid-term evaluation conference
2) APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form: print, submit, CI and student sign the hard copy, and return by mail; due no later than the close of business one week after the mid-term evaluation conference. No FAXING!
3) CI Version: Online Clinical Education Evaluation Form: electronically submitted
4) Student Version: Online Clinical Education Evaluation Form: electronically submitted

**Due at Final:**

1) APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form: print, submit, CI and student sign the hard copy, and return by mail; due no later than the close of business one week after the final evaluation conference. No FAXING!
2) Clinical Education Facility Information form: email to Mrs. Bridgett Moore; due no later than the close of business one week after the final evaluation conference
Please complete the following:

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>PRIMARY CLINICAL INSTRUCTOR</th>
<th>SECONDARY CLINICAL INSTRUCTOR (Optional)</th>
<th>FACILITY</th>
<th>DATE: FINAL (mm/dd/yyyy)</th>
<th>COMPLETED BY</th>
</tr>
</thead>
</table>

**PROVISION OF PATIENT CARE**

Click the highlighted Item Below to View the Criteria.

Given a client, the student was able to:

<table>
<thead>
<tr>
<th>Provision Of Patient Care: (Did student meet criteria?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (100%) NO (0-99%)</td>
</tr>
</tbody>
</table>

*16. Adhere to safety in provision of patient care.

<table>
<thead>
<tr>
<th>Provision Of Patient Care: (If student did not meet criteria at 100%, please indicate the percentage (0%-99%) the student did meet criteria.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose percentages from the drop-down menu.</td>
</tr>
</tbody>
</table>

Choose an item.  %
ADMINISTRATIVE PROCESS

Click the highlighted Item Below to View the Criteria.

Given a client, the student was able to:

<table>
<thead>
<tr>
<th>Administrative Process: (Did student meet criteria?)</th>
<th>Administrative Process: (If student did not meet criteria at 100%, please indicate the percentage (0%-99%) the student did meet criteria.)</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (100%) NO (0-99%)</td>
<td>Choose percentages from the drop-down menu.</td>
<td></td>
</tr>
</tbody>
</table>

*40. Demonstrate professional behavior.

COMMENTS:
**PROVISION OF PATIENT CARE**

Click the highlighted Item Below to View the Criteria.

**Given a client, the student was able to:**

<table>
<thead>
<tr>
<th>Provision Of Patient Care: (Did student meet criteria?)</th>
<th>Provision Of Patient Care: <em>(If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (80%-100%)</td>
<td>NO (0%-79%)</td>
</tr>
</tbody>
</table>

* | *1. Identify symptoms and coexisting conditions of the client. |
* | *2. Differentiate symptoms and impairments presented from symptoms and impairments to be assessed. |
* | *3a. Identify onset of symptoms. |
* | *3b. Identify the relationship of symptoms to other examination findings. |
* | *4. Determine the priority of conditions to be assessed. |
* | *5. Identify and determine the rationale for procedures to examine the client's impairments or conditions. |
* | *6. Prepare to execute the examination procedure. |

Choose percentages from the drop-down menus.
**PROVISION OF PATIENT CARE**

Click the highlighted Item Below to View the Criteria.

**Given a client, the student was able to perform the following examination items:**

<table>
<thead>
<tr>
<th>Provision Of Patient Care: (Did student meet criteria?)</th>
<th>Provision Of Patient Care: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.)</th>
<th>Choose percentages from the drop-down menus.</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (80%-100%)</td>
<td>NO (0%-79%)</td>
<td>N/A</td>
</tr>
<tr>
<td>*7a. Pulse Rate and Peripheral Pulse Evaluations</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7b. Ventilation Assessment</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7c. Blood Pressure Assessment</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7d. Temperature</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7e. Visual Inspection</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7f. Circulatory Assessment - (Upper Extremity)</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7g. Claudication Time – (Lower Extremities)</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7h. Pulmonary Evaluation</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7i. Lung Auscultation</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7j. Chest Percussion</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7k. Gross Evaluation</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7l. Cognitive Assessment</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7m. Screening for CNS Dysfunction</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7n. Cranial Nerve Assessment</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7o. Perceptual Assessment</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7p. Palpation</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7q. Posture Evaluation</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7r. Goniometry</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7s. Manual Muscle Testing</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7t. Sensory Evaluation</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7u. Balance and Fall Risk</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7v. Task Analysis</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7w. Functional Evaluation</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7x. Gait Analysis</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7y. Measurement of Ambulation Aids</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7z. Orthopedic Evaluation: Peripheral Joints</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7aa. Limb Measurements</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7bb. Amputee Evaluation</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7cc. Prosthetic Evaluation</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*7dd. Special Tests</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
</tbody>
</table>
ADDITIONAL EXAMINATION PROCEDURES OBSERVED OR PERFORMED BY THE STUDENT DURING THIS INTERNSHIP

1. Please name the first examination procedure.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

2. Please name the second examination procedure.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

3. Please name the third examination procedure.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

4. Please name the fourth examination procedure.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
5. Please name the fifth examination procedure.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

6. Please name the sixth examination procedure.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

7. Please name the seventh examination procedure.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

8. Please name the eighth examination procedure.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

9. Please name the ninth examination procedure.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

10. Please name the tenth examination procedure.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

Please list any other EXAMINATION PROCEDURES observed by the student during this clinical education experience but not practiced at least 3 times. Enter as many examination procedures as necessary and click the "Save and Continue" button when finished. If there are none simply save and continue.
**PROVISION OF PATIENT CARE**

Click the highlighted Item Below to View the Criteria.

**Given a client, the student was able to:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Provision Of Patient Care: (Did student meet criteria?)</th>
<th>Provision Of Patient Care: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*8. Evaluate examination findings.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*9. Establish a physical therapy diagnosis.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*10. Determine the prognosis.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*11. Establish intervention goals.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*12. Determine an intervention plan with rationale.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
</tbody>
</table>
**PROVISION OF PATIENT CARE**

Click the highlighted Item Below to View the Criteria.

**Given a client, the student was able to perform the following therapeutic interventions:**

<table>
<thead>
<tr>
<th>Provision Of Patient Care: (Did student meet criteria?)</th>
<th>Provision Of Patient Care: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (80%-100%)</td>
<td>N/A</td>
</tr>
<tr>
<td>NO (0%-79%)</td>
<td>Choose percentages from the drop-down menus.</td>
</tr>
<tr>
<td>*13a. Structuring Treatment Sessions</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13b. Draping</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13c. Range of Motion</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13d. Selection and Teaching of Exercise</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13e. Bed Mobility</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13f. Transfers</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13g. Ambulation Training</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13h. Balance Training</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13i. Treatment of Functional Limitations</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13j. PNF</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13k. Neurofacilitation</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13l. Pre-operative Instruction</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13m. Sterile Techniques</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13n. Wound Care</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13o. Ace Bandaging</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13p. Whirlpool</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13q. Hubbard Tank</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13r. Bronchial Drainage</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13s. Pursed Lips Breathing Exercises</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13t. Breathing Exercises</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13u. Massage</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13v. Soft Tissue Mobilization</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13w. Joint Mobilization</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13x. Iontophoresis with Phoresor Stimulator</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13y. High-Voltage Pulsed Stimulation</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13z. Neuromuscular Functional Electrical Stimulation</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13aa. T.E.N.S.</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13bb. Moist Heat Pack</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13cc. Application of Cold</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13dd. Paraffin</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13ee. Intermittent Compression Pump (Jobst)</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13ff. Ultrasound</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>*13gg. Medical Diathermy</td>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</table>
### ADDITIONAL THERAPEUTIC INTERVENTIONS OBSERVED OR PERFORMED BY THE STUDENT DURING THIS INTERNSHIP

1. Please name the first therapeutic intervention.

   **Did student meet criteria?**

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

   If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

2. Please name the second therapeutic intervention.

   **Did student meet criteria?**

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

   If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

3. Please name the third therapeutic intervention.

   **Did student meet criteria?**

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

   If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.
4. Please name the fourth therapeutic intervention.

<table>
<thead>
<tr>
<th>Did student meet criteria?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (80% - 100%)</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.
Choose an item. %

5. Please name the fifth therapeutic intervention.

<table>
<thead>
<tr>
<th>Did student meet criteria?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (80% - 100%)</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.
Choose an item. %

6. Please name the sixth therapeutic intervention.

<table>
<thead>
<tr>
<th>Did student meet criteria?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (80% - 100%)</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.
Choose an item. %

7. Please name the seventh therapeutic intervention.

<table>
<thead>
<tr>
<th>Did student meet criteria?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (80% - 100%)</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.
Choose an item. %
8. Please name the eighth therapeutic intervention.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

9. Please name the ninth therapeutic intervention.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %

10. Please name the tenth therapeutic intervention.

Did student meet criteria?

<table>
<thead>
<tr>
<th>YES (80%-100%)</th>
<th>NO (0%-79%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If student did not meet criteria at 80%-100%, please indicate the percentage (0%-79%) the student did meet criteria.

Choose an item. %
Please list any other **THERAPEUTIC INTERVENTIONS** observed by the student during this clinical education experience that the student did not have an opportunity to practice at least 3 times. Enter as many therapeutic interventions as necessary and click the "Save and Continue" button when finished. If there are none simply save and continue.
**PROVISION OF PATIENT CARE**

*Note: Question #16 is missing below because you have already completed that question above.*

Click the highlighted Item Below to View the Criteria.

Given a client, the student was able to:

<table>
<thead>
<tr>
<th></th>
<th>Provision Of Patient Care: (Did student meet criteria?)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES (80%-100%)  NO (0%-79%)  N/A</td>
</tr>
</tbody>
</table>

| *15. Modify the intervention and/or goals as indicated. |   |   |   |
| *17a. Document initial evaluation in appropriate records per Emory criteria sheets. |   |   |   |
| 17b. Document progress notes in appropriate records per Emory criteria sheets. |   |   |   |
| 17c. Document discharge notes in appropriate records per Emory criteria sheets. |   |   |   |

**COMMENTS:**
INTERPERSONAL COMMUNICATION

Click the highlighted Item Below to View the Criteria.

Given a client, the student was able to:

<table>
<thead>
<tr>
<th>Item</th>
<th>Interpersonal Communication: (Did student meet criteria?)</th>
<th>Interpersonal Communication: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*18. Identify cognitive needs and resources of other person(s).</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*19. Identify emotional needs and resources of other person(s).</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*20. Identify cognitive needs and resources of self.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*21. Identify emotional needs and resources of self.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>22. Identify roles of relevant persons.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*23. Respond to others in a way that fosters a positive change.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*24. Refer client and relevant others to another person if indicated.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*25. Exhibit caring for the people with whom he/she is involved.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*26. Evaluate the effect of his/her response on the needs of the other person(s) and self.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
<tr>
<td>*27. Modify his/her response to the needs of relevant others as indicated.</td>
<td>☐ ☐ ☐</td>
<td>Choose an item. %</td>
</tr>
</tbody>
</table>

COMMENTS:
**TEACHING-LEARNING**

Click the highlighted Item Below to View the Criteria.

**Given a client, the student was able to:**

<table>
<thead>
<tr>
<th></th>
<th>Teaching Learning: (Did student meet criteria?)</th>
<th>Teaching Learning: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES (80%-100%)</td>
<td>NO (0%-79%)</td>
</tr>
</tbody>
</table>

*28. Identify the needs of the learner/client.

*29. Identify an appropriate level of learning or skill to be accomplished in the learning experience.

*30. State the behavior to be learned by the client/learner.

*31. Make certain the learner/-client understands the purpose (i.e., why they are learning what they are learning).

*32. Explain what is to be learned.

*33. Demonstrate to the learner/ client what is to be learned.

*34. Provide an opportunity for the learner/ client to practice the behavior.

*35. Give the learner/ client feedback on performance of the desired behavior.

*36. Give some examples of use of the behavior in the client's everyday life.

*37. Solicit some examples from the client of use of the behavior in his/her everyday life.

*38. Determine that the learner/ client has learned what is being taught.

**COMMENTS:**
**ADMINISTRATIVE PROCESS**

*Note: Question #40 is missing below because you have already completed that question above.*

Click the highlighted Item Below to View the Criteria.

Please use the following scale to score the student:

Given a client, the student was able to:

<table>
<thead>
<tr>
<th><em>39. Identify the administrative structure to provide physical therapy services.</em></th>
<th>Administrative Process: (Did student meet criteria?)</th>
<th>Administrative Process: (If student did not meet criteria at 80-100%, please indicate the percentage (0%-79%) the student did meet criteria.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐</td>
<td>YES (80%-100%)</td>
<td>Choose percentages from the drop-down menus.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><em>41. Identify the overall goals of the physical therapy services provided.</em></th>
<th>☐ ☐ ☐</th>
<th>Choose an item. %</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>42. Identify the administrative needs of the physical therapy service.</em></th>
<th>☐ ☐ ☐</th>
<th>Choose an item. %</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>43. Identify and provide a rationale for an effective method of resolving the administrative service needs.</em></th>
<th>☐ ☐ ☐</th>
<th>Choose an item. %</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>44. Implement the plan.</em></th>
<th>☐ ☐ ☐</th>
<th>Choose an item. %</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>45. Evaluate the extent to which the goals of the plan have been met as related to daily clinical and ongoing departmental administrative activities.</em></th>
<th>☐ ☐ ☐</th>
<th>Choose an item. %</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>46. Modify the plan as necessary to meet the needs of the service.</em></th>
<th>☐ ☐ ☐</th>
<th>Choose an item. %</th>
</tr>
</thead>
</table>

**COMMENTS:**


Please provide comments about the **Overall Performance** of the student.

Please provide the following dates regarding student attendance:

| Date(s) absent: (mm/dd/yyyy) |  |
| Date(s) made-up: (mm/dd/yyyy) |  |

**STUDENT:**

*Name:* Date: (mm/dd/yyyy)

**PRIMARY CLINICAL SUPERVISOR:**

*Name:*

*Date: (mm/dd/yyyy)*

*Clinical Specialty Certification (cite the specific certification or enter None):*

Date of Clinical Specialty Certification: (mm/dd/yyyy)

*APTA Credentialed Clinical Instructor (Primary CI):*

☐ Yes

☐ No

**SECONDARY CLINICAL SUPERVISOR (Optional):**

Name:

Date: (mm/dd/yyyy)

Clinical Specialty Certification (cite the specific certification or enter None):

Date of Clinical Specialty Certification: (mm/dd/yyyy)

APTA Credentialed Clinical Instructor (Secondary CI):

☐ Yes

☐ No

Thank you for completing the online evaluation form. We welcome your feedback. Please type any recommendations you have about improving the tool in the box below.
Did you watch the power point demonstration on YouTube of how to complete the Emory DPT evaluation form?

☐ Yes
☐ No

3. Please rate your agreement with the following:

<table>
<thead>
<tr>
<th>1. The power point format clarified the evaluation’s scoring procedures.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The power point format clarified the timing for the evaluation and conference afterwards.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. The power point format effectively identified where to find specific resources to assist in my assessment of the student’s performance, such as where to find the location of definitions for criteria and competencies.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. I have a better understanding of why Emory DPT uses this specific evaluation form.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. The power point format kept me engaged while reviewing the instructions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. The power point format made it easier to understand the instructions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. I will use this presentation during my student’s internship as a resource and reference.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
You have completed the online evaluation of student performance.

**WARNING!**
DO NOT CLICK the "Submit Evaluation" button until after you have the CI/student conference. Please note that your responses are automatically saved when you exit the form. In order to access your saved evaluation form for the CI/student discussion, please click on the link provided in the email invitation you received.

**FINAL STEP FOR SUBMISSION**
After completing the CI/student conference, please click the "Submit Evaluation" button below to submit your final responses.

Thank you for completing the online evaluation!

*Note: If you need to stop and complete the survey later, your responses on all previous pages will be automatically saved when you exit the evaluation. To save any responses on the current page, please click the “Save and Continue” button below before you exit the evaluation. When you are ready to complete the survey, simply click on the link in the email invitation you received and you will be able to resume where you left off or at the beginning if you prefer.*
THE PROBLEM SOLVING PROCESS APPLIED TO PHYSICAL THERAPY CARE

Clinical experiences are planned to provide students with experience to practice using problem solving skills with specific client problems. The clinical sites used provide the student opportunities to work with the specific client problems covered in class sessions. When the students study clients with general medical problems (General Medical Conditions) they are placed in clinical settings that care for clients with general medical problems. The students will have the opportunity to transfer the knowledge and skills learned in the classroom to solving problems in the management of patients with general medical problems, thus applying and reinforcing concepts, principles, examination techniques and therapeutic interventions using the problem solving process. The problem solving process is facilitated by supervision of students by a licensed physical therapist in an acute care setting, sub-acute, home health, or extended care facility. As the students study clients with musculoskeletal problems (Musculoskeletal Rehabilitation), the study of musculoskeletal pathophysiology and disease is integrated with clinical problem solving in outpatient clinics under the supervision of a licensed physical therapist. As they study the care of clients with neurological problems, (Adult Neurorehabilitation, Pediatric Rehabilitation) students have the opportunity to integrate the knowledge and skills learned about the signs, symptoms and functional limitations of the neurological client and practice assessment and interventions using the problem solving approach in rehabilitation, pediatric, home health, and extended care facilities under the supervision of a licensed physical therapist. The long term experiences are planned to allow the students practice in settings representative of those in which physical therapy is commonly practiced thereby developing a generalist physical therapist. Each student selects an acute care site, a rehabilitation site that enables the student to participate in interdisciplinary care and a community practice setting.
The Problem-Solving Process applied to Items/Component Behaviors of Provision of Patient Care from the EUICE

The steps of the problem solving process are identified in bold type (Identify the problem, Identify the characteristics of the problem, Identify factors affecting the problem, Identify alternative solutions, Select and implement a solution, Evaluate the solution, Modify the solution). Item numbers 1-15 are the items from the provision of patient care section of the Clinical Education Evaluation form. The numbers coincide with items on the Clinical Education Evaluation form. This form identifies the relationship between the items/objectives for provision of patient care and the problem solving process. Additionally suggested questions are listed that facilitate the student in moving through the problem solving process.

IDENTIFY THE PROBLEM

1. Identify the symptoms and co-existing conditions of the client.
   - What problems does the client complain of?
   - What are similarities of the problems of client X and client Z?
   - In what ways are client X’s complaints consistent with problems listed in medical record?
   - What additional problems did you note after observation of client X?
   - What other information might you gain from other personnel involved in client X’s care to help you understand all the problems involved?

2. Differentiate symptoms and impairments presented from symptoms and impairments to be assessed.
   - Of all symptoms identified for client X, what do you need to examine first? and why?
   - In what order of priority would you examine the remaining symptoms?
   - How are your priorities consistent with client X’s priorities? With other personnel involved in care?
   - How consistent are medical priorities with the client’s financial resources?

IDENTIFY CHARACTERISTICS OF THE PROBLEM

3. Identify characteristic of relevant symptoms or conditions
   a) Onset of symptoms
      - Describe the nature of the symptoms
      - Describe the location of the symptoms
      - When did the symptoms first occur?
      - Describe the onset.
      - How is client X’s onset different from client Z’s?
      - Describe the progression
      - Describe client’s current stage
      - What is different in client X’s progression from the progression you would expect with this disease process?

   b) Identify the relationship of impairments to other examination findings.
      Specific statements of relationships of symptoms to:
      1. physical examination
2. other diagnostic tests
3. lab values
4. age-related norms

- What is the relationship between the client’s muscle strength and the client’s function?
- What diagnostic test results do you need to consider in assessing client’s needs?
- How consistent are diagnostic test results with other evaluative findings?
- What normal and abnormal lab values are present?
- How can you explain the abnormal values based on the client’s history or present examination findings?
- What factors may be affecting the problems that have not been addressed in the medical record?

4. Determine the priority of conditions to be assessed
   - What is your hypotheses of the condition(s) represented based on the review of the medical record, interview of the client and observation of the client during the interview?
   - Out of the conditions you have hypothesized to be present what do you need to examine first? Why?
   - Are your priorities consistent with the client’s priorities?

IDENTIFY ALTERNATIVE SOLUTIONS (ADVANTAGES AND DISADVANTAGES)
5. Identify and determine the rationale for procedures to examine the client’s impairments or conditions.
   - What procedures will you use in examining the client’s impairments?
   - What is the mechanism by which your procedure(s) evaluate the physiologic / neuro/musculoskeletal problems of the client?
   - What does current research report about the accuracy of the procedures you have selected to examine the client’s problem(s)?
   - What factors will affect reliability in your examination procedure(s)?
   - Why would these procedures not be helpful with the client?
   - What do you expect to find in your examination of the client?
   - What are the considerations you need to make regarding safety during the examination?
   - Have you considered all symptoms you wish to examine?
   - What is one important aspect you want to evaluate with client X that was not a factor with client Z?

SELECT AND IMPLEMENT A SOLUTION
6. Prepare to execute the examination procedures.
   - How will you prepare the client and family before you begin the examination procedure?
• What equipment and materials will you need to perform the examination procedures?
7. Conduct the examination according to the criteria sheet for the specific procedures/tests.
8. Evaluate the examination findings.
• What did you find in your examination?
• How consistent are your findings with other examination findings in medical record?
• What questions do you have regarding any of your previous conclusions?
• What new conclusions can you draw?
• How would you modify your examination?
• Establish a physical therapy diagnosis
9. Determine the prognosis
• What progression you would expect with this physical therapy diagnosis?
10. Establish the intervention goals
• What are the goals of the client and the client’s family?
• Explain the relationship of the goals to functional outcome measures.
11. Determine an intervention plan
• What interventions will be beneficial for client X?
• What is the mechanism by which each intervention will affect client’s symptoms and signs?
• What is the quality and strength of evidence for the interventions you have selected?
• Relate each intervention to the short term goals.
• Relate each intervention to functional outcome measures.
• What are the client’s equipment needs?
• What equipment and resources would the client need if he were discharged tomorrow?
• What would be reasonable placement for the client?
12. Administer the intervention according to the criteria sheet for the specific procedure

EVALUATE THE METHOD (SOLUTION)
13. Assess the effects of the intervention.
• What effect did your intervention have on the client’s symptoms?
• Why were your results with client X different than with client Z when the procedure was the same?
• How did your intervention priorities change during the treatment session? Why?
• What are the considerations did you make regarding safety during the treatment session?

MODIFY THE METHOD (SOLUTION)
14. Modify the intervention and /or goals as indicated.
• How did you modify your intervention?
Emory University – Division of Physical Therapy
Clinical Site Student Orientation Checklist

Student: ___________________________  Start Date of Clinical: _______________
Clinical Instructor: ___________________________
Facility: ____________________________

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>Student Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. HOSPITAL AND PROGRAM ORGANIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tour of Facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Policy and Procedures Manual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy Policy and Procedures Manual</td>
<td></td>
<td></td>
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<tr>
<td>Organizational Chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility/Department Mission and Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital, Department, CI Phone Numbers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. INFECTION CONTROL/ENVIRONMENT OF CARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment of Care Policies and Procedures</td>
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<tr>
<td>Fire and Evacuation Plan</td>
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<tr>
<td>Material Safety Data Sheets</td>
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<tr>
<td>Infection Control Policy and Procedures</td>
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<tr>
<td>III. STAFF ROLES</td>
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<td></td>
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<tr>
<td>Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy, Nursing, Case Management Leadership</td>
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<tr>
<td>Therapist Clinical Levels</td>
<td></td>
<td></td>
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<tr>
<td>Rehabilitation Aides/ Clerical Staff</td>
<td></td>
<td></td>
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<tr>
<td>IV. PROCESS IMPROVEMENT</td>
<td></td>
<td></td>
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<tr>
<td>Current Process Improvement Activities</td>
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<td></td>
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<tr>
<td>V. SAFETY</td>
<td></td>
<td></td>
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<tr>
<td>National Patient Safety Goals – Joint Commission</td>
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</tr>
<tr>
<td>Review all Facility Codes and Procedures</td>
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<tr>
<td>Facility Emergency Numbers</td>
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<tr>
<td>Advanced Directives</td>
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<tr>
<td>Do Not Resuscitate (DNR)/Do Not Intubate (DNI)</td>
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<tr>
<td>Falls Precautions</td>
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<td></td>
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<tr>
<td>Cardiac/Seizure Precautions</td>
<td></td>
<td></td>
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<tr>
<td>Patient/Visitor Incident Report</td>
<td></td>
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<tr>
<td>Staff Incident Report</td>
<td></td>
<td></td>
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<tr>
<td>VI. WORK ENVIRONMENT/SCHEDULE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dress Code</td>
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<tr>
<td>Call-in Procedure</td>
<td></td>
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<tr>
<td>Start/Stop Times</td>
<td></td>
<td></td>
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<tr>
<td>Breaks and Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Desk/Locker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dining Options: cafeteria, refrigerator, microwave etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Usage and Log-in Access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library Facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paging Procedures/Telephone Guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII. PRIMARY WORK AREA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tour of Floor(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule Board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charting Area</td>
<td></td>
<td></td>
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<tr>
<td>Linens</td>
<td></td>
<td></td>
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<tr>
<td>Supplies</td>
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<tr>
<td>Soiled Linen Area</td>
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<tr>
<td>Biomedical Waste Storage/Containment</td>
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<tr>
<td>Personnel</td>
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<td></td>
</tr>
<tr>
<td>VIII. EDUCATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Rounds</td>
<td></td>
<td></td>
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<tr>
<td>Staff/Vendor In-services</td>
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</tr>
<tr>
<td>Student In-service</td>
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<td></td>
</tr>
</tbody>
</table>
### FOCUS AREA

<table>
<thead>
<tr>
<th>IX. CLINICAL EDUCATION</th>
<th>Student Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review CI Initial Goals and Expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review Student Initial Goals and Expectations</td>
<td></td>
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<tr>
<td>Clinical Evaluations and Timeframes</td>
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<table>
<thead>
<tr>
<th>X. MEDICAL DOCUMENTATION</th>
<th>Student Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Layout of Chart or Electronic Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discipline Specific Forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Other Medical Clinicians Documentation</td>
<td></td>
<td></td>
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<tr>
<td>Patient/Family Education Records and/or Resources</td>
<td></td>
<td></td>
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<tr>
<td>Communication Boards</td>
<td></td>
<td></td>
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<tr>
<td>Terminology &amp; Abbreviations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Resource/Pt. Advocacy Manual</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>XII. EQUIPMENT</th>
<th>Student Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment and Supply Inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures for Loaning Equipment</td>
<td></td>
<td></td>
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<tr>
<td>Procedures for Procuring Discharge Equipment</td>
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</table>
PHYSICAL THERAPIST STUDENT EVALUATION:
CLINICAL EXPERIENCE AND
CLINICAL INSTRUCTION

June 12, 2003

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

PREAMBLE

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

Key Assumptions

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

Acknowledgement

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

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

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name
Academic Institution
Name of Clinical Education Site
Address
Clinical Experience Number
Clinical Experience Dates

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications for students supervised in this academic program. I understand that my personal information will not be available to students in our program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date / /2011

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned

Year experience as a CI

Year experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI

Other CI Credential

Professional organization memberships

Additional Clinical Instructor Name (Print name)

Date / /2011

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned

Year experience as a CI

Year experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI

Other CI Credential

Professional organization memberships

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site __________________________
   Address _____________________________________________
   City _______ State ________

2. Clinical Experience Number ___________________________

3. Specify the number of weeks for each applicable clinical experience/rotation.
   - Acute Care/Inpatient Hospital Facility
   - Ambulatory Care/Outpatient
   - ECF/Nursing Home/SNF
   - Federal/State/County Health
   - Industrial/Occupational Health Facility
   - Private Practice
   - Rehabilitation/Sub-acute Rehabilitation
   - School/Preschool Program
   - Wellness/Prevention/Fitness Program
   - Other ____________________________

Orientation

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

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

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

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:
1 = Never  2 = Rarely  3 = Occasionally  4 = Often

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

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

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

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Diagnosis</td>
<td>Screening</td>
<td>Prognosis</td>
</tr>
<tr>
<td>• History taking</td>
<td>Plan of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td>Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td>Outcomes Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. During this experience, how frequently did staff (ie, CI, CCGE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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

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

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

- Physical therapist students
- Physical therapist assistant students
- Other disciplines or service departments (Please specify)

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3/16/2011
12. Identify the ratio of students to CI for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe:

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

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

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

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

16. Overall, how would you assess this clinical experience? (Check only one)

- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
- Time well spent; would recommend this clinical education site to another student.
- Some good learning experiences; student program needs further development.
- Student clinical education program is not adequately developed at this time.

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

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

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

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

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

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

Assessment of Clinical Instruction

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

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

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site's objectives for this learning experience were clearly communicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided constructive feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided timely feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI demonstrated skill in active listening.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided clear and concise communication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
<td></td>
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</tr>
<tr>
<td>The supervising CI was accessible when needed.</td>
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<tr>
<td>The CI clearly explained your student responsibilities.</td>
<td></td>
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<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
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<td></td>
</tr>
<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
<td></td>
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<tr>
<td>Time was available with the CI to discuss patient/client management.</td>
<td></td>
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<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
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<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
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<tr>
<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
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<td></td>
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<tr>
<td>The CI made the formal evaluation process constructive.</td>
<td></td>
<td></td>
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<tr>
<td>The CI encouraged the student to self-assess.</td>
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</tbody>
</table>
23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?
   Midterm Evaluation  ☐ Yes  ☐ No  Final Evaluation  ☐ Yes  ☐ No

24. If there were inconsistencies, how were they discussed and managed?
   Midterm Evaluation

   Final Evaluation

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

   Final Comments

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

   Final Comments

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

Submit

Online survey software powered by Vovici.
Division of Physical Therapy
Emory University
Clinical Internships – Midterm Student Assessment

Student affiliate: ________________  Student's cell number: ________________

Affiliation week: ________________  Rotation: ___________________________

Facility: _________________________  Type of experience: ________________

Clinical Instructor: ________________  CI's E-mail: _______________________

CI's phone number: ________________

Type of Patients:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Student/Client Ratio: ________________  Therapist/Client Ratio: ____________

Were you prepared for the affiliation? (Strengths / Weakness):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Are you meeting the clinical objectives? Yes__No__ If no, which objectives are you not meeting:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

List student objectives and CI objectives:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Describe your supervision:
____________________________________________________________________
____________________________________________________________________

Describe the general environment (organization, supportive, learning):
____________________________________________________________________
____________________________________________________________________

Describe the amount and type of feedback:
____________________________________________________________________
Describe the ways your CI facilitates problem solving:

__________________________________________________________________________________

Are you comfortable providing feedback to your CI? Yes__No__ Is your CI receptive to your feedback?

__________________________________________________________________________________

Do you have questions regarding your CI's use of the evaluation form and criteria?

__________________________________________________________________________________

Do you have questions about your use of evaluation forms? When are the evaluation forms returned to school? etc.

__________________________________________________________________________________

Describe the space/equipment:

__________________________________________________________________________________

Describe the notes required:

__________________________________________________________________________________

Rounds/Conferences/Clinics attended:

__________________________________________________________________________________

__________________________________________________________________________________

Describe the communication between disciplines:

__________________________________________________________________________________

Describe the staff meetings:

__________________________________________________________________________________

__________________________________________________________________________________

Describe the in-services/continuing education:

__________________________________________________________________________________

__________________________________________________________________________________

Does your CI seek relevant evidence on the tests and measures and treatment interventions he/she uses from scientific studies? Yes__No__

Does your CI question you regarding the pros and cons of the best current research evidence available for the patient for whom you are providing care? Yes__No__
Do you evaluate the completeness, quality and strength of evidence for tests and measures and treatment interventions and the relevance to the patient for whom you are providing care? Yes__ No___

Describe any ongoing research in the facility:
____________________________________________________________________________________________________________________________________________________

Describe the expertise of the staff:
____________________________________________________________________________________________________________________________________________________

Is the use of supportive personnel consistent with the practice act of the state in which you are affiliating? Yes__ No___ Describe the role of supportive personnel.
____________________________________________________________________________________________________________________________________________________

Describe the role of the CCCE:
____________________________________________________________________________________________________________________________________________________

Suggestions for improving the experience:
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Housing:
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Thank you for the update on your clinical experience.

Please call your clinical advisor, Dr. Patricia Bridges (404-712-4132) or Dr. Tami Phillips (404-727-1350) or Dr. Sarah Caston (404-712-5531) with any questions or concerns that were not addressed in this form.

Date:

Type of Experience:
PLEASE PRINT

Name of clinical facility:

Location:

Rotation (1st, 2nd or 3rd):

Type diagnoses primarily available for clinical interaction:

Diagnoses available, as listed above, seem typical for this facility at this time of year? If no, more typical diagnoses were related to be:

Specialty features of facility (e.g. burn unit, cardiac surgery):

Extent to which student can be involved in the above areas:

Specialty areas in P.T. Dept.:

Extent to which student can be involved in specialty areas:

Are pediatric clients seen in this facility?:
To what extent can students be involved in the care of these pediatric clients?:

Is there opportunity for team interactions or rounds?:
Describe:
Other unique experiences available?:
(With each experience listed, please identify the extent to which students can be involved):

Characteristics of clinical supervision (Number of supervisors, any change in supervisor or supervision from the beginning to the end of the experience):

Other students affiliating during your clinical education experience:

<table>
<thead>
<tr>
<th>Type</th>
<th>Numbers</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Is this unusual for this time of year?:

In what ways did other students affect your experience?:

Paperwork expectations of clinic (describe amount, nature, and frequency):

Patient load per day at beginning and end of clinic:

How determined?:

Type of referral or prescriptions typical (Open, specific, etc.):

Resource material available and the extent of accessibility to students:
Describe the general atmosphere of the facility:

In your experience at this facility, is it a safe and comfortable environment for a gay, lesbian, bisexual, or transgendered (LGBT) student? Some things to look for that would suggest a supportive environment are a rainbow sign displayed in the office, open and supportive dialogue with an LGBT staff member, or the inclusion of sexual orientation under the non-discrimination policy at your facility.

Travel:

Traveled from ____________ (prior location) to this facility by (auto, bus, plane) ____________ for approximate cost of ____________.

Traveled from this facility to ________________ (next location) by (auto, bus, plane) ____________ for the approximate cost of ____________.

If public transportation was used, which airport/bus station etc. is closest or most accessible to the facility?:

Was local public transportation available in the area (bus, train, etc.)?:

How accessible was it (distance, safety, time factors, etc.)?:

Traveled to and from work each day for the approximate cost of: $

Parked car, if applicable, for cost of $ ______ per:

Housing:

Housing utilized (name, location, distance to facility):
Contact person for housing:

Cost of room per week:

Were food storage/preparation facilities available?:

Approximate cost of food per week:

Suggestions for recreational activities:

Comments re: travel, housing, area, money saving suggestions, etc.:

What would you recommend bringing with you (e.g. books, cooking utensils, car, etc.):

Additional Comments:

CONTACT INFORMATION (OPTIONAL)

STUDENT NAME:

CONTACT NUMBER:

EMORY EMAIL ADDRESS:

PERSONAL EMAIL ADDRESS (to be reached after graduation):
The criteria for this award are as follows:

1) Written summative comments by the clinical instructor describing exceptional clinical practice and professionalism exhibited across all three long-term clinical internships.

2) Timely delivery of all requested information to the Clinical Educational Faculty and Staff across all short-term and long-term affiliations.

Return of all mid-term and final evaluation documents, appropriately signed by the student and clinical instructor(s), by the deadline.
APTA Guidelines for Clinical Sites

1.0 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PROVIDER OF PHYSICAL THERAPY FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.

1.1 The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.

1.2 The clinical education site and the provider of physical therapy should have a written statement of philosophy.

1.2.1 The statement of philosophy may include comments concerning responsibilities for patient/client care, community service and resources, and educational and scholarly activities.

2.0 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PROVIDER OF PHYSICAL THERAPY, AND THE INDIVIDUAL STUDENT.

2.1 Planning for students should take place through communication* among the Center Coordinator of Clinical Education (CCCE), the Clinical Instructors (CIs), and the Academic Coordinator/Director of Clinical Education (ACCE/DCE).

2.1.1 The provider of physical therapy has clearly stated, written objectives for its clinical education programs consistent with the philosophy and requirements of each academic program.

2.1.2 Clinical education objectives should be written specifically for the provider of physical therapy by physical therapy personnel.

2.1.3 Students should participate in planning their learning experiences according to mutually agreed-on objectives.

2.1.4 CIs should be prepared to modify learning experiences to meet individual student needs, objectives, and interests.

2.2 A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.

2.2.1 Organized procedures for the orientation of students exist. These procedures may include providing an orientation manual, a facility tour, and information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.

2.3 Evaluation of student performance is an integral part of the learning plan to ensure that objectives are met.

2.3.1 Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.
2.3.2 The provider of physical therapy gives both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.

3.0 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.

3.1 All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and APTA positions, policies, standards, codes, and guidelines.

3.1.1 The clinical education site has evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate.

3.1.2 The provider of physical therapy has a current policy and procedure manual, which includes a copy of the state/jurisdictional practice act and interpretive rules and regulations, APTA’s Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Physical Therapist Assistant, Guide to Physical Therapist Practice, and a clinical education site code of ethics, if available.

3.2 The clinical education site policies are available to the personnel and students.

3.2.1 Written policies should include, but not be limited to, statements on patients/clients' rights, release of confidential information (e.g., HIPAA), photographic permission, clinical research, and safety and infection control.

3.2.2 The clinical education site has a mechanism for reporting unethical, illegal, unprofessional, or incompetent* practice.

4.0 THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.

4.1 The clinical education site adheres to affirmative action policies and does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, or disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.

4.1.1 The clinical education site has written statements regarding nondiscrimination in its hiring, promotion, and retention practices.

4.2 The clinical education site does not discriminate against students and ensures that each student is provided equal opportunities, learning experiences, and benefits.

4.2.1 The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.*
4.2.2 The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.

4.2.3 The clinical education site makes reasonable accommodations for personnel and students according to ADA* guidelines.

5.0 THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.

5.1 A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.

5.1.1 A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.

5.2 The clinical education site demonstrates support of the participation of its personnel in clinical education activities.

5.2.1 The clinical education site promotes participation of personnel as CIs and CCCEs.

5.2.2 The clinical education site facilitates growth of clinical educators by providing educational opportunities related to clinical education such as in-service presentations, CI training and credentialing programs, and attendance at clinical education conferences.

5.2.3 The clinical education site demonstrates commitment to clinical education by reasonable allocation of resources.

5.3 Administrative support should be demonstrated by the inclusion of a statement of educational commitment within the clinical education site's philosophy statement.

5.4 A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanism, policies and procedures, sample forms, and a listing of current academic program relationships.

6.0 THE CLINICAL EDUCATION SITE HAS A VARIETY* OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.

6.1 Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.

6.1.1 The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,* prognosis,* intervention, outcomes, and re-examination (see Guide to Physical Therapist Practice).

6.1.2 Provision of a "variety of learning experiences" may include, but should not be limited to, patient/client acuity, continuum of care, presence of a PT working with a PTA, complexity of patient/client diagnoses and environment, health care systems, and health promotion.
6.1.3 The clinical education site provides a clinical experience appropriate to the students' level of education and prior experiences.

6.1.4 The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion, prevention, and wellness programs.

6.1.5 The provider of physical therapy has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.

6.1.6 The provider of physical therapy indicates the types of clinical learning experiences that are offered (e.g., observational, short-term, long-term).

6.2 Other learning experiences should include opportunities in practice management (e.g., indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration,* resource (financial and human) management, public relations and marketing, and social responsibility and advocacy. For physical therapist assistant students, these opportunities may include education, administration, and social responsibility and advocacy.

6.2.1 The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.

6.2.2 The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.

6.2.3 The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.

6.2.4 The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal clubs, continuing education/in-services, literature review, case studies, and clinical research.

7.0 THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

7.1 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.

7.1.1 Less tangible characteristics of the site's personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.
7.2 There is evidence of continuing and effective communication within the clinical education site.

7.2.1 Possible mechanisms of verbal communication might include personnel meetings, advisory committee meetings, and interaction with other care providers, referral agencies, and consumers.

7.2.2 Possible written communications available includes regular monthly or yearly reports, memorandums, and evaluations.*

7.2.3 Possible use of information technology includes e-mail, voice mail, computer documentation, electronic pagers, literature searches on the Internet, and use of APTA’s Hooked-on-Evidence database.

7.3 The physical environment for clinical education should include adequate space for the student to conduct patient/client interventions and practice management activities.

7.3.1 The physical environment may include some or all of the following physical resources: lockers for personal belongings, study/charting area, area for private conferences, classroom/conference space, library resources, and access to the Internet.

7.3.2 Patient/client-care areas are of adequate size to accommodate patients/clients, personnel, students, and necessary equipment.

7.4 The learning environment need not be elaborate, but should be organized, dynamic, and challenging.

8.0 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

8.1 Evidence exists that, prior to arrival, students are advised in writing of the availability of support services within the clinical education site and procedures for access to such services.

8.1.1 Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.

8.1.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.

9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

9.1 Current job descriptions exist which are consistent with the respective state/jurisdictional practice acts and rules and regulations, and are available for all physical therapy personnel.
9.1.1 Job responsibilities reflecting clinical education activities are clearly defined within the job descriptions of all physical therapy personnel.

9.2 Students are informed of the roles and responsibilities of all levels of personnel within the clinical education site and provider of physical therapy and how these responsibilities are distinguished from one another.

9.3 The clinical education site and the provider of physical therapy should have a current policy and procedure manual that includes a written organizational chart for the provider of physical therapy and for the provider of physical therapy in relation to the clinical education site.

9.3.1 The physical therapy organizational chart clearly identifies the lines of communication to be used by the student during clinical education experiences.*

9.3.2 Organizational charts should also reflect all personnel relationships, including the person to whom the students are responsible while at the clinical education site.

10.0 THE PHYSICAL THERAPY PERSONNEL ARE ADEQUATE IN NUMBER TO PROVIDE AN EDUCATIONAL PROGRAM FOR STUDENTS.

10.1 Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines.

10.1.1 Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

10.2 Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, state/jurisdictional practice act, and the length of the clinical education assignments.

10.2.1 Alternative approaches to student supervision should be considered where feasible. Examples may include two or more students to one supervisor, and split supervision by two or more CIs or split supervision by rotation.

10.3 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.

11.0 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

11.1 To qualify as a Center Coordinator of Clinical Education (CCCE), the individual should meet the Guidelines: Center Coordinators of Clinical Education. Preferably, a physical therapist and/or a physical therapist assistant are designated as the CCCE. Various alternatives may exist, including, but not limited to, non-physical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.*

11.1.1 If the CCCE is a physical therapist or physical therapist assistant, the CCCE should be experienced as a clinician; experienced in clinical education; interested in
students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.

11.1.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist assistant who is experienced as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of physical therapist students is delegated to a physical therapist. Direct clinical supervision of the physical therapist assistant student is delegated to a physical therapist or a physical therapist working with a physical therapist assistant.

11.2 Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the CCCE serving as the key contact person for the clinical education site with academic programs.

12.0 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.

12.1 To qualify as a Clinical Instructor (CI), individuals should meet the Guidelines for Clinical Instructors.

12.1.1 One year of clinical experience with demonstrated clinical competence is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

12.1.2 CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

12.1.3. CIs should preferably complete a clinical instructor-credentialing program such as APTA’s Clinical Instructor Education and Credentialing Program.

12.2 CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.

12.2.1 Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.

12.2.2 The CI is evaluated on the actual application of educational principles.

12.3 The primary CI for physical therapist students must be a physical therapist.

12.4 The PT working with the PTA is the preferred model of clinical instruction for the physical therapist assistant student to ensure that the student learns the appropriate aspects of the physical therapist assistant role.
12.4.1 Where the physical therapist is the CI, the preferred roles of the physical therapist assistant are to serve as a role model for the physical therapist assistant student and to maintain an active role in the feedback and evaluation of the physical therapist assistant student.

12.4.2 Where the physical therapist assistant is the CI working with the PT, the preferred roles of the physical therapist are to observe and consult on an ongoing basis, to model the essentials of the PT/PTA relationship, and to maintain an active role in feedback and evaluation of the physical therapist assistant students.

12.4.3 Regardless of who functions as the CI, a physical therapist will be the patient/client care team leader with ultimate responsibility for the provision of physical therapy services to all patients/clients for whom the physical therapist assistant student provides interventions.

13.0 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.

13.1 The clinical education site personnel, when appropriate, provide a variety of learning opportunities consistent with their areas of expertise.

13.1.1 Special expertise may be offered by select physical therapy personnel or by other professional disciplines that can broaden the knowledge and competence of students.

13.1.2 Special knowledge and expertise can be shared with students through in-service education, demonstrations, lectures, observational experiences, clinical case conferences, meetings, or rotational assignments.

13.1.3 The involvement of the individual student in these experiences is determined by the CI.

14.0 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI and CCCE) TRAINING AND DEVELOPMENT.

14.1 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.

14.1.1 The ACCE and the CCCE may collaborate on arrangements for presenting materials on clinical teaching to the CIs.

14.1.2 The clinical education site should provide support for attendance at clinical education conferences and clinical teaching seminars on the consortia, regional, component, and national levels.

14.1.3 APTA’s Clinical Instructor Education and Credentialing Program is recommended for clinical educators.

15.0 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.
15.1 The clinical education site's policy and procedure manuals outline policies concerning on-the-job training, in-service education, continuing education, and post-professional physical therapist/post-entry level physical therapist assistant study.

15.2 The clinical education site supports personnel participation in various development programs through mechanisms such as release time for in-services, on-site continuing education programs, or financial support and educational time for external seminars and workshops.

15.3 In-service education programs are scheduled on a regular basis and should be planned by personnel of the clinical education site.

15.4 Student participation in career development activities is expected and encouraged.

16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

16.1 Activities may include, but are not limited to, self-improvement activities, professional development and career enhancement activities, membership in professional associations including the American Physical Therapy Association activities related to offices or committees, paper or verbal presentations, community and human service organization activities, and other special activities.

16.2 The physical therapy personnel should be encouraged to be active at local, state, component, or national levels.

16.3 The physical therapy personnel should provide students with information about professional activities and encourage their participation.

16.4 The physical therapy personnel should be knowledgeable of professional issues.

16.5 Physical therapy personnel should model APTA’s core values for professionalism.

17.0 THE PROVIDER OF PHYSICAL THERAPY HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

17.1 Performance evaluations of physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.

17.2 Evaluation of the provider of physical therapy should occur at regularly scheduled intervals.

17.2.1 Evaluation methods may include, but are not limited to, continuous quality improvement, peer review, utilization review, medical audit, program evaluation, and consumer satisfaction monitors.

17.2.2 Evaluations should be continuous and include all aspects of the service, including, but not limited to, consultation, education, critical inquiry, and administration.
17.3 The clinical education site has successfully met the requirements of appropriate external agencies.

17.4 The provider of physical therapy involves students in the review processes as possible.

17.5 The physical therapy clinical education program should be reviewed and revised as changes occur in objectives, programs, and personnel.

APTA Guidelines for Center Coordinators of Clinical Education

1.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.

1.1 To qualify as a Center Coordinator of Clinical Education (CCCE), an individual should meet the Guidelines: Center Coordinators of Clinical Education. Preferably, a physical therapist or a physical therapist assistant is designated as the CCCE. Various alternatives may exist, including, but not limited to, nonphysical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.

1.1.1 If the CCCE is a physical therapist or physical therapist assistant, he or she should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process of students.

1.1.1.1 The CCCE meets the requirements of APTA’s Guidelines for Clinical Instructors.

1.1.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable of the clinical education site and its resources; and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist and physical therapist assistant who are experienced clinicians must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of a physical therapist student is delegated to a physical therapist. Direct clinical supervision of a physical therapist assistant student is delegated to either a physical therapist or physical therapist working with a physical therapist assistant.

1.1.2.1 The CCCE meets the non-discipline-specific APTA Guidelines: Clinical Instructors (i.e., Guidelines 2.0, 3.0, 4.0, and 5.0).

1.2 The CCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory, and issues in health care delivery.

1.3 The CCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.

2.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

2.1 The CCCE interacts effectively and fosters collegial relationships with parties internal and external to the clinical education site, including students, clinical education site personnel, and representatives of the academic program.
2.1.1 The CCCE performs administrative functions between the academic program and clinical education site, including, but not limited to, completion of the clinical center information forms (CCIF), clinical education agreements, student placement forms,* and policy and procedure manuals.

2.1.2 The CCCE provides consultation to the clinical instructor (CI) in the evaluation process regarding clinical learning experiences.

2.1.3 The CCCE serves as a representative of the clinical education site to academic programs.

2.1.4 The CCCE is knowledgeable about the affiliated academic programs and their respective curricula and disseminates the information to clinical education site personnel.

2.1.5 The CCCE communicates with the Academic Coordinator of Clinical Education* (ACCE) regarding clinical education planning, evaluation, and CI development.

2.1.6 The CCCE is open to and encourages feedback from students, CIs, ACCEs, and other colleagues.

2.1.7 The CCCE demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

3.1 The CCCE plans and implements activities that contribute to the professional development of the CIs.

3.1.1 The CCCE is knowledgeable about the concepts of adult and lifelong learning and life span development.

3.1.2 The CCCE recognizes the uniqueness of teaching in the clinical context.

3.2 The CCCE identifies needs and resources of CIs in the clinical education site.

3.3 The CCCE, in conjunction with CIs, plans and implements alternative or remedial learning experiences for students experiencing difficulty.

3.4 The CCCE, in conjunction with CIs, plans and implements challenging clinical learning experiences for students demonstrating distinctive performance.

3.5 The CCCE, in conjunction with CIs, plans and implements learning experiences to accommodate students with special needs.

4.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

4.1 The CCCE supervises the educational planning, clinical experiences, and performance evaluation of the CI(s)/students(s) team.

4.1.1 The CCCE provides consistent monitoring and feedback to CIs about clinical education activities.

4.1.2 The CCCE serves as a resource to both CIs and students.
4.1.3 The CCCE assists in planning and problem solving with the CI(s)/student(s) team in a positive manner that enhances the clinical learning experience.

5.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.

5.1 The CCCE is knowledgeable about educational evaluation methodologies and can apply these methodologies to the physical therapy clinical education program.

5.2 The CCCE contributes to the clinical education site's process of personnel evaluation and development.

5.3 The CCCE provides feedback to CIs on their performance in relation to the Guidelines for Clinical Instructors.

5.3.1 The CCCE assists CIs in their goal setting and in documenting progress toward achievement of these goals.

5.4 The CCCE consults with CIs in the assessment of student performance and goal setting as it relates to specific evaluative criteria established by academic programs.*

5.4.1 For student remedial activities, the CCCE participates in the development of an evaluation plan to specifically document progress.

6.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS.

6.1 The CCCE is responsible for the management of a comprehensive clinical education program.

6.1.1 The clinical education program includes, but is not limited to, the program's goals and objectives; the learning experiences available and the logistical details for student placements; and a plan for CI training, evaluation, and development.

6.1.2 The CCCE implements a plan for program review and revision that reflects the changing health care environment.

6.2 The CCCE advocates for clinical education with the clinical education site's administration, the provider of physical therapy's administration, and physical therapy personnel.

6.3 The CCCE serves as the clinical education site's formal representative and liaison with academic programs.

6.3.1 Activities include scheduling; providing information, documentation, and orientation to incoming students; and maintaining records of student performance, CI qualifications, and clinical education site resources.

6.4 The CCCE facilitates and maintains the necessary documentation to affiliate with academic programs.

6.4.1 The CCCE maintains current information, including clinical site information forms (e.g., CSIF), clinical education agreements, and policy and procedure manuals.
6.5 The CCCE has effective relationships with clinical education site administrators, representatives of other disciplines, and other departments to enhance the clinical education program.

6.6 The CCCE demonstrates knowledge of the clinical education site's philosophy and commitment to clinical education.

6.7 The CCCE demonstrates an understanding of the clinical education site's quality improvement and assessment activities.

APTA Guidelines for Clinical Instructors

1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.

1.1 One year of clinical experience is preferred as minimal criteria for serving as the CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

1.1.1 The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

1.2 The CI is a competent physical therapist or physical therapist assistant.

1.2.1 The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the Guide to Physical Therapist Practice.

1.2.2 The CI uses critical thinking in the delivery of health services.

1.2.3 Rationale and evidence is provided by:

1.2.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and re-examinations.

1.2.3.2 The physical therapist assistant for directed interventions, data collection associated with directed interventions, and outcomes.

1.2.4 The CI demonstrates effective time-management skills.

1.2.5 The CI demonstrates the core values associated with professionalism in physical therapy.

1.3 The CI adheres to legal practice standards.

1.3.1 The CI holds a valid license, registration, or certification as required by the state in which the individual provides physical therapy services.

1.3.2 The CI provides physical therapy services that are consistent with the respective state/jurisdictional practice act and interpretive rules and regulations.

1.3.3 The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA.

1.3.3.1 The physical therapist is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services.

1.4 The CI demonstrates ethical behavior.

1.4.1 The CI provides physical therapy services ethically as outlined by the clinical education site policy and APTA’s Code of Ethics, Standards of Ethical Conduct for

2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

2.1 The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express himself or herself to students and others.

2.1.1 The CI defines performance expectations for students.

2.1.2 The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.

2.1.3 The CI provides feedback to students.

2.1.4 The CI demonstrates skill in active listening.

2.1.5 The CI provides clear and concise communication.

2.2 The CI is responsible for facilitating communication.

2.2.1 The CI encourages dialogue with students.

2.2.2 The CI provides time and a place for ongoing dialogue to occur.

2.2.3 The CI initiates communication that may be difficult or confrontational.

2.2.4 The CI is open to and encourages feedback from students, clinical educators, and other colleagues.

3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

3.1 The CI forms a collegial relationship with students.

3.1.1 The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students.

3.1.2 The CI promotes the student as a colleague to others.

3.1.3 The CI demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.1.4 The CI is willing to share his or her strengths and weaknesses with students.

3.2 The CI is approachable by students.

3.2.1 The CI assesses and responds to student concerns with empathy, support or interpretation, as appropriate.

3.3 The CI interacts with patients/clients, colleagues, and other health care providers to achieve identified goals.
3.4 The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students.

3.4.1 Activities for development may include, but are not limited to: continuing education courses, journal clubs, case conferences, case studies, literature review, facility sponsored courses, post-professional/entry-level education, area consortia programs, and active involvement in professional associations including APTA.

4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

4.1 The CI collaborates with students to plan learning experiences.

4.1.1 Based on a plan, the CI implements, facilitates, and evaluates learning experiences with students.

4.1.2 Learning experiences should include both patient/client interventions and patient/client practice management activities.

4.2 The CI demonstrates knowledge of the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience.

4.3 The CI recognizes and uses the entire clinical environment for potential learning experiences, both planned and unplanned.

4.4 The CI integrates knowledge of various learning styles to implement strategies that accommodate students' needs.

4.5 The CI sequences learning experiences to promote progression of the students' personal and educational goals.

4.5.1 The CI monitors and modifies learning experiences in a timely manner based on the quality of the student's performance.

5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

5.1 The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.

5.1.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.

5.1.2 Goals and objectives are mutually agreed-on by the CI and student(s).

5.2 Feedback is provided both formally and informally.

5.2.1 To provide student feedback, the CI collects information through direct observation and discussion with students, review of the students' patient/client documentation, available observations made by others, and students' self-assessments.

5.2.2 The CI provides frequent, positive, constructive, and timely feedback.
5.2.3 The CI and students review and analyze feedback regularly and adjust the learning experiences accordingly.

5.3 The CI performs constructive and cumulative evaluations of the students' performance.

5.3.1 The CI and students both participate in ongoing formative evaluation.

5.3.2 Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments.

6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

6.1 The CI articulates observations of students' knowledge, skills, and behavior as related to specific student performance criteria.

6.1.1 The CI familiarizes herself or himself with the student's evaluation instrument prior to the clinical education experience.

6.1.2 The CI recognizes and documents students' progress, identifies areas of entry-level competence, areas of distinction, and specific areas of performance that are unsafe, ineffective, or deficient in quality.

6.1.3 Based on areas of distinction, the CI plans, in collaboration with the CCCE and the ACCE/DCE, when applicable, activities that continue to challenge students' performance.

6.1.4 Based on the areas identified as inadequate, the CI plans, in collaboration with the CCCE and ACCE/DCE, when applicable, remedial activities to address specific deficits in student performance.

6.2 The CI demonstrates awareness of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure.

6.3 The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (e.g., problem identification, processing, and solving) as part of the performance evaluation process.

6.4 The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and CCCE performance, and the evaluation process.

CHARACTERISTICS OF AN EFFECTIVE STUDENT

1. Independent, able to take the initiative.
2. Thirst for knowledge (open to learning), seeks information.
3. Looks up information
4. Flexible.
5. Establishes good rapport with others.
6. Ask questions; inquisitive.
7. Enthusiastic, positive attitude.
8. Confident with present knowledge base.
9. Listens to feedback and acts on it.
10. Gives feedback to CI; indicates own needs.
11. Honest with CI if he/she is having difficulty with a concept.
12. Willing to try even if unsure.
13. Aware of own strengths and limitations.
15. Actively participates during provision of patient care – offering ideas.
16. Brings fresh ideas and is willing to verbalize them.
17. Demonstrates good basic knowledge and examination skills.
18. Observant to “little things” about patient, family, and others.
19. Creative.
20. Professional Behavior.**
21. Respectful.**
22. Completes assignments.**

* Adapted from a pilot project May, Bella J PT, PHD, FAPTA, Department of Physical Therapy, Medical College of Georgia. Used with permission.

** 2nd Annual Georgia Consortium of Clinical Educators March 4,2017
CHARACTERISTICS OF AN INEFFECTIVE STUDENT

1. Passive, non-questioning, waits to be “spoon-fed”.
2. Does not communicate needs/interests.
3. Dependent; follower.
4. Afraid of making mistakes.
5. Lacks people skills.
6. Arrogant.
7. Concerned about grades.
8. Insecure.
9. Does not have basic clinical skills.
10. Too preoccupied with outside interests.
11. Negative mind set.
12. Says yes to CI without really processing what is being asked.
13. Complains constantly.
14. Does not listen to feedback on patient care.
15. Whines.
17. Too philosophical or book knowledge oriented.
18. Does not respect other staff.
19. Makes excuses for mistakes or inappropriate behaviors.

*Adapted from a pilot project May, Bella J PT, PhD, FAPTA, Department of Physical Therapy, Medical College of Georgia. Used with permission.*
CLINICAL EDUCATION FACULTY

Qualifications

1. Minimum of one year of clinical experience
2. Recommended by the CCCE
3. Certified as an APTA clinical instructor or interested in obtaining certification
4. State Licensure

Rights and Privileges

1. The program provides an ethics course and an APTA clinical instructor-credentialing course each year at no cost to all clinical instructors in the state. All instructors who have worked with our students in the past or have made a commitment for a future clinical affiliation are eligible for these courses.
2. Faculties of the program provide three-hour continuing education courses for CEUs to the instructors providing short-term clinical education experiences. These courses are offered during the clinical instructor meetings as part of the preparation of clinical instructors for the clinical education experience associated with each symptom complex. The content of these courses is determined by the symptom complex currently covered in class. Material is presented to identify and update evidence to support the examinations and interventions taught and practiced in class and the laboratory.
3. Regularly scheduled classes in the program, based on available space and resources, are open to the clinical education faculty.
4. Program faculties are also available to the clinical education faculty for consultation on patient care problems and on clinic research projects.
5. Options also exist, based on available resources and program commitments, for weekend courses offered by program faculties for clinical education faculty.
6. Clinical education faculty can use the Emory University Medical Library on campus.
ADDITIONAL RESOURCES:
Agreement Concerning
Affiliation for Clinical Education Between
Emory University School of Medicine And
[Insert Facility Name]

This agreement (“Agreement”) is made as of [INSERT DATE] (the “Effective Date”) between Emory University, by and through its School of Medicine, a Georgia non-profit institution with an office at 100 Woodruff Circle N.E., Atlanta, GA 30322 (“School”) and [INSERT FACILITY NAME AND ADDRESS] (“Facility”).

A. PURPOSE. The purpose of this Agreement is to guide and direct the parties respecting their affiliation to provide clinical education experiences at Facility for students who are enrolled in School’s following programs: Anesthesiology Assistant, Human Genetics, M.D. Degree, Medical Imaging, Physical Therapy, and Physician Assistant (“Students”).

B. GENERAL UNDERSTANDING

1) Clinical Education Experience. The Clinical Education Experience (“Education Experience”) to be provided will be of such content, and cover such periods of time, as may be mutually agreed upon by School and Facility, from time to time. The starting and ending date for each Education Experience will be agreed upon before the program begins, but will be subject to the final approval of Facility.

2) Student Participants. The number of Students designated for participation in an Education Experience will be determined by mutual agreement of School and Facility, and may at any time be altered by mutual agreement. All Student participants must be acceptable to both parties, and either party may withdraw any Student from an Education Experience based upon perceived lack of competency on the part of the Student, the Student's failure to comply with the rules and policies of Facility, or for any other reason that causes either party to reasonably believe that it is not in the best interest of the party for the Student to continue.

3) Non-Discrimination. To the extent applicable, both parties shall abide by the requirements of the United States Code of Federal Regulations - 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability. In addition, the parties agree that, in fulfilling their respective obligations and duties under this Agreement, they shall not discriminate against any individual or group on the basis of race, religion, age, sex, national origin, citizenship, disability, sexual orientation, genetic information, or veterans/national guard/military reserve status.

C. TERM AND TERMINATION. Unless sooner cancelled as provided below, the term of this Agreement will be five (5) years, commencing on the Effective Date and ending on [INSERT DATE]. This Agreement may be renewed by mutual written consent of the parties. It also may be cancelled at any time by either party upon not less than thirty (30) days written notice; provided that all Students currently enrolled or participating in an Education Experience at the Facility at the time of such notice of termination shall be given the opportunity to continue such participation and the parties shall continue to perform under the terms hereof with regard to the
Students, until the sooner of each Student’s individual completion of the Education Experience or six (6) months from the date of the notice of termination.

D. **SCHOOL’S RESPONSIBILITIES.**

1) **School Faculty.** If faculty member of School will accompany Students during their Education Experience at Facility, such faculty shall not render patient care at Facility unless the faculty member is credentialed and approved to provide such patient care by Facility’s appropriate committees and/or governing body. School shall not assign any faculty member to Facility in connection with the operation of the Education Experience who is not appropriately licensed and credentialed. The parties acknowledge that School’s faculty members and Students are not employees of Facility by reason of this Agreement. School shall ensure that its participating faculty members have current worker’s compensation insurance coverage. School is solely responsible for paying its participating faculty and for processing all applicable payroll deductions for them.

2) **Student Selection; Responsibility of Academic Affairs.** School shall use its best efforts to select Students for participation in the Education Experience who are prepared for effective participation in the clinical training phase of their education. Only Students who have satisfactorily completed the prerequisite didactic portion of their curriculum will be selected for participation in the Education Experience. School will retain ultimate responsibility for academic affairs, the education and evaluation of Students, and the assurance of Student and faculty access to appropriate resources for medical student education. To the extent that the department heads of School are not also the clinical service chiefs of Facility, the department heads of School shall have ultimate authority to assure faculty and student access to appropriate academic resources for medical student education of Students.

3) **Student Compliance.** School shall inform Student and faculty that they shall be required to comply with Facility’s rules, regulations and procedures, and shall use its best efforts to keep Students and faculty informed as to the same and any changes therein of which School is made aware. Specifically, School shall keep each Student and faculty member apprised of his or her responsibilities, including but not limited to the following:

   a) To follow the administrative policies, standards and practices of Facility when in Facility.

   b) To provide the necessary and appropriate uniforms and supplies required where not provided by Facility.

   c) To report to Facility on time and to follow all rules and regulations of Facility.

   d) To comply with federal and state laws, including but limited to the Health Insurance Portability and Accountability Act of 1996 and the federal regulations issued thereunder (collectively “HIPAA”), regarding the confidentiality of all medical, health, financial and social information (including mental health) pertaining to particular clients or patients.

   e) To wear a name tag that clearly identifies him/her as a Student or faculty member.

   f) To refrain from publishing any material related to the clinical education experience that identifies Facility or its patients or staff, directly or indirectly, or uses the name of Facility, without first obtaining written approval from Facility.

   g) To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.
h) To follow Centers for Disease Control and Prevention (C.D.C.) Universal Precautions for Bloodborne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standards.

4) Vaccinations.

   a) School shall require each Student to maintain proof of a current TB test, the results of which will be made available to Facility upon request. School shall advise each Student and faculty member that any expenses resulting from illness or injury occurring during his/her experience at Facility may be the responsibility of that individual, and shall inform all Students and faculty of the need to maintain health/accident insurance.

   b) School shall require each Student to provide documentation of the fact that he or she has been appropriately vaccinated against influenza, measles, mumps and rubella (MMR); has satisfactorily proven immunity to these diseases, according to current CDC guidelines; or is unable, for bona fide medical reasons, to receive such vaccinations.

   c) School shall require each Student to provide documentation of the fact that he or she has received the complete hepatitis B vaccination series, has begun the hepatitis B vaccine series and will complete the full series before the end of clinical training; has satisfactorily proven immunity to hepatitis B through antibody testing, or is unable, for bona fide medical reasons to receive such vaccination.

5) Student Accommodations. School and Facility acknowledge that it is the sole responsibility of each Student to arrange for the Student’s living accommodations while participating in the Education Experience at Facility.

6) School Insurance. School shall secure and maintain at all times during the term of this Agreement, at its sole expense, appropriate general and professional liability insurance coverage in amounts of at least $1,000,000 per occurrence and $3,000,000 in the annual aggregate with insurance carriers or self-insurance programs covering itself and its students and employees. In addition, School shall maintain excess coverage of at least $5,000,000 over and above the primary limits, which shall apply if the primary limits should be exhausted. Should any of the insurance policies be written on a claims-made basis, insurance requirements shall survive the expiration of this Agreement and extended coverage shall be afforded for at least two (2) years after the expiration of this Agreement. School shall make reasonable business efforts to provide written notice to Facility of any material changes in the above-referenced insurance coverage. Facility shall have a right to terminate this Agreement in the event of changes in School’s insurance that are unacceptable.

E. FACILITY’S RESPONSIBILITIES

1) Facility Liaison. Facility will assign a staff representative as liaison between Facility and School.

2) Direction and Coordination. As appropriate, Facility shall appoint a qualified Facility employee who will be responsible for directing and coordinating the Education Experiences of the Students at the Facility.

3) Patient Care. Facility will retain responsibility for the care of patients and will maintain administrative and professional supervision of Students insofar as their presence and Education Experiences affect the operation of Facility and its care, direct and indirect, of patients.
4) **Use of Facilities.** Facility will provide adequate clinical facilities for Students in accordance with the clinical objectives developed through cooperative planning by School faculty and Facility staff. Facility shall permit Students to use the facilities and resources of the Facility when available, such as libraries, lounges, conference rooms, and audio-visual and other teaching equipment, consistent with the policies and procedures of the Facility.

5) **Evaluation.** Facility staff will, upon request, assist School in the evaluation of the learning and performance of Students, provided the Student has signed a consent to the exchange of educational information in accordance with the Family Educational Rights and Privacy Act of 1974, as amended. Although School shall retain all required consents, Facility will have the right to rely on such consents and to obtain copies of such consents upon request. Any evaluation of Students by Facility will relate only to the general Student participation in the Education Experience and will in no way be construed as a certification by Facility as to the competence of any Student or a representation by Facility of any Student’s ability or competence in connection with the practical implementation of any knowledge gained through the Education Experience.

6) **Student Information.** Facility acknowledges that the information provided by School, or others on behalf of School, that directly relates to any Student, including academic information, professional information (e.g., licenses obtained, suspension, revocation); training and/or certifications; health information; and the results of any criminal background check and/or drug testing/treatment information, hereinafter (“Student information”) is protected by the Family Educational Rights and Privacy Act (FERPA). Facility agrees that it (1) will protect the confidentiality of Student information; (2) will not use Student information for any purpose other than to carry out the purposes of this Agreement; and (3) will not disclose Student information except to individuals within its organization who have a legitimate need to know Student information.

7) **Orientation.** As necessary for the purposes of the Education Experience, Facility will provide the orientation to the School faculty representative(s) and Students as to the Facility, philosophies, rules, regulations and policies of Facility.

8) **Emergency Care.** Facility will provide emergency health care to Students who become ill or injured while at Facility, including treatment immediately following exposure to bloodborne pathogens or other infectious or environmental hazards. The cost of treatment provided pursuant to this section will be the responsibility of the Student.

9) **Licensure.** Facility shall maintain health facility licensure as required by applicable law and meet criteria for accreditation as established by the Joint Commission on Accreditation of Healthcare Organizations or other appropriate accrediting agency.

10) **Protective Equipment.** Facility will make available to Students and faculty (if present) for use within Facility all personal protective equipment, including gloves, gowns, masks, and other supplies necessary to comply with Centers for Disease Control guidelines, as appropriate to the Student’s training in the Education Experience.

11) **Facility Insurance.** Facility shall secure and maintain at all times during the term of this Agreement, at its sole expense, appropriate general and professional liability insurance coverage in amounts of at least $1,000,000 per occurrence and $3,000,000 in the annual aggregate with insurance carriers or self-insurance programs covering itself and its employees. In addition, Facility shall maintain excess coverage of at least $5,000,000 over and above the primary limits, which shall apply if the primary limits should be exhausted. Should any of the insurance policies be written on a claims-made basis, insurance requirements shall survive the expiration of this Agreement and extended coverage shall be afforded for at least two (2) years after the expiration of this Agreement. Facility shall make
reasonable business efforts to provide written notice to School of any material changes in the above-referenced insurance coverage. School shall have a right to terminate this Agreement in the event of changes in Facility’s insurance that are unacceptable.

E. **MUTUAL RESPONSIBILITIES; MISCELLANEOUS:**

1) **Education Experience Environment.** The parties shall work together to maintain an environment of quality clinical learning experiences and quality patient care. At the request of either party, a meeting or conference will be held between representatives of Facility and School to resolve any problems or develop any improvements in the operation of the Education Experience(s).

2) **HIPAA.** Before Students begin an Education Experience at Facility, School shall provide the Students with basic training regarding confidentiality of protected health information under the HIPAA, and Facility shall provide Students with specific training in Facility’s HIPAA policies upon Student’s arrival at Facility. For purposes of HIPAA, School and Facility acknowledge that School’s faculty and Students are part of Facility’s “work force”, as defined in the HIPAA Privacy Regulations at 45 C.F.R. 160.103, and as such, no Business Associate agreement is required between School and Facility.

3) **Excluded Provider.** Each party represents and warrants to the other that it (i) is not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. §1320a-7b(f) (the “federal health care programs”); (ii) is not convicted of a criminal offense related to the provision of health care items or services and has not been excluded, debarred or otherwise declared ineligible to participate in the federal health care programs; and, (iii) is not under investigation or otherwise aware of any circumstances that may result in it being excluded from participation in the federal health care programs. This shall be an ongoing representation and warranty during the term of the Agreement. Either party shall immediately notify the other of any change in the status of the representation and warranty set forth in this section. Any breach of this section shall give the other party the right to terminate the Agreement immediately for cause.

4) **Indemnification.** Each party shall indemnify, defend and hold harmless the other party against: (i) any and all liability arising out of the indemnifying party's failure to comply with the terms of this Agreement, and any injury, loss, claims, or damages arising from the negligent operations, acts, or omissions of the indemnifying party's employees or agents relating to or arising out of their services under this Agreement; and (ii) any and all costs and expenses, including reasonable legal expenses, incurred by or on behalf of indemnified party in connection with the defense of such claims.

5) **No Third Party Beneficiary.** This relationship is intended solely for the mutual benefit of the parties, and there is no intention, express or otherwise, to create any rights or interests for any party or person other than School and Facility. Without limiting the generality of the foregoing, no rights are intended to be created for any Student, faculty member, or patient, or spouse, next of kin, employer or prospective employer of any Student, faculty member or patient.

6) **Notices.** Any notices or other communication required or allowed under this Agreement shall be in writing and will be deemed sufficiently given if personally delivered or sent by registered or certified mail, postage prepaid, addressed or delivered as follows:

**If to School:**
Emory University School of Medicine
Associate Dean, Faculty Affairs Administration
100 Woodruff Circle, N.E.

**If to Facility**
[INSERT FACILITY ADDRESS]
Any party may change its notice address by giving notice to the other party in conformance herewith. Any notice shall be deemed to have been given, if mailed, as of the date mailed, and, if personally delivered, as of the date delivered.

7) **Amendments.** This Agreement may be modified or amended only by mutual consent of the parties, provided any and all modifications or amendments shall be in writing and signed by authorized representatives of the parties.

8) **Assignment.** Neither party may assign this Agreement without the prior written approval of the other party. Any attempted assignment shall be void and of no effect if not in accordance with this provision.

9) **No Waiver.** No waiver of any term or provision of this Agreement shall be effective unless in writing and signed by the party to be charged. No waiver of a breach of any provision of this Agreement shall be construed to be a waiver of any breach of any other provision. No delay in acting with regard to any breach of any provision of this Agreement shall be construed to be a waiver of such breach.

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

11) **Entire Agreement.** This Agreement and all exhibits and attachments hereto constitutes the entire agreement of the parties with respect to the subject matter hereof.

12) **Non-exclusivity.** This Agreement is non-exclusive and does not affect either party’s ability to enter into a similar agreement with other parties.

13) **Applicable Law.** This Agreement, and any claim, action, suit, proceeding or dispute arising out of or in connection with this Agreement, shall in all respects be governed by, and interpreted in accordance with, the substantive laws of the State of Georgia, without regard to the conflicts of laws provision thereof. Any action or proceeding brought by either party to enforce its rights under this Agreement shall be brought exclusively in any state or superior court of competent jurisdiction located in the County of Fulton, State of Georgia, USA or in federal court in the Northern District of Georgia.

14) **No Joint Venture or Partnership.** At all times during the term of this Agreement, the relationship between Facility and School with respect to the subject matter hereof will be that of two independent entities contracting with each other at arms-length, and no joint venture, partnership or other joint enterprise will be deemed to result from this Agreement. School and Facility are and at all times shall remain independent and autonomous with respect to their obligations under this Agreement.

15) **Delay or Non-Performance.** Neither party shall be liable for any failure, inability or delay to perform hereunder, if such failure, inability or delay is due to any cause beyond the
reasonable control of the party so failing and due diligence is used in curing such cause and in resuming performance.

16) **Successors and Assigns.** Agreement shall be binding upon, and shall inure to the benefit of, the parties and their respective successors and permitted assigns.

17) **Authority.** Each party represents and warrants that it has the full power and authority to enter into this Agreement, to consummate the transactions contemplated to be consummated hereby, and to perform the obligations hereunder. This Agreement has been duly executed and delivered and constitutes each party’s valid and binding obligation, enforceable in accordance with its terms.

18) **Judicial Interpretation.** Should any provision of this Agreement require judicial interpretation, it is agreed that the court interpreting or construing the same shall not apply a presumption that the terms hereof shall be more strictly construed against one party by reason of the rule of construction that a document is to be construed more strictly against the party who itself or through its agent prepared the same, it being agreed that the agents of both parties have participated in the preparation hereof.

19) **Counterparts.** The parties may execute this Agreement in counterparts, including facsimile, PDF, and other electronic copies, which taken together will constitute one instrument.

---

**Signature Page to Agreement Concerning Affiliation for Clinical Education**

IN WITNESS WHEREOF, the parties hereto, through their authorized representatives, have affixed their signatures below.

**Emory University through its School of Medicine**

By: ________________________________

J. William Eley, M.D., M.P.H.
Executive Associate Dean for Medical Education and Student Affairs

Date ________________________________

**[INSERT FACILITY NAME]**

By: ________________________________

Date ________________________________
# Criteria for Selection of Clinical Education Facilities

## Date:

<table>
<thead>
<tr>
<th>Facility</th>
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<tbody>
<tr>
<td>CCCE</td>
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<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Phone 1</td>
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<tr>
<td>Phone 2</td>
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<tr>
<td>Fax</td>
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<tr>
<td>Email</td>
<td></td>
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<tr>
<td>Facility website address:</td>
<td></td>
</tr>
</tbody>
</table>

### Please place an “X” under Yes or No for each question/statement; and type any needed comments directly in the box

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Status (list agencies and dates, for example The Joint Commission, the Commission on Accreditation of Rehab Facilities, etc.):</td>
<td></td>
</tr>
<tr>
<td>Clinical instructors are licensed to practice in the state where he/she is employed.</td>
<td></td>
</tr>
<tr>
<td>Clinical instructors have at least one year of recent experience in client care.</td>
<td></td>
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<tr>
<td>A plan exists for orienting new staff or students to the facility and the rehab therapy department.</td>
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<tr>
<td>Adequate space and equipment are available and used for the clinical education program (e.g. desk, computer, locker, etc.)</td>
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<tr>
<td>Adequate staffing is available to provide supervision for students, in addition to managing the responsibility of client care</td>
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<tr>
<td>a. number of therapists on staff</td>
<td></td>
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<tr>
<td>b. if only one therapist is onsite, what plans are in place to supervise the student if the therapist is absent?</td>
<td></td>
</tr>
<tr>
<td>c. typical number of patients seen by therapist per day</td>
<td></td>
</tr>
<tr>
<td>d. typical number of patients seen by therapist per day when serving as a clinical instructor</td>
<td></td>
</tr>
</tbody>
</table>
Identify the type of settings available, and patient populations cared for at the facility.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Client Population (% of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Care</strong></td>
<td></td>
</tr>
<tr>
<td>General Medical</td>
<td></td>
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<tr>
<td>Neurological</td>
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<tr>
<td>Orthopedic</td>
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<td>Geriatrics</td>
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<tr>
<td>Pediatrics</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Inpatient Rehabilitation</strong></td>
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<tr>
<td>General Medical</td>
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<tr>
<td>Neurological</td>
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<td>Geriatrics</td>
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<tr>
<td>Pediatrics</td>
<td></td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Outpatient Rehabilitation</strong></td>
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<td>General Medical</td>
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<tr>
<td>Pediatrics</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>Other Settings:</strong></td>
<td></td>
</tr>
</tbody>
</table>
The facility’s philosophy of clinical education is compatible with that of Emory, as outlined below:

<table>
<thead>
<tr>
<th>The facility’s philosophy of clinical education is compatible with that of Emory, as outlined below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem-solving process is used in client care, program planning, and interdisciplinary activities.</td>
</tr>
<tr>
<td>Examinations and evaluations are initiated via direct access or healthcare provider referral.</td>
</tr>
<tr>
<td>A system exists for interprofessional access of the clients’ plan of care.</td>
</tr>
<tr>
<td>Discharge summaries are completed for all clients.</td>
</tr>
<tr>
<td>Client’s chart is reviewed before each treatment session.</td>
</tr>
<tr>
<td>Progress notes are routinely completed per policy.</td>
</tr>
<tr>
<td>Interprofessional activities exist within the facility and outside of the facility.</td>
</tr>
<tr>
<td>Staff attends client rounds, conferences, and/or clinic’s staff meetings.</td>
</tr>
<tr>
<td>a. frequency</td>
</tr>
<tr>
<td>b. types of rounds, conferences and clinics attended</td>
</tr>
<tr>
<td>c. disciplines involved</td>
</tr>
<tr>
<td>Opportunities to observe other services (e.g. surgery, cardiac lab, other disciplines)</td>
</tr>
<tr>
<td>Journal clubs. How often?</td>
</tr>
<tr>
<td>a. disciplines involved</td>
</tr>
<tr>
<td>Interprofessional staff conduct client and family education classes.</td>
</tr>
<tr>
<td>Opportunities are available within the department for staff members to express their feelings or attitudes about clients or departmental functions through:</td>
</tr>
<tr>
<td>a. staff meetings</td>
</tr>
<tr>
<td>b. client conferences</td>
</tr>
<tr>
<td>c. staff involvement in developing and revision of departmental policies and procedures</td>
</tr>
</tbody>
</table>
Opportunities are available within the facility for evaluation of programs of care by staff

  i. client presentations/conferences
  ii. staff meetings
  iii. patient/client rounds
  iv. chart reviews
  v. journal clubs

The client and client’s family are involved in the treatment program for the following purpose:

  a. identifying goals
  b. identifying problems and solutions related to client care and goals
  c. given explanations of program plan and goals

The teaching-learning process is applied to affect learning within the department with staff and clients, and outside the department with co-workers.

Staff is involved in in-service programs

  a. frequency of programs
  b. content
  c. topics in the last year/presenter

Staff is provided support (time and financial) to be involved in continuing education programs.

Staff is involved in profession-related activities.

There is support for clinical education by administration and staff.

Atmosphere is receptive to students

Staff is interested/invested in the clinical education process

Staff is allowed time to be involved in clinical education

Staff is allowed time to conduct feedback sessions with the student

Staff has previously been involved in clinical education

  a. extent of involvement (part-time internships, full-time internships, short-term internships, long-term internships)
<table>
<thead>
<tr>
<th>Staff has experience in writing educational objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff has experience in planning learning experiences</td>
</tr>
<tr>
<td>Clinic has a written program of student expectations</td>
</tr>
<tr>
<td>Clinic has a clinical education handbook/policy and procedure manual</td>
</tr>
<tr>
<td>Support for clinical instructor training</td>
</tr>
<tr>
<td>Staff trained in clinical instruction</td>
</tr>
<tr>
<td>a. APTA Credentialed Clinical Instructor Program</td>
</tr>
<tr>
<td>b. other</td>
</tr>
<tr>
<td>A staff development program exists within the physical therapy department in clinical education.</td>
</tr>
<tr>
<td>a. content covered</td>
</tr>
<tr>
<td>A mechanism exists for ongoing evaluation of the clinical education program</td>
</tr>
<tr>
<td>a. staff responsible</td>
</tr>
<tr>
<td>b. components evaluated</td>
</tr>
<tr>
<td>c. mechanisms used</td>
</tr>
<tr>
<td>A Center Coordinator of Clinical Education is designated among the staff to coordinate and supervise the student program.</td>
</tr>
<tr>
<td>a. has had at least two years of recent experience in client care.</td>
</tr>
<tr>
<td>b. has had supervisory responsibilities with department staff or students.</td>
</tr>
<tr>
<td>c. has had administrative responsibilities</td>
</tr>
<tr>
<td>Knowledge in specific content areas and the best current research evidence are integrated in clinical planning</td>
</tr>
<tr>
<td>Infrastructure available to support evidence-based practice</td>
</tr>
<tr>
<td>a. computer access available to staff</td>
</tr>
<tr>
<td>b. computer access available to students</td>
</tr>
<tr>
<td>c. internet access</td>
</tr>
<tr>
<td>d. staff seeks relevant scientific evidence about the tests and measures, and treatment interventions he/she uses</td>
</tr>
<tr>
<td>Research has been done or is being done within the facility</td>
</tr>
<tr>
<td>Is housing available from the facility</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>a. If not, is the CCCE able to assist the student with locating housing</td>
</tr>
<tr>
<td>b. If not, are there apartments/rooms available to rent in close proximity to the facility</td>
</tr>
</tbody>
</table>

Is AHEC housing available in the area?

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Date of Site visit: 

_______________________

Date of Telephone conference: 

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Comments: 

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