



DEPARTMENT OF PHYSICAL THERAPY

CLINICAL EDUCATION HANDBOOK

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Purpose of the Clinical Education Handbook

The *University of Florida Doctor of Physical Therapy Program Clinical Handbook* serves to inform students and clinical education faculty about the curriculum, rules, regulations, and policies governing and related to the clinical education component of the Doctor of Physical Therapy (DPT) Program (henceforth the Program) at the University of Florida. It also serves to disseminate clear information and guidelines for use in decision-making. The information in this handbook is intended to provide each student, Site Coordinator of Clinical Education (SCCE), and Clinical Instructors (CI) with the knowledge of the intent and expectations of the DPT Program, including the expectation that all the clinical education policies will be upheld. This Handbook is intended to supplement, not replace, the *University of Florida DPT Student Handbook*, or any clinical affiliate's published policies/procedures. The student is expected to abide by the policies established by the Program, rules and policies of each clinical affiliate and the standards established by the physical therapy profession.

Questions related to the content of this manual should be directed to the Director of Clinical Education or the Program Director:

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Accreditation Statement

The Doctor of Physical Therapy Program (DPT) at the University of Florida is accredited by; The Commission on Accreditation in Physical Therapy Education (CAPTE),
1111 North Fairfax Street,
Alexandria, Virginia 22314;
Telephone: 703-706-3245;
Email: accreditation@apta.org;
Website: <http://www.capteonline.org/>

UF's DPT Program has been accredited since 1960. The next CAPTE on-site review is scheduled for 2023.

The Southern Association of Colleges and Schools (SACS) accredits the University of Florida and all of its programs,
1866 Southern Lane
Decatur, GA. 30033
Telephone: 407-679-4500
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Website: <http://www.sacscoc.org/>

Department of Physical Therapy, DPT Program

Program Mission:

The mission of the DPT Program is to prepare students to become physical therapists that embrace evidence based physical therapy practice, meet the multifaceted health needs of patients, consumers, and society, and participate in professional and community service. To fulfill this mission, we create a stimulating and collaborative environment that promotes education, research, service and leadership.

Program Philosophy:

The Doctor of Physical Therapy Program at the University of Florida supports the mission and goals of the College and the Physical Therapy Department with the ultimate purpose of preserving, promoting, and improving the health and well-being of populations, communities, and individuals. Our values of excellence, diversity, integrity, respect for human dignity, teamwork, and social responsibility serve as the pillars of our faculty's educational philosophy and are reflected in our Program goals.

We believe that:

- Physical therapists are essential members of the health care team who maintain, restore, and improve movement, activity, and health enabling individuals of all ages to have optimal functioning and quality of life, while ensuring patient safety and applying evidence to provide efficient and effective care. (APTA 2011)
- The promotion of health and preventative health care are major roles in physical therapy.
- Optimal learning occurs in an educational environment that
 - fosters growth of the individual personally and professionally.
 - is safe, inclusive, respectful, caring, fair, collegial, and ethical;
 - supports collaborative learning through the sharing of ideas, values and philosophies among patients, students, clinicians, and faculty;
 - supports diversity in student learning styles, personalities, and backgrounds while using teaching techniques that stimulate intellectual development, critical thinking skills, and problem-solving abilities.
 - promotes quality in didactic, clinical, and professional endeavors.
- The responsibility for advancing professional knowledge through research and creative endeavors should be demonstrated by the activities and attitudes of the faculty and consistently conveyed to the students.
- The practice of lifelong learning is necessary for ongoing professional competence, and we strive to instill the attitudes and skills necessary for their continued scholarship.
- Each patient, student, and faculty member have the right to access the best evidence-based practice, and that as role models we faculty must engender these values.

- Through involvement in professional organizations, we can contribute to shaping the growth of the profession in its organizational, legislative, and societal responsibilities. The Doctor of Physical Therapy Program believes that through creating a dynamic and innovative learning environment in a culture of social responsibility and robust research activities, our program will generate leaders who will move our profession forward.

Program Objectives:

STUDENTS/GRADUATES

SG1: To prepare entry-level students/graduates to become practitioners of collaborative, interdisciplinary, evidence-based practice and meet the dynamic needs of physical therapy healthcare consumers.

Expected Outcomes

SG1a. The Program will enroll entry-level students who meet high standards in the areas of academic aptitude.

SG1b. Students/graduates will be independent problem-solvers and critical thinkers

SG1c. Students/graduates will be autonomous practitioners able to diagnose and treat movement disorders.

SG1d. Students/graduates will be physical therapists who address the unique physical and psychosocial characteristics of each individual client.

SG1e. Student/graduates will be physical therapists who adhere to state and professional ethical and legal regulations.

SG1f. Student/graduates will be physical therapists who provide safe and effective physical therapy services in a variety of clinical settings.

SG2: To prepare entry-level graduates to serve as active participants and leaders in the profession and community.

Expected Outcomes

SG2a. The Program will enroll a diverse student body in terms of life experience who have demonstrated a commitment to service and have a high leadership potential.

SG2b. Students/graduates will value active involvement in community and professional service organizations.

SG2c. Students/graduates will hold leadership positions in professional and community service organizations.

FACULTY

F1: To recruit and retain highly trained, effective and productive faculty who have diverse expertise and training appropriate to the Program's mission.

Expected Outcomes

F1a. Faculty will play an active role in the University through service in Department, College and University activities such as committees and governance.

F1b. Faculty with diverse backgrounds and training will teach in their area of content expertise.

F1c. Adjunct faculty will be appointed based on their unique expertise to augment courses offered by core Departmental faculty.

F1d. An enriched scholarly environment will be achieved through individual mentoring, provision of appropriate resources and training so that faculty will meet standards of teaching excellence.

F1e. Faculty will engage in scholarly activity including publishing in top-level refereed journals and other relevant scholarly venues, and leading externally funded rehabilitation research projects.

PROGRAM

P1: To offer a comprehensive, well-integrated and progressive entry-level curriculum that prepares students/graduates to become physical therapists capable of providing excellent services in any physical therapy environment.

Expected Outcomes

P1a. Theoretical and clinical education will be provided in each of the major areas of physical therapy practice.

P1b. The entry-level theoretical and clinical curricula will be reviewed concurrently, by semester, and annually, and revised to remain relevant, well-integrated, forward-thinking and consistent with current standards of excellence

P1c. Life-long learning will be fostered through an emphasis on evidence-based clinical practice.

P1d. Post-professional students of the Department will be recruited as teaching assistants to facilitate translation of evidence from the research lab to the classroom and clinic

P2: To support a collaborative learning environment that promotes scholarship, service and education

Expected Outcomes

P2a. Professional growth will be promoted through interdisciplinary collaboration among academic and clinical faculty, students and graduates through mentorship, interdisciplinary training activities and provision of resources

P2b. Local physical therapists, alumni and other health care practitioners will be involved in the physical therapy curriculum, as guest lecturers and consultants.

P2c. Local physical therapists, alumni and other health care practitioners will participate in Program activities such as continuing education, research and service projects.

P2d. Faculty and students will participate in and lead interdisciplinary scholarship, education and service activities.

The outcomes were developed in parallel with the Program goals and designed to be a direct assessment of whether Program goals are being met. These outcomes include all components of the Program's goals. Graduate/student outcomes ensure that they will be well prepared to meet the dynamic needs of physical therapy health care consumers while participating and leading within the profession and community. Program outcomes ensure that we produce

students and graduates excelling in the provision of clinical services in all areas of physical therapy practice while valuing a lifelong pursuit of learning, research, and service. Faculty outcomes ensure that those instructing our students will represent the full breadth of rehabilitation science and provide a high-quality teaching environment, enriched scholarship, and active service to the community and profession.

DPT Curriculum Overview

An overview and outline of the curriculum is provided in Appendix A.

Academic preparation for participation in clinical education is achieved through a hybrid of traditional and systems-based curriculum models. The Department of Physical Therapy utilizes the World Health Organization (WHO) [International Classification of Functioning, Disability, and Health \(ICF\)](#) as the current model of disablement for the foundation of our practice, education, and research. Roles of physical therapists in primary, secondary, and tertiary care as well as prevention, and health promotion and wellness are included in the curriculum plan. [The Guide to Physical Therapist Practice](#) 3.0 outlines the model for basic Patient/Client Management and provides the basis of examination, evaluation, diagnosis, prognosis, plan of care, intervention, and reevaluation for all our clinical curriculum courses.

The Doctor of Physical Therapy curriculum includes a minimum of 32-weeks (four 8-week experiences) of full-time clinical education. Student progress through the basic and applied science coursework in the first two semesters, which also include courses designed to provide experiential opportunities for development of professional and patient-related skills such as communication, problem-solving, and teamwork. In the third and fourth semesters students work to prepare for entering clinical settings through; 1) clinical education courses that include professional communication training, 2) education on the nuances aspects of the different clinical settings, and 3) multiple, single-day integrated clinical experiences in local hospitals and clinics in order to reflect on and apply didactic material to real patients and in real patient-care settings. The third through the first half of the fifth semesters also include foundational coursework (such as Principles of Disease and Pharmacology) meshed with systems-based clinically-oriented courses (such as Musculoskeletal Disorders I & II and Neurorehabilitation I). In the second half of the 5th semester, students complete their first full-time clinical education experience in one of 3 different required settings; 1) C1 – Low medical complexity (eg outpatient orthopedics), 2) C2 – Moderate medical complexity (eg in-patient rehabilitation), or 3) C3 – High medical complexity (eg acute care). In the sixth semester, students utilize their experience in full-time clinical care for courses that require higher levels of clinical reasoning. These courses include Pediatrics, Differential Diagnosis, Orthotics and Prosthetics, and Neurorehabilitation II. During the seventh and eighth semesters, the students complete their remaining 3 full-time clinical education experiences. The second half of the eighth semester culminates with project completion and presentations in Evidence-Based Practice III, Health Promotion and Wellness III, and Professional Issues III. Successful completion of this curriculum plan fulfills the program goal of producing autonomous practitioners who are the healthcare provider of choice in the diagnosis and treatment of movement disorders.

DPT Clinical Education

Clinical Education Philosophy:

Clinical education curriculum within the University of Florida's DPT Program is an integral part of the educational process in that it provides the student with opportunities to integrate evolving clinical practice with basic science, physical therapy theories, and critical thinking. Clinical education experiences are designed to allow students to use acquired knowledge, attitudes, communication skills, psychomotor proficiencies, and problem-solving abilities to attain professional competency. Expectations of initial and subsequent experiences are structured to build on previous knowledge and performance.

Clinical Education Outcomes:

Clinical education experiences provide the student with opportunities to practice and perform professional responsibilities with appropriate supervision, professional role modeling, and a variety of patients and learning encounters.

The grading criteria for each experience, using the [Clinical Performance Instrument \(CPI\)](#) identifies the necessary level of proficiency in skills to be attained by students on each full-time clinical education experience. The grading criteria are defined to allow students to work independently toward defined learning and performance outcomes, utilizing the opportunities available at that clinical education site. Professional competency for an entry-level therapist is defined as being effective, consistent, and safe with the skills defined as [the minimum criteria](#) by our professional association. The skills required of an entry-level therapist involve the evaluation and management of patients across the lifespan, health and wellness spectrum and health care settings. Sites for entry-level education are selected and maintained to meet the entry-level needs of the students. **Specialization in a specific practice area is neither an expectation nor a desired outcome of our entry-level education program.**

Clinical Education Preparation and Progression

Preparation for clinical education includes successful completion of preparatory academic coursework as well as demonstrating professional behavior. Academic and clinical coursework must be successfully completed in sequence. Failure to complete an academic course in sequence may cause a student to wait a full year before resuming the program. Failure to complete a clinical education course may result in additional clinical experiences in remediation.

Professional behavior is critical for a successful transition from the classroom to the clinical setting. The faculty recognizes the importance of this by incorporating the development and evaluation of professional behavior into each academic course. All students must attain developmentally appropriate levels of professionalism on the University of Florida's

[Professionalism Development Tool \(PDT\)](#). Student performance on the PDT will be determined by their behaviors in the classroom and lab. Additional feedback will be provided by peers, faculty, clinical instructors, and teaching assistants when required. Students will use the PDT to formally self-evaluate their professional behavior and ability to participate in professionalism teams, with peers, faculty, and clinicians.

Students will attain a level of “beginner” professional behavior as defined by the PDT prior to the integrative clinical experiences; a level of “developing” professional behavior by the end of the middle of the fifth semester, just prior to first full time clinical experience, and “entry-level” professional behavior by the end of semester six, just prior to remaining three full time clinical experiences. Failure to do so will prevent the student from advancing in the curriculum.

The clinical education curriculum begins in the third semester when students participate in the matching process to determine clinical placement locations for ‘full-time’ experiences. Students also begin preparation for entering the clinical setting which includes understanding expectations for health professions professional students. In the second clinical education course students are assigned to single day visits to local hospitals and outpatient clinics in an approximate 60 mile radius. Students are required to successfully complete the first comprehensive skills exam (end of year competency). Students who score < 70 % on an individual skill(s) must repeat the individual skill(s). Repeat testing will be scheduled approximately 1 week following the initial test. Students who do not meet these requirements on the re-test must enter the remediation phase. This requires students to meet with an identified faculty member to develop an individual remediation plan based on the test results. Following a documented successful remediation period (student met all criteria outlined in the remediation plan), the student will be eligible to re-test during the final two weeks of the summer semester. Successful completion of end of year competency exam is required prior to initiation of Clinical Education II.

Students must achieve > 80% average score on all class assignments to achieve a passing score in the associated course (Clinical Education I & II). Students who do not achieve this level of performance will receive a U or an E for the course, preventing the student from advancing in the curriculum.

Table of progression through the clinical education curriculum:

<u>Course</u>	<u>Timeframe</u>	<u>Broad Objectives*</u>
PHT 6860 Clinical Education I	12 weeks 3 rd semester Summer Year 1 Full time clinical experience placement process; preparing for entry into the clinical setting as professional physical therapy students	<ol style="list-style-type: none"> 1. Develop a working knowledge of the Exxat database and its use in securing information regarding clinical experiences. 2. Demonstrate a knowledge of clinical education requirements and policies. Develop list of top ten choices for full-time clinical experiences. 3. Recognize implications of legal issues related to clinical education. 4. Recognize and differentiate ethical issues in clinical practice from legal issues. 5. Demonstrate insight into personal challenges and responsibilities for safe and effective clinical performance including affective and psychomotor skills.
PHT6861 Clinical Education II	16 weeks 4 th semester Fall Year 2 Single day visits to acute/wound care; Single day visits to outpatient	<ol style="list-style-type: none"> 1. Recognize individual differences of patients and health care providers that can enhance and/or limit successful outcomes and make viable recommendations to reduce limitations. 2. Select and provide rationale for various outpatient orthopedic intervention strategies and projected outcomes on individual patient symptomatology, diagnosis, indications, precautions, and contraindications. 3. Describe the advantages and limitations for a particular rehab program and recommend alterations and/or modifications that may be necessitated by changing patient status. 4. Develop and provide rationale for patient prognosis and discharge plan. 5. Complete Bloodborne Pathogen Training 6. Demonstrate ability to assess clinical performance using the Clinical Performance Instrument (CPI)
PHT6811 Clinical Education III	8 weeks 5 th semester Spring Year 2 First full time clinical experience ~ 320 hours *Exception Fall 2020 – 7 th semester	Safe and effective performance of clinical skills in a full time clinical experience in an acute, outpatient orthopedic or, geriatric clinical setting. CPI ratings of <u>advanced beginner.</u>

PHT 6807 Clinical Education IV	8 weeks 7 th semester Fall Year 3 Second full time clinical experience ~ 320 hours	Safe and effective performance of clinical skills in a full time clinical experience in an acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting. CPI ratings of <u>intermediate.</u>
PHT 6817 Clinical Education V	8 weeks 7 th semester Fall Year 3 Third full time clinical experience ~320 hours *Exception Spring 2021 8 th semester	Safe and effective performance of clinical skills in a full time clinical experience in an acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting. CPI ratings of <u>advanced intermediate.</u>
PHT 6823 Clinical Education VI	8 weeks 8 th semester Spring Year 3 Fourth and final full time Clinical experience ~320 hours	Safe and effective performance of clinical skills in a full time clinical experience in an acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting. CPI ratings of <u>entry level.</u>

*A complete listing of objectives can be found in each course's syllabus

Clinical Education Placement Requirements:

Students should be prepared to accept all costs for transportation, lodging and food associated with all clinical experiences. Part-time clinical experiences (half-day and/or full-day) will be located within a 60-mile radius of Gainesville. Placements in full-time clinical experiences are determined primarily by computerized matching. There is no guarantee that the student will be placed in Gainesville, the surrounding area, or in any specific geographic location. The majority of clinical placements are outside of Gainesville, with 10-20% of those out of state.

Each student, over the four, full-time clinical experiences, must have variety of clinical experiences that incorporate clinical practice across the life span and continuum of care. Each student must complete a minimum of one full-time clinical experience in each of the following categories differentiated by medical complexity of the patient population:

- Category 1 (C1): Low medical management complexity, high function and independence (outpatient neurological/orthopedic or sports facilities)
- Category 2 (C2) Moderate medical management complexity, moderate function and independence (sub-acute/in-patient rehabilitation setting/skilled nursing facility), and
- Category 3 (C3) High medical management complexity, low function and independence: (acute care/ICU/transplant units)

These experiences reflect the student's training across the spectrum of patient health. Students are provided one (1) additional mandatory experience that serves as back-up placement in the event the student is unable to complete an experience in each of the three required setting categories during the first three placements. In the event there are outstanding circumstances that preclude the availability of certain settings (COVID-19), the clinical education team will attempt to expose students to the same patient populations within the available settings.

Students are not permitted to be placed in clinical experience sites in which 1) they have been employed or are well known by the staff, or 2) there are family members in employment in the areas in which the student will be practicing. Students are required to notify the Clinical Education Team immediately of any breeches or possible breeches to these requirements. The clinical education team will investigate the situation and make recommendations which may result in the student's placement being changed.

Through the use of patient logs, interviews with students and clinical instructors, and availability of on-site learning experiences, the clinical education team works with the individual student and clinical sites to ensure learning experiences cross the life-span, continuum of care, and a diversity of diagnoses. Through the successful performance in these varied clinical experiences, students are able to meet the requirements for graduation as outlined in the DPT program's goals and outcomes. Not all students will always be placed in geographic areas or in the clinical site of their preference. The clinical education team works to optimize placements to support the student's learning needs, respect the clinical sites' patient care needs, and to foster the relationship with the clinical site to support future UF DPT program students' learning requirements.

Hardship Status for Clinical Experience:

As noted in each student's acceptance letter, all students should expect to be placed inside or outside of the commutable area for their clinical experiences. Students who encounter an unexpected change in their situation after admission to the program (that imposes a specific hardship), may apply for hardship status for their clinical experience placement. Students must submit an email request to the DCE who will discuss these requests with the Clinical Education Team to review and make decisions. The letter of request must include the student's name, timeframe of hardship request, geographic need for placement, and specific reason for the request (nature of the hardship). The hardship request is due to the DCE via email 1 week prior to the scheduled time for each clinical experience match or as indicated by the DCE in

Clinical Education I course. Hardship status allows students to list only sites in the geographic location of need, but does not guarantee a specific site placement. Due to the time-sensitive nature of the clinical experience placement process, decisions made by the clinical education team regarding hardship status are final. Students with concerns about these decisions may seek further guidance via the appeals process, but must understand that the matching process will proceed according to schedule. It should be noted that difficulties funding the cost of housing, transportation, and/or food are not considered examples of hardship as all students are subject to this consideration.

Scheduling and Assignment of Students for Clinical Experiences:

Students must refrain from putting forth any effort to secure or arrange a clinical experience. Any student engaging in or knowing that another individual is asking or working to understand if a placement is available or a placement can be secured bypassing the clinical education team and the clinical experience placement process may be subject to disciplinary action with referral to the Professional Development Committee. Students should contact clinical sites only on the written approval of the DCE/ADCE or following confirmation procedures of clinical placement at the facility.

Clinical experiences are scheduled 6-12 months prior to the date of the experience. Available clinical experience slots are recruited from contracted sites for the following calendar year in cooperation with the national date for all academic programs to request clinical site placements. Clinical education coursework provides the student with opportunities to practice and perform professional responsibilities with appropriate supervision, observe professional role modeling, and interact with a variety of patients during their clinical learning experiences. These experiences should be predicated on the following criteria; 1) effective communication between clinical and academic faculty, 2) written agreements between the academic institution and clinical centers outlining responsibilities of each party, and 3) standardized education of clinical faculty. Clinical sites that demonstrate the criteria enter into an official agreement with the University. All efforts are made to keep consistent clinical centers that have demonstrated a long-term commitment to clinical education in physical therapy and have consistently provided superior clinical education for the University of Florida. New clinical sites are developed according to the department's needs for learning experiences and sufficient site numbers.

Following the recruitment of an adequate number of offers for student placements from clinical sites, students submit their top preferences via an electronic program. A computerized matching system is utilized to obtain the best possible match of students with their preference list. The matching process progresses in a chronological fashion with monitoring and counseling by the clinical education team to assure that students meet the program's clinical experience requirements. While every effort is made to match a student with one of his/her choices, there are circumstances where this will not occur. In that situation, the clinical education team will work to find a clinical experience that meets the educational needs of the student in a clinical site that has the capacity to accept a student during the specified time frame.

It is the student's responsibility to make contact with the Site Coordinator of Clinical Education (SCCE) at their assigned site via email through Exxat profiles, as instructed or 30 days prior to the scheduled start date of the clinical experience. Students should confirm all site requirements including health information, mandatory training, background checks, etc. via communication directly with the site or as directed by the clinical education team. Students must meet the site requirements within the timeframe identified by the site. Students who do not fulfill the site requirements in a timely fashion may be subject to a delay in completion of their clinical experiences which can delay graduation and will also be subjected to disciplinary action up to and including possible dismissal from the program.

Students with a documented disability (registered with UF's Disability Resource Center) must meet with the DCE/ADCE to discuss the needs specific to each clinical education course prior to matching. Students must have a Letter of Accommodation from the DRC that is submitted to the DCE/ADCE for each experience requiring an accommodation prior to each matching process if the accommodation is known. Students must also provide written consent for the DCE to contact the SCCE to arrange for any requested accommodation. Students who are not requesting accommodations are encouraged to meet with the DCE/ADCE to discuss their situation in a good faith effort to avoid misunderstandings regarding the student's abilities and needs. Students must provide their clinical site (SCCE and CI) with any letters of accommodation no less than one week prior to the start of the clinical experience to allow for accommodations to be considered and acted upon. Failure to provide this information will release the DCE/ADCE, SCCE, and/or CI from accommodating due to insufficient notice.

Reassignment of a clinical experience is rare and typically only considered in the event of cancellation by the site or when students fail to progress in the curriculum. Cancellations can occur for multiple reasons which are not under the Program's control; therefore, students must be aware of the possible need for reassignment. In this event, the SCCE should contact the DCE as soon as possible to allow for alternate planning for the student. The clinical education team will work to secure a clinical experience that will support the student's learning needs and program requirements, respect the clinical sites' patient care needs/schedule, and continue to foster the relationship with the clinical site for future UF DPT program students. This placement may be in a different geographical location and/or setting than previously placed. Students should be prepared to be flexible in this situation to stay on track for a timely graduation.

In the event the program decides to terminate a clinical experience after it has been started, the DCE/ADCE will meet with the SCCE/CI and the student as soon as possible to discuss the situation. If the situation is unable to be resolved, the DCE (or ADCE in consultation with the DCE) will make the determination to terminate the clinical experience. In the rare instance this occurs, the student may require remediation before further clinical experiences can be continued causing a delay in graduation. If remediation is not required, the clinical education team will work to place the student in a different clinical site; this too may lead to a delay in graduation.

A student who refuses to attend a clinical experience as per the program's placement process will be removed from the process and will receive a "U" for the course and be referred to the PDC. The student may be eligible to enter the placement process the following year; thus extending their graduation timeline.

If a student has concerns regarding a clinical site, they are to contact their DCE/ADCE/FOR to discuss the situation. A student is not able to terminate their own clinical experience that decision is made by the DCE/ADCE/FOR having first had a discussion with the student, the SCCE and CI as appropriate. A student who terminates their clinical experience independent of the DCE/ADCE/FOR will receive a "U" for that experience and will be dismissed from the program.

In the event that there is an unforeseen situation that arises that is outside of the control of the Program, clinical placements may be impacted. The Clinical Education team will work in accordance with Departmental and University guidance as the situation dictates. The completion goal for clinical education is to have student's progress through the clinical curriculum in accordance with the Program's curricular plan. If this progression is in jeopardy for some or all students, the clinical education team will work to optimize student advancement opportunities to the best of their ability while meeting program outcomes. Graduation timelines may be impacted.

Clinic Attire:

All students are to be in clinic attire when attending clinics. Students are required to wear their UF DPT Student photo ID badge or one provided by their clinical facility depending on the policies of the clinical facility. Students who are participating in assigned projects in the clinic are to be in clinic attire. Students are asked to refrain from visits to the clinic unless there is a specific assignment there. Most clinicians wear business casual clothes (collared shirts & slacks). You may be asked to adopt the uniform of the clinical environment to which you will be assigned. Clean, professional closed-toe & closed-heel shoes are required (no sandals). Clinical site guidelines should also be followed. This policy should work together with the clinic's policy.

No jewelry except a watch, small, conservative, and non-distracting earrings, wedding ring or engagement ring is to be worn when in clinic. No facial jewelry is allowed in the clinical setting unless they serve a religious purpose as they may be pulled on by patients with impaired cognition. Rings should be removed and secured in a pocket when handling patients as they may cause discomfort to the patient. Excessive perfume or cologne is unacceptable. Even small amounts may be prohibited in the clinic, as it can be offensive/irritating to patients with allergies/sensitivities.

Medical and Legal Requirements:

All students are required to meet the [DPT immunization requirements](#) for admission as noted on the website.

In addition to required immunizations, all students must show current proof of an updated annual tuberculosis screening prior to beginning of Clinical Education I. Prior to participation in full-time clinical experience all students must show proof of the following:

- 1) UF HIPAA Training
- 2) HIV/Bloodborne Pathogen Training
- 3) CPR/BLS Healthcare Provider certification

- 4) Health insurance including major medical (hospitalization)
- 5) Annual Tuberculosis screening
- 6) Hepatitis B
- 7) Varicella titer
- 8) Background Check
- 9) Tetanus/Tdap

Per individual clinical site requirements, students may be required to show proof of the following:

- 1) Additional background checks of varying levels and cost
- 2) Drug Screen
- 3) Finger printing
- 4) Additional vaccines for such conditions as Tetanus, Influenza, or COVID-19
- 5) Face mask fit testing
- 6) Other requirements as stated by the individual clinical site

Students are required to review clinical experience site documents such as the Clinical Site Information Form (CSIF) and posted reports from prior students, as well as contacting the SCCE at each site to prepare appropriately for each clinical experience.

Students must link proof of coverage/completion of all medical and legal requirements in the PT departmental tracking system Exxat and keep this up to date throughout all full-time clinical experiences. Students who fail to comply with these requirements are subject to disciplinary action.

Technical Standards and Essential Functions:

Physical therapy students must meet the essential functions and technical standards required of the majority of physical therapy positions, unless they have special considerations that the University is able to accommodate under the “reasonable accommodations” of the Americans with Disabilities Act (ADA). These requirements are necessary for both the clinical portion of academic courses and the clinical experiences. The requirements are as designated below:

Communication skills:

Students must be able to communicate effectively with faculty, peers, coworkers, clients, patients, and other members of the healthcare team. Effective communication includes the ability to receive, interpret, utilize and disseminate information via verbal, non-verbal, and written communication in a manner that is comprehensible by colleagues, clients, and laypersons. It is required that students communicate in the English language at a level consistent with competent professional practice, verbally and in writing (manual and computerized). Students must demonstrate the ability to sensitively and effectively

communicate with individuals with disabilities and/or from different social and cultural backgrounds.

Observation skills:

Students must be able to accurately observe the client's or patient's physical presence/condition, mobility/activity performance and behavior during examinations and interventions. Students are also required to be able to observe changes in status such as but not limited to skin temperature and/or color, heart rate, facial expression, muscle tone, breath sounds, breathing rate or pattern or changes in temperament. Students must also be able to accurately observe and interpret demonstrations in the classroom, projected slides or overheads, x-rays, and monitor dials on equipment.

Psychomotor skills:

Students must be able to develop proficiency in motor skills required for accurate examination, evaluation, and intervention techniques. The student must demonstrate adequate locomotor ability to allow them to physically maneuver to and from and within the classroom, lab, and clinical settings in a timely and safe manner; this includes the ability to quickly respond in emergency situations such as preventing a patient's fall. Students must be able to safely and effectively manipulate or maneuver another person's body and/or body parts to perform examination and intervention techniques and emergency procedures (e.g., transfers, gait training, positioning, mobilization, exercise, cardiopulmonary resuscitation, use of tools such as goniometer, blood pressure cuff, stethoscope, etc.). Students must be able to perform physical therapy examination and intervention procedures in a manner that is consistent with the American Physical Therapy Association's (APTA) Code of Ethics and Guidelines for Professional Practice.

Students must be able to perform the physical demands required by the majority of clinical settings in which physical therapists conduct their practice. These physical demands include the ability to:

Continuously (67-100% of workday) utilize gross and fine motor hand coordination with repetitive motions such as simple and firm grasp tasks requiring manual dexterity.

Frequently (34%-66% of workday) stand, walk, climb stairs, reach, squat, twist, bend and lift and carry items up to 30 pounds for a distance of at least 30 feet. Also, must be able to exert push/pull forces up to 24 pounds for distances up to 50 feet.

Occasionally (up to 33% of workday) kneel, crawl, and reach above shoulder level, as well as lift and carry items between 10 and 40 pounds for a distance of at least 30 feet. Also must be able to exert push/pull forces of up to 30 pounds for distances up to 50 feet.

Cognitive/Intellectual skills:

Students must be able to measure, calculate, reason, analyze, synthesize, and apply large amounts of complex information in a short period of time. Students must be able to understand and apply principles, theory, and research to physical therapy practice. Students must demonstrate the ability to think critically and problem-solve in various professional situations

and patient-care settings. Students must have the ability to accurately self-assess and reflect on their own performance.

Behavioral/Affective skills:

Students must possess and demonstrate a level of emotional health and maturity that allows the full use of their intellectual capabilities, the use of good judgment, the ability to effectively handle physically, emotionally, or intellectually stressful situations; this includes the ability to adjust and adapt to changing situations or uncertainty in the academic or clinical environment. Students must also demonstrate a commitment to working with individuals with varying personalities as well as physical and cognitive deficits from a variety of age groups, cultures, socioeconomic status, without bias.

If a student is ***limited or prohibited from performing the essential functions & technical standards noted above*** because of injury, illness, pregnancy or any other reason, the student must meet with a representative of the [University of Florida Disability Resource Center](#) for documentation of disability and requested accommodations. Each individual situation will be evaluated to determine whether the student is able to continue in the clinical/academic portion of the curriculum and whether reasonable accommodations (short term and/or permanent) can be made.

Accident/Incident Reports:

Students who are involved in or witness an accident or incident while participating in clinical experience activities must follow the clinical site's policy on completing reports/forms/documents related to the accident/incident. As soon as possible, or at maximum, within 24 hours of the accident /incident, students must also contact the DCE and their FOR to receive direction for follow up according to [UF's Health Science Center Self Insurance Program \(SIP\)](#) procedures. Students should submit a written summary of events via email with the following information:

- 1) Name of student:
- 2) Date/time/location of incident/accident:
- 3) Names of other individuals involved & their role, e.g., (patient, visitor, clinical instructor, etc.):
- 4) Brief description of what occurred:
- 5) Contact phone # and email for student and clinical instructor:

The student will be contacted by the DCE/ADCE, FOR, or another school representative) to confirm receipt of this report and provide further direction as needed.

Pursuant to contractual agreements with clinical sites, students are not eligible for employee benefits including worker's compensation. For minor injuries, basic first aid should be administered onsite. For more serious injuries, emergency response should be instigated. Each student is responsible for maintaining personal major medical health insurance while on

clinical experiences, thereby availing the student to the opportunity to receive appropriate emergency care.

Blood borne Pathogen Exposure:

All students will follow procedures for Universal Precautions in all health care settings. Students will inquire and obtain the facility's policies and procedures on exposure to communicable diseases and blood borne pathogens prior to patient contact. Students will clarify the policy with their immediate supervisor, Clinical Instructor (CI) or SCCE. Students should determine:

- A) Quickest way to contact their immediate supervisor or next in chain of command
- B) Phone Number of Infection Control Nurse
- C) Location of Employee Health
- D) Location of Emergency Room

In the event of exposure to a communicable disease and/or blood borne pathogen, students should:

- E) Report incident to immediate supervisor (or next in chain of command) and follow the facility's policy for reporting the exposure.
- F) Contact the DCE/ADCE (this should occur as soon as possible so that DCE/ADCE can assist the student).

Attendance:

Each clinical experience is scheduled for ~ 40 hours per week for 8 weeks. Students are expected to work the same schedule as their CI, which may include weekends. UF holidays do not apply to clinical experiences. If you have religious or other considerations that impact your ability to work on a Saturday or Sunday, please notify the DCE/ADCE and FOR at least one week prior to the first clinical education match. Other than for religious considerations, limited exceptions are available. Decisions to allow a student a day off for a special event in exchange for working an alternate day are at the discretion of the SCCE/CI at the assigned site.

Missed time due to Illness/Injury/Death in family, etc.: Rescheduling of missed days is REQUIRED for greater than 2 days and recommended for two or less. The final decision is at the discretion of the CI in consultation with the DCE/ADCE. **Students should contact their UF PT FOR (in addition to their CI) for any missed clinical days. Students should also log missed days into their profiles in Exxat prior to taking the time off if possible.** For scheduled missed clinic time, students must receive pre-approval from the CI as well as the DCE, ADCE, or FOR. Students may need to extend their time in a clinical experience due to missed time.

Non-excused absences:

Excused absences are defined by the University of Florida. Students wishing to REQUEST a leave of absence for non-excusable reasons are allowed to request these of their sites with full

knowledge that the site may decline the request. The student is responsible for any previously accepted costs associated with planned non-excused absences in cases of denied requests. In cases in which non-excused absences have been approved, the student is required to arrange make-up clinical hours to satisfy the attendance requirement.

Email:

All students are required to have a @ufl.edu email address for use with academic coursework and responsibilities. Although university policy allows students to forward their ufl.edu email to a personal account, the Health Science Center policy, which supersedes University policy, states that all HSC students **cannot** forward @ufl.edu email to a personal account. These policies exist to improve communication between faculty, staff, and students.

During clinical experiences, email is the primary means of communication between the program and the student. It is the responsibility of the student to check email on a daily basis to ensure they are current with communication from the DPT Program and University.

Unsatisfactory Clinical Performance:

A student who performs unsatisfactorily on a clinical experience will be notified of their unsatisfactory performance. The student will either stay on the clinical experience or will be removed from the clinical experience based on individual and situational circumstances. The student must modify and/or correct the identified behaviors or skills if the student remains at the clinical site. The student's CI, SCCE, and the DCE/ADCE/FOR will give the student specific feedback regarding the changes needed and the required time frame necessary to successfully complete the clinical experience. A learning contract may be developed in order to facilitate the correction of the behaviors and/or skills being addressed.

If it is deemed necessary to remove the student from the clinical experience or the student is unable to modify the unsatisfactory behaviors and/or skills the clinical education team may notify the Professionalism Development Committee for guidance based on the demonstrated behaviors of the student. The clinical education team, with insight from the Professionalism Development Committee, if applicable, will recommend remediation of skills/behavior and a learning contract will be developed. When appropriate, input from the student will be incorporated into goal setting. The clinical education team, with guidance from the Professionalism Development Committee, will determine the terms and the objectives of the remediation. If the student successfully completes the remediation according to the contract, he/she will have an opportunity to repeat the clinical experience at a site determined by the clinical education team and will receive a grade of "I" until the clinical experience is completed. If the remediation is not completed satisfactorily in the time period designated, the student will not have the opportunity to repeat the clinical experience and the student will receive a grade of "U" and will be dismissed from the program.

The DPT Program Director will be notified by the DCE of any such student and the student will be notified in writing of their status.

Students will be allowed one, and only one, such situation regarding clinical experiences. If the student is not performing satisfactorily on a subsequent clinical experience at any point in time, the student will receive a “U” and be dismissed from the program.

Clinical Education Feedback and Outcomes

Student Performance:

The APTA’s Clinical Performance Instrument (CPI) is primarily utilized by the student and clinical instructor to assess and provide feedback regarding the student’s progress toward entry-level skill as a physical therapist. The students’ ability to manage patient problems is expected to increase in terms of the complexity, consistency, quality, and efficiency of physical therapy services provided over the course of the clinical education coursework. The level of guidance and assistance provided by the clinical instructor should gradually decrease with the expectation that the student is ultimately capable of functioning in a safe and effective manner independently at the conclusion of the final clinical experience.

Course	CPI Expectation
Clinical Education III	Advanced Beginner
Clinical Education IV	Intermediate
Clinical Education V	Advanced Intermediate
Clinical Education VI	Entry Level

Students should meet with the CI during the first week to discuss the student’s preferred learning style and type of feedback. It is recommended that CI’s provide daily, verbal, formative feedback and weekly written feedback regarding student progress. Students are also encouraged to perform weekly self-assessments and documentation of goals. The DCE, ADCE, or FOR also reviews student and CI comments on the CPI at mid-term to monitor student performance.

Clinical Education Faculty:

Students provide candid feedback regarding their first impressions of the clinical instructor and the clinical experience during the first week of each clinical experience. The clinical instructor evaluation is utilized by students to assess and provide feedback to clinical education faculty at

the mid-term and final week of each clinical experience. The DCE, ADCE, or FOR initiates communication with the clinical education faculty via email within the first two weeks of the clinical experience to provide support and answer questions or address concerns as needed. The clinical education team assesses performance of the clinical education faculty through student evaluations of CI's and mid-term interviews with students and CI's. CI's and SCCE's are routinely interviewed to identify areas of development needed. Students are counseled to provide clear and objective feedback to CI's regarding expectations for clinical supervision.

Academic Preparation:

Students and clinical site education faculty are routinely polled to ascertain their opinions regarding the academic preparation of UF DPT students. This is initiated in the first week of each clinical experience, is addressed at mid-term, and students and clinical education faculty are surveyed to provide anonymous feedback regarding student preparedness at the completion of each clinical experience.

Clinical Faculty Privileges:

Clinical education faculty are invited to participate in feedback regarding the performance of the clinical education team and the program curriculum. Clinical education faculty are also afforded the opportunity to apply for library privileges, attend department sponsored CEH activities, and request specific feedback and assistance with the development of clinical teaching and skills. Additionally clinical education faculty are eligible to apply for tuition deferment for certain courses and CEH's for hours of clinical instruction.

Rights and Responsibilities of Academic Institution, Clinical Education Site & Student:

- 1) Rights and responsibilities of the Department of Physical Therapy, College of Public Health and Health Professions, University of Florida
 - a) To assign to clinical education sites those students who have satisfactorily completed the pre-clinical phase of their physical therapy education and prior supervised clinical education experiences.
 - b) To select clinical sites that will provide stimulating environments for learning with adequate supervision and guidance of students.
 - c) To maintain effective communication between the school and the clinical facility to facilitate realistic and optimal pursuance of clinical education. Means of communication includes regular correspondence, telephone conversations, clinical visits, educational in-services, and consultative meetings.
 - d) To offer educational opportunities to the clinical instructors that aims for their continued development of clinical knowledge, supervisory skills, and teaching strategies.

- e) To share with the clinical instructors the general responsibilities for planning, executing, and evaluating the clinical education program.
- f) To share with students the general responsibilities for preparation for and active involvement in seeking educational experiences. The School's faculty accepts the final responsibility for clinical education.
- g) To adhere to formal conditions for agreement written in the contract.
- h) To assign the final course grade (Satisfactory or Unsatisfactory) for the clinical education course based on the assessment of the student's performance as determined by a review of the completed APTA Clinical Performance Instrument (CPI) and discussion with the student and clinical instructor.

2) Rights and responsibilities of the Clinical Education Site

- a) To provide medical and physical therapy direction by qualified personnel.
- b) To provide guidance and supervision of students by qualified physical therapists.
- c) To orient the student(s) to the physical therapy department, specific types of patients unfamiliar to students, and a review of methods, policies, and procedures of the institution such as appropriate dress, working hours, patient schedules, record-keeping, and approaches to physical therapy interventions.
- d) To provide a variety of educational experiences for the student in regards to types of patients (age, gender, diagnosis); including examination, evaluation, and intervention methods used. Educational experiences should be appropriate for the setting and consistent with student's grading criteria/level of education.
- e) To involve the student in record-keeping, medical record documentation, educational sessions, and supervisory opportunities as appropriate for the student's level of education.
- f) To guide and supervise the student(s) in their activities according to individual needs and abilities.
- g) To provide feedback to the student by performing ongoing informal evaluations of performance. To discuss concerns with the DCE/ADCE/FOR as early as possible in the clinical experience.
- h) To formally evaluate the performance of the student using the CPI at least twice (midterm and final) during the affiliation. To discuss with the student the results of these evaluations.
- i) To encourage professional growth of staff and students.
- j) To share with the School faculty the general responsibilities for planning, executing, and evaluating the clinical education program.
- k) To adhere to formal conditions for agreement written in the contract.

3) Rights and responsibilities of the Student Physical Therapist

- a) To develop behaviors consistent with an adult learner such as, but not limited to, self-directed, independent, critical thinker, adaptable, and flexible.
- b) To review, understand, and comply with any policies and procedures of the assigned facility before reporting to assigned site. This will include all information provided to the School and/or material sent to the student by the facility.

- c) To comply with all federal and state laws and regulations regarding the practice of physical therapy. Comply with all department regulations of the clinical facility and the School, inclusive of but not limited to hours, attendance, dress code, record keeping, use of non-protected health information, and safety regulations.
- d) To review and comply with all medical and liability requirements required of the School and the facility. This includes PPD, immunizations (MMR & Hepatitis B), CPR, liability, current health insurance and hospitalization, and any additional requirements of the facility (e.g. 3 month PPD, recent medical exam, first aid class, background check, fingerprinting, etc.). To produce all documents upon the facility's request.
- e) To understand the objectives and grading criteria of the clinical education courses.
- f) To seek additional assistance when clarification of criteria is needed.
- g) To avail oneself of learning experiences offered by each facility and its personnel.
- h) To seek and utilize those experiences to meet grading criteria.
- i) To request additional experiences to meet grading criteria.
- j) To request guidance and assistance when needed. Students are encouraged to use appropriate chain of command when seeking assistance. Students are encouraged contact the DCE/ADCE/FOR when they have difficulties seeking guidance or assistance in the clinical setting.
- k) To review, understand, and properly utilize the evaluation tool for clinical education (CPI). To request clarification and guidance about the tool before the clinical experience. To answer questions the CI may have about the school's individual tool (CPI).
- l) To discuss performance evaluations with their CI and to improve performance by the acceptance of just criticism.
- m) To demonstrate interest in and loyalty to the clinical education facility.
- n) To maintain high quality of performance and ethical conduct befitting a professional physical therapy student.
- o) To complete and submit all paperwork and assignments required by the School for satisfactory completion of clinical experiences.

PATIENTS' RIGHT TO REFUSE TREATMENT

Students are required to wear a school or facility name badge, identifying them as a student and introduce themselves as such when working with a patient/client. Patients have the risk-free right to refuse treatment/participation in student training.

COMPLAINTS OUTSIDE THE REALM OF DUE PROCESS

Summary: This document describes the process required for handling and recording DPT program complaints that fall outside the realm of due process. These types of complaints fall in three main categories and specific procedures have been established for each category.

Documentation of all complaints of this nature are required to be stored on the Department's S drive in the "Complaints Outside the Realm of Due Process" folder. A hard copy will also be maintained in the office of the Administrative DPT coordinator.

Procedure:

Category: General program or process complaints

A. A general program complaint received from the public should be forwarded to the DPT Program Director, who may follow up directly for resolution or discuss the issue with the Chair of the Department. If necessary, the DPT Program Director and Chair will develop a course of action. If the complaint is an issue that warrants input or reflection on the part of the faculty, the complaint will be brought up at the next faculty meeting. A record of the complaint and the associated documentation is placed in the "Complaints Outside the Realm of Due Process" folder on the S drive, as well as notes on any course of action. A hard copy is maintained in the office of the Coordinator, Academic Support Services.

B. Category: Complaints from clinical education sites

All complaints from the clinical education sites should be directed to both the DPT Program Director and the Clinical Education Coordinator. Collectively they will develop a course of action and follow-up with the individual if needed. Depending on the complaint the issue may also be brought to the attention of the Chair, the Curriculum Coordinator and the faculty. A record of the complaint, course of action, and the associated documentation should be placed in the "Complaints Outside the Realm of Due Process" folder on the S drive. A hard copy should be maintained in the office of the Coordinator, Academic Support Services.

C. Category: Complaints from employer graduates.

Complaints from employer graduates regarding the program should be directed to the Chair and the DPT Program Director. If the complaint is an issue that warrants input or reflection on the part of the faculty, the complaint will be brought up at the next faculty meeting. A record of the complaint and the associated documentation is placed in the "Complaints Outside the Realm of Due Process" folder on the S drive, as well as notes on any course of action. A hard copy is maintained in the office of the Coordinator, Academic Support Services

Appendices

Appendix A: DPT Curriculum Overview and Course Descriptions

Semester 1 Fall (16 weeks)

PHT6153C: Physiology for Physical Therapy

This is a course intended to introduce students to the subject of human physiology. The material to be covered will allow the student to learn how the human body functions from the cellular level to the organ system level. In addition, the effects of diseases on normal body function will also be included. The emphasis will be on the conceptual understanding of physiology and not on the memorization of isolated facts.

PHT 6187C: Functional Anatomy I

The purpose of this course is to provide a detailed introduction to anatomy of the human body, and the functional ramifications of that anatomy to human motion. This will include study employing lecture and laboratory sessions involving regional cadaveric dissection of the upper extremity under the supervision of instructors, and information on joint structure and function, forces that effect motion and the resultant kinematics. Emphasis is on the neuromuscular and musculoskeletal anatomy.

PHT 6605: Evidence Based Practice I

This course reviews relevant research design and statistical issues to prepare the student to become a critical consumer of rehabilitation research. The student will be exposed to selected topics on research theory/philosophy, sampling, research design, descriptive/inferential statistics, power, error, estimation, reliability, validity, and reading a journal article.

PHT 6024: Professional Issues I

The purpose of this course is to prepare the student in professional practices that will be used throughout the curriculum and their professional career. This course provides the student with an introduction to the role of the professional in physical therapy practice. Students are educated about the application of generic skills to the profession of PT. Topics of application include communication (verbal, nonverbal, and written), individual and cultural differences, professional behavior and abilities, ethics, legal issues, and responsibility for professional development.

PHT 6502: Health Promotion and Wellness for Physical Therapy Practice I

This course is designed to initiate an interdisciplinary learning practicum for health professions, pharmacy, dental and medical students. The central theme of the course is family health over the life cycle. Students will learn to conceptualize family health beliefs and behavior from a biopsychosocial framework, and they will learn to assess family health care needs and health care access through a multidisciplinary lens.

PHT 6206C: Basic Clinical Skills I

This course is designed to prepare the student for patient care activities including communication, assessing vital signs, body mechanics awareness, patient positioning and draping, basic exercise and transfers. Students will develop these basic skills in a laboratory setting and with case studies prior to practice with patients in authentic clinical situations in semester three of the program.

Semester 2 Spring (16 weeks)

PHT 6188C: Functional Anatomy II

The purpose of this course is to provide a detailed introduction to anatomy of the human body, and the functional ramifications of that anatomy to human motion. This will include study employing lecture and laboratory sessions involving regional cadaveric dissection of the lower extremity and trunk under the supervision of instructors, and information on joint structure and function, forces that effect motion and the resultant kinematics. Emphasis is on the neuromuscular and musculoskeletal anatomy. Using this knowledge the student should be able to analyze activities regularly observed in the clinic.

PHT 6189C: Examination and Evaluation

The purpose of this course is teaching the student the basic elements of assessment that applies to all patients with a potential need for physical therapy services. Students will learn the basics of examination and evaluation, selection of appropriate tests and measures, use of validity, reliability, and best evidence to select tests and measures, and the use of critical thinking and decision-making to determine the most appropriate intervention and outcomes for all patients

PHT 6168C: Neuroscience for Physical Therapy

Neuroanatomy, neurophysiology, basic neuroscience and evidence based practice for neurological therapeutic intervention. Course includes lecture, wet specimen anatomy laboratory, and utilization of neurological case studies and review of current scientific literature.

PHT 6503: Health Promotion and Wellness for Physical Therapy Practice II

This course is the follow-up to the interdisciplinary learning practicum for health professions, pharmacy, dental and medical students, which was initiated in the prior semester. The central theme of this half of the course is developing wellness plans for individuals or families in the community. Students will learn to assess family health care needs, seek out community resources, and educate community members on specific issues related to their own health and well-being.

PHT 6207C: Basic Clinical Skills II

This course is designed to prepare the student for patient care activities including infection control, patient safety and emergency management, wheelchair and equipment management, gait training and durable medical equipment prescription. The student will obtain an overview of basic exercise training techniques (strength, flexibility, endurance, and relaxation) applicable to

prevention and wellness services as well as to those populations requiring rehabilitation or restoration of function due to illness, injury, or chronic disability.

PHT 6152C: Exercise Physiology

The purpose of this course is to understand the physiological mechanisms and organ systems that allow humans to engage in physical activity and how these systems are changed by chronic activity (training) and disuse.

Semester 3 Summer (13 weeks)

PHT 6770: Musculoskeletal Disorders I

The purpose of this course is to educate students about physical therapy evaluation and treatment for musculoskeletal disorders of the lower extremity.

PHT 6218C: Therapeutic Modality Interventions in Physical Therapy

This course is an introduction to the management of pain and dysfunction using thermal, electrical and mechanical modalities used by Physical Therapists in general practice. Lectures will highlight basic scientific rationale for approaches discussed while laboratory experience and problem solving using patient case studies should enhance the student's understanding relative to direct patient care.

PHT 6860: Clinical Education I

The purpose of this course is to provide simulated clinical experiences in acute care settings, , ICU, oncology, and outpatient (general, orthopedics, sports) as a means for the student to make associations between classroom material and clinical experiences. Clinical Experience placements for full-time experiences occur here.

PHT 6608: Evidence Based Practice II

This course will introduce the student to key concepts of evidence-based rehabilitation science. The first section of the course reviews basic principles of an evidence-based approach and subsequent sections review issues related to diagnosis, prognosis, and intervention.

PHT 6352: Pharmacology in PT Practice

This course provides a study of prescription and/or over-the-counter medications used in the management of a variety of patient conditions encountered during physical therapy management.

PHT 6186C: Motor Control/Therapeutic Exercise I

This course introduces the student to the fundamentals of movement science, offers a framework for understanding normal and abnormal movement, and includes concepts of kinesiology, neuroscience, physiology, motor control, and motor learning. The course will integrate theory and basic principles of motor behavior, motor development, motor control and motor learning as they relate to human motor performance across the lifespan.

Graduate Year 2

Semester 4 Fall (16 weeks)

PHT 6771: Musculoskeletal Disorders II

The purpose of this course is to educate students about physical therapy evaluation and treatment for musculoskeletal disorders of the spine and upper extremity.

PHT 6381C: Cardiopulmonary Disorders in Physical Therapy

The purpose of this course is to understand the pathophysiological mechanisms of cardiopulmonary disease, how to perform a Physical Therapy evaluation to treat these problems and design, safe and effective rehabilitation programs for patients with cardiopulmonary disorders.

PHT 6070C: Radiology and Diagnostic Imaging in Physical Therapy Practice

This course is a progression from a basic understanding of plain film principles to a systematic analysis of the spine and extremities. The student will learn a systematic method of analyzing and integrating imaging findings into the physical therapy diagnostic process. In addition, the utility of imaging in physical therapy practice will be emphasized.

PHT 6861: Clinical Education II

The purpose of this course is to provide part-time clinical experiences in outpatient orthopedics as a means for the student to make associations between classroom material and clinical experiences. Didactic material and clinical experiences are integrated with information from PHT 6771 Musculoskeletal Disorders II. Students spend a full day every other week in an outpatient orthopedic clinic.

PHT 6761C: Neurorehabilitation I

This course will provide information concerning neurologic diseases and disorders that are common to clients evaluated and treated by physical therapists in the acute care setting. From a medical perspective, information will include disease description, etiology, pathology, clinical signs and symptoms, diagnostic procedures, medical management, and precautions or special considerations pertinent to physical therapists. From a physical therapy perspective, specific standardized assessments, evaluation and treatment strategies, techniques, and approaches will be addressed.

PHT 6302C: Principles of Disease

The purpose of this course is to educate the Physical Therapy student on basic pathology, presentation, signs, and symptoms related to common diseases/conditions. Conditions that will be discussed are those that may be encountered by the Physical Therapist in the acute care, sub-acute/rehab, home health care, and outpatient settings. Course will also highlight evaluation and treatment strategies for patients presenting with these conditions. The course will begin emphasis on the student's ability to recognize signs/symptoms that may help to differentially diagnose pathologic conditions from musculoskeletal conditions, and be able to make a referral to an appropriate physician source for conditions beyond the scope of Physical

Therapy treatment. This course provides the foundation for the “Differential Diagnosis” course that is offered in the following semester.

Semester 5 Spring (16 weeks)

First 8 weeks

PHT 6762C: Neurorehabilitation II

This course will provide information concerning neurologic diseases and disorders that are common to clients evaluated and treated by physical therapists. From a medical perspective, information will include disease description, etiology, pathology, clinical signs and symptoms, diagnostic procedures, medical management, and precautions or special considerations pertinent to physical therapists. From a physical therapy perspective, specific standardized assessments, evaluation and treatment strategies, techniques, and approaches will be addressed. The role of the physical therapist will be addressed across treatment environments and across the time course or progression of the disease (acute through chronic).

PHT 6527: Professional Issues II

This course is designed to build upon the professional behaviors and skills identified in Professional Issues I. As students continue clinical visits started in Clinical Education I and continued in Clinical Education II, direct application of topics to currently encountered case studies is addressed. Topics related to skills necessary for taking responsibility for and providing health care services to the public will be explored in greater depth. This course will focus on developing skills needed to provide and bill for physical therapy services in a manner that is consistent with legal and ethical guidelines for clinical practice.

PHT 6374: Geriatrics in Physical Therapy

This course is an overview of the physical and psycho-behavioral aspects of aging in adulthood. Students are introduced to usual and pathological changes with aging and are challenged to problem solve treatment issues relevant to the types of older clients they will assist in physical therapy clinical settings. The multidimensional concerns of our older patients are emphasized, and students are encouraged to develop themselves as strong generalist physical therapists to serve the needs of our older clientele.

Second 8 weeks

PHT 6805: Clinical Education III

The purpose of this course is to provide the student with their first full time clinical experience that occurs in the settings of acute care, general orthopedics, or subacute care. This clinical experience is mentored by one or more trained clinical instructors.

Semester 6 Summer (13 weeks)

PHT 6190C: Motor Control/Therapeutic Exercise II

The purpose of this course is to provide the student with a foundation for examining, evaluating, and providing treatment interventions for individuals who have movement dysfunction secondary to neurological deficits. Emphasis is placed on understanding normal and impaired

movement through discussion of current motor control, motor learning, and motor development/lifespan theories. This course teaches examination and evaluation of and interventions for basic functional movement skills and their underlying components such as motor control/coordination (ability to plan, initiate, sequence, time and grade movements), postural control and balance, perception and sensation, muscle tone, strength, and biomechanical considerations.

PHT 6322: Pediatrics in Physical Therapy

Normal and abnormal developmental changes over the course of the maturation process with emphasis on selected medical conditions. Current motor control and motor learning theories applied to therapeutic intervention strategies for the pediatric population. Lecture and lab sessions.

PHT 6702C: Prosthetics and Orthotics

This course reviews the kinesiological principles of gait analysis. Of importance is the student's ability to detect gait deviations and compensations. An introduction to prosthetics and orthotics will be provided. Students will be expected to apply their gait analysis skills when analyzing and understanding the mechanics of gait of amputees and patients with lower extremity orthosis.

PHT 6730: Differential Diagnosis in Physical Therapy

This course is designed to assist the physical therapy student to develop into a direct access practitioner able to consider and identify the broad spectrum of conditions and pathologies represented by a musculoskeletal or neurological complaint. Additionally, patterns of referral to the appropriate healthcare providers will be discussed and role of the physical therapist as 'collaborator' in the healthcare team emphasized.

Graduate Year 3

Semester 7 Fall (16 weeks)

PHT 6807: Clinical Education IV

The purpose of this course is to provide the student with their second full time clinical experience that occurs in the settings of acute care, general OP orthopedics (which must be completed prior to a specialty in orthopedic sports), inpatient rehabilitation, pediatrics, or a combination thereof. By the end of the curriculum, students MUST have completed mandatory full time clinical experiences in acute care, general orthopedics, and inpatient rehabilitation. The fourth choice is made by the student and must be approved by the DCEs. These clinical experiences are mentored by one or more trained clinical instructors.

PHT 6817: Clinical Education V

The purpose of this course is to provide the student with their third full time clinical experience that occurs in the settings of acute care, general OP orthopedics (which must be completed prior to a specialty in orthopedic sports), inpatient rehabilitation, pediatrics, or a combination thereof. By the end of the curriculum, students MUST have completed mandatory full time clinical experiences in acute care, general orthopedics, and inpatient rehabilitation. The fourth

choice is made by the student and must be approved by the DCEs. These clinical experiences are mentored by one or more trained clinical instructors.

Semester 8 Spring (16 weeks)

First 8 weeks

PHT 6823: Clinical Education VI

The purpose of this course is to provide the student with their fourth and final full time clinical experience that occurs in the settings of acute care, general OP orthopedics (which must be completed prior to a specialty in orthopedic sports), inpatient rehabilitation, pediatrics, or a combination thereof. By the end of the curriculum, students **MUST** have completed mandatory full time clinical experiences in acute care, general orthopedics, and inpatient rehabilitation. The fourth choice is made by the student and must be approved by the DCEs. These clinical experiences are mentored by one or more trained clinical instructors.

Second 8 weeks

PHT 6504: Health Promotion and Wellness for Physical Therapy Practice III

This course is designed to provide a framework for the student to develop and implement a plan for a community-based project directed toward improving health awareness in a specific group or population. The skills needed for identifying community needs, developing a strategic plan and securing resources are reviewed. Students must implement the plan and report the results of their program within an 8-week timeframe.

PHT 6530: Professional Issues III

This course is designed to build upon the professional behaviors and skills identified in Professional Issues I & II. This course will focus on developing business and professional skills needed to begin practicing as a physical therapist. Topics related to skills necessary for assuming professional responsibility in the areas of advanced management skills, marketing professional services, and providing consultative services are included. This course will focus on developing skills needed to successfully secure licensure as a PT, supervise and manage staff and students, plan and market therapy services, and advocate for legislative changes to state and federal regulations related to the provision of health care services.

PHT 6609: Evidence Based Practice III

This course concludes the department's evidence-based sequence by developing skills that assist students in making clinical decisions that are consistent with the professional literature. The student will gain experience searching the literature by developing clinical questions in a form compatible with electronic search engines and learning differences in available electronic databases. The student will also learn how to contribute to the rehabilitation literature as clinicians by completing modules on case reports and the peer review process.

Semester 1: Fall Yr. 1	CR	Semester 2: Spring Yr.1	CR	Semester 3: Summer Yr.1	CR
PHT 6153C Physiology for PT	3	PHT 6188C Functional Anatomy II	5	PHT 6770 Musculoskeletal Disorders I	2
PHT 6187C Functional Anatomy I	5	PHT 6189C Examination and Evaluation	3	PHT 6218C Therapeutic Modality Interventions in Physical Therapy	2
PHT 6605 Evidence Based Practice I	3	PHT 6168C Neuroscience in Physical Therapy	4	PHT 6860 Clinical Education I	1
PHT 6024 Sem: Professional Issues I	2	PHT 6503 Health Promotion and Wellness for Physical Therapy Practice II	1	PHT 6608 Evidence Based Practice II	3
PHT 6502 Health Promotion and Wellness for Physical Therapy Practice I	1	PHT 6207C Basic Clinical Skills II	2	PHT 6352 Pharmacology in Physical Therapy Practice	3
PHT 6206C Basic Clinical Skills I	2	PHT 6152C Exercise Physiology	2	PHT 6186C Motor Control/Therapeutic Exercise I	2
TOTAL	16	TOTAL	17	TOTAL	13
Semester 4: Fall Yr. 2		Semester 5: Spring Yr. 2		Semester 6: Summer Yr. 2	
PHT 6771 Musculoskeletal Disorders II	4	First 8 weeks:		PHT 6190C Motor Control/Therapeutic Exercise II	3
PHT 6381C Cardiopulmonary Disorders in Physical Therapy	3	PHT 6762C Neurorehabilitation II	3	PHT 6322 Pediatrics in Physical Therapy	4
PHT 6070C Radiology and Diagnostic Imaging in Physical Therapy Practice	3	PHT 6527 Professional Issues II	3	PHT 6702C Prosthetics and Orthotics	2
PHT 6861 Clinical Education II	1	PHT 6374 Geriatrics in Physical Therapy	2	PHT 6730 Differential Diagnosis in Physical Therapy	3
PHT 6761C Neurorehabilitation I	3				
PHT 6302C Principles of Disease	4	Second 8 weeks:			
		PHT 6811 Clinical Education III	6		
TOTAL	18	TOTAL	14	TOTAL	12
Semester 7: Fall Yr. 3		Semester 8: Spring Yr. 3			
PHT 6807 Clinical Education IV	6	First 8 weeks:			
PHT 6817 Clinical Education V	6	PHT 6823 Clinical Education VI	6		
		Second 8 weeks:			
		PHT 6504 Health Promotion and Wellness for Physical Therapy Practice III	1		
		PHT 6530 Professional Issues III	2		
		PHT 6609 Evidence Based Practice III	2		
TOTAL	12	TOTAL	11	PROGRAM TOTAL	113

Appendix B: Standard Contract Template

AFFILIATION AGREEMENT FOR ROTATION OF UNIVERSITY OF FLORIDA COLLEGE OF PUBLIC HEALTH AND HEALTH PROFESSIONS STUDENTS AT AN EXTERNAL INSTITUTION

This Agreement, effective (“Effective Date”), by and between The University of Florida Board of Trustees (“UNIVERSITY”), for the benefit of the Department of Physical Therapy, College of Public Health and Health Professions, University of Florida, and
(“INSTITUTION”),

W I T N E S S E T H:

WHEREAS, UNIVERSITY has responsibility for the training of physical therapy students;

WHEREAS, INSTITUTION, located at [if multiple locations, please list on a separate attachment], is an entity which can provide a setting in which UNIVERSITY's physical therapy students may participate in clinical education activities; and

WHEREAS, UNIVERSITY wishes to enter into this Agreement with INSTITUTION for the educational benefit of UNIVERSITY's physical therapy students.

NOW, THEREFORE, in consideration of these premises and of the following mutual promises, covenants and conditions, the parties heretofore named agree as follows:

A. Responsibilities of INSTITUTION

1. INSTITUTION agrees to accept the assignment by UNIVERSITY of certain physical therapy student(s) (“Student(s)”) to INSTITUTION and/or INSTITUTION's affiliated health care facilities for purposes of clinical rotation as part of UNIVERSITY's Physical Therapy education program.
2. INSTITUTION shall designate one or more academically qualified professional(s) employed by INSTITUTION as member(s) of its clinical staff who will function as clinical instructor(s) for Students. INSTITUTION shall, whenever possible designate clinical instructor(s) having a minimum of one year of clinical experience. During the term of this Agreement INSTITUTION's clinical instructor(s) shall have the following responsibilities as they relate to Students.
 - a. Meet with Students on the first day of clinical rotation to review: (i) Educational objectives for each Student's rotation; (ii) Work schedules and on-call assignments (both shall be under the control of INSTITUTION's clinical instructor(s)); and (iii) INSTITUTION's policies and procedures.
 - b. Introduce Students to key clinical and auxiliary personnel at INSTITUTION.
 - c. Provide clinical instruction in accordance with UNIVERSITY's rotation objectives and the availability of patients and other clinical resources at INSTITUTION. Clinical assignments shall include self-study and library research of clinical topics. Said assignment shall be consistent with each Student's role pursuant to this Agreement.
 - d. Make best efforts to provide each Student with hands-on clinical experience and with the clinical instructors' own insights and examples of clinical experience.
 - e. Evaluate and maintain individual records of the performance of each Student.
 - f. Provide each Student with frequent feedback on his/her clinical and professional performance, and formally review each Student's progress at mid-rotation.

g. Meet with each Student during his/her last week of rotation and complete and sign all clinical rotation forms provided to INSTITUTION by UNIVERSITY. Evaluation of each Student shall be frank and as accurate a reflection of each individual's clinical competence as possible. All completed forms shall be returned to the appropriate department of UNIVERSITY as designated by UNIVERSITY no later than one week after completion of the student assignment.

3. INSTITUTION shall have in full force and effect, in amounts consistent with industry standards, comprehensive general liability and professional liability insurance coverage during the term of this Agreement and throughout those periods referenced in Section 95.11, Florida Statutes, or as required by the state in which INSTITUTION is located. Said certificate of insurance, indicating the effective dates of protection, period of protection, and limits of protection, shall be provided to UNIVERSITY upon request.
4. INSTITUTION shall grant each Student access to available library facilities at the site of assignment, if applicable.
5. INSTITUTION shall arrange for immediate emergency care in the event of Student's accidental injury or illness, but shall not be responsible for costs involved, follow-up care, or hospitalization. Students shall be responsible for the cost of medical services provided either through health insurance or self-payment.
6. INSTITUTION shall permit UNIVERSITY's designee to visit INSTITUTION for purposes of ascertaining that UNIVERSITY's educational objectives for each Student's rotation are met at INSTITUTION.
7. INSTITUTION shall comply with the requirement of all privacy laws applicable to information obtained as a result of participation in this Agreement, including the Family Educational Rights and Privacy Act (known as "FERPA").
8. INSTITUTION shall remain at all times responsible for the content and quality of care provided to INSTITUTION's patients, it being the intent of the parties that this Agreement is for academic purposes only and not for the receipt of services from UNIVERSITY's students or faculty.

B. Responsibilities of UNIVERSITY

1. UNIVERSITY shall provide to INSTITUTION the current curriculum, course objectives, and syllabus of UNIVERSITY's applicable education program, as well as all forms regarding field work experience and instructions for completion of these forms.
2. UNIVERSITY shall instruct each Student to attend all educational activities and adhere to applicable policies of INSTITUTION and/or INSTITUTION's affiliated health care facilities where Student may be assigned.
3. UNIVERSITY shall inform Students that they must comply with and obtain all appropriate background screenings, health screenings, drug screenings and vaccination requirements as set forth by INSTITUTION before beginning clinical rotation at INSTITUTION. Upon INSTITUTION's request, UNIVERSITY shall attest that said screenings/vaccinations were completed as required.
4. As participants in UNIVERSITY's Physical Therapy education program, and predicated on UNIVERSITY's assignment pursuant to this Agreement, Students are protected against tort claims by the University of Florida J. Hillis Miller Health Center Self-Insurance Program. If required by INSTITUTION, Students are provided professional liability protection subject to a maximum of \$1,000,000 per occurrence. See Attachment A for a description of the protections afforded by the Self-Insurance Program.
5. UNIVERSITY shall instruct its students to keep patient information strictly confidential and not to use confidential patient information for any purpose other than treatment or as a part of their own training. Students shall be instructed to comply with all applicable requirements of state and federal law for the protection of confidential patient information, including privacy regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the Health Information Technology for Economic and Clinical Health

Act (“HITECH Act”). The parties agree that in the context of the arrangement contemplated in this Agreement, UNIVERSITY does not stand in a business associate relationship with INSTITUTION as that term is defined under the HIPAA Privacy Regulations. No business associate relationship is established pursuant to this Agreement because UNIVERSITY performs no actions or activities on behalf of INSTITUTION. UNIVERSITY faculty health care providers do not appear on-site to provide services on behalf of INSTITUTION, nor are there any other activities undertaken by UNIVERSITY on behalf of INSTITUTION which involve Protected Health Information (“PHI”). Access to PHI by UNIVERSITY agents, if any, is limited to those disclosures that are incidental to INSTITUTION’s permitted uses and disclosures for the training of clinical students. INSTITUTION is permitted under the HIPAA privacy Regulations to provide access to PHI for training of students as part of its “Health Care Operations”.

C. General Provisions

1. Both parties agree that in the event conflicts or problems arise related to the clinical rotation of any Student pursuant to this Agreement, INSTITUTION shall immediately contact UNIVERSITY's clinical coordinator of the appropriate department of UNIVERSITY. In the event that disagreements are not resolved by the Student involved, the clinical instructor(s) and UNIVERSITY's clinical coordinator, such disagreements shall be resolved by the Chairperson of the pertinent department of UNIVERSITY's College of Public Health and Health Professions and the chief executive officer of the INSTITUTION or his/her designee. In the event a resolution cannot be achieved, INSTITUTION reserves the right to reasonably request withdrawal of any Student whose work or conduct is not in full accord with INSTITUTION's standards of performance.

2. All notices by either party required or permitted by this Agreement shall be in writing with delivery confirmation and shall be delivered by a courier service, by United States Postal Service mail or by hand delivery, to the representatives specified herein. The name and address of the representative of UNIVERSITY for this Agreement is

P.O. Box 100154, Gainesville FL 32610-0154, Attn: Chair, Department of Physical Therapy. The name and address of the representative of INSTITUTION is

3. It is understood that in no event shall Students be considered or represent themselves as agents, officers, servants, or employees of INSTITUTION. At the same time, it is understood that in no event shall the employees or agents of INSTITUTION be considered or represent themselves as agents, officers, servants, or employees of UNIVERSITY. Both parties expressly intend that, with regard to the provisions of this Agreement, said parties shall be independent contractors, and no party hereto shall receive any other benefits besides those expressly provided for herein. UNIVERSITY shall instruct each Student to wear a pictured name tag identifying his/her status with UNIVERSITY.

4. This Agreement shall be binding upon and inure to the benefit of the parties hereto, their successors and permitted assigns. Nothing in this Agreement is intended, nor shall be deemed, to confer any benefits on any third party, including without limitation, any patients of INSTITUTION, nor shall such person or entity have any right to seek, enforce or recover any right or remedy with respect hereto.

5. The parties agree that each party shall have responsibility for their own individual actions and nothing contained herein shall be considered a hold harmless agreement on the part of either party.

6. The parties shall, to the maximum extent possible, fully cooperate in the defense of any claim or action involving medical care or treatment provided pursuant to this Agreement. Such cooperation shall include but not be limited to timely reporting to the other any such claim or action of which they become aware, timely providing relevant medical records and other documentation to the other at no expense to the other, and participating in such investigation and mutual defense as may be mutually advantageous.

7. This Agreement shall be effective for an indefinite duration commencing upon the Effective Date set forth above. This Agreement may be terminated, with or without cause, by either party with sixty (60) days written notice to the other party given in accordance with Section C.2. herein. The parties agree that if this Agreement is terminated, all Students currently assigned to INSTITUTION by UNIVERSITY pursuant to this Agreement, shall be given the opportunity to complete their clinical rotation. Further, UNIVERSITY and INSTITUTION agree that the terms of this Agreement may be revised at any time by formal written amendment to this Agreement executed by both parties hereto.
8. Both parties agree there shall be no discrimination based on race, religion, creed, sex or national origin in the performance of this Agreement.
9. This Agreement, including all attachments, contains the entire and complete understanding and agreement between the parties pertaining to the subject matter herein, and supersedes and cancels any and all prior agreements or understandings, whether oral or written, relating to the subject matter hereto. No other terms or conditions in the future shall be valid and binding on any party unless reduced to writing and executed by both parties.

INSTITUTION:

By: _____

Signature of authorized signatory Date

Print Name

Print Title

THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, FOR THE BENEFIT OF THE DEPARTMENT OF
PHYSICAL THERAPY, COLLEGE OF PUBLIC HEALTH AND
HEALTH PROFESSIONS,
UNIVERSITY OF FLORIDA

By: _____

David R. Nelson, M.D. Date

Senior Vice President, Health Affairs

University of Florida

Appendix C: Online CPI Training Guide

[APTA PT CPI Training](#)

Appendix D: Professional Development Tool

STUDENT NAME: _____

PROFESSIONAL DEVELOPMENT TOOL (PDT) AND PLAN INSTRUCTIONS FOR COMPLETION

For each of the 10 professionalism categories:

1. Reflect on the student's professional behavior using the definitions of and the criteria for each behavior as a guide.
2. Consider the solicited and unsolicited feedback has needed from clinical faculty, patients, others, as well as the student's self-reflections.
3. Review the behavioral criteria, asking yourself: "Has (*student*) demonstrated this behavior and has (*student*) demonstrated the behavior consistently in the context of the academic *and/or clinical* setting, e.g., classroom, lab, interactions with faculty, other professionals, and fellow students? How has (*student*) done so?"
4. Use the likert scale to identify how frequently you have observed each behavior, ranging from 0 (never/<10% of the time) to 4 (observed >90% of the time). The student's goal is to demonstrate all applicable beginning, developing, and entry-level skills in each of the 10 professionalism categories at a frequency of >90% of the time (scores of 4).
5. Some of the professional behaviors may be impossible to assess or not applicable to the context of certain clinical settings. In this case, enter N/A.

Next Steps:

5. For any of the 10 professionalism categories, there is blank space below the table of behaviors. Use this space to write down any specific behaviors that you think need enhancement and/or development.
6. Under comments – identify the specific behavior and list any suggestions that may help the student to develop those behaviors.
7. Keep in mind what UF advisors will be looking for as they review the assessment form(s):
 - a. Scale rating,
 - b. **specific** examples that demonstrate competence and support the assessment,
 - c. **specific** behaviors you identify that need enhancement,
 - d. **SPECIFIC and OBJECTIVE PLAN** for continuing to develop competency in professional behaviors.

These professional behaviors, in addition to knowledge and skill, are integral to becoming a successful physical therapist. Make the most of this opportunity to reflect on the progress you are making towards attaining entry-level competence in each of ten professional behaviors.

Professional Behaviors**

Professional Behaviors are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten professional behaviors were identified through a study conducted at UW-Madison in 1991-1992. The ten behaviors and definitions developed are:

Professional Behaviors

Definition

- | | |
|--|--|
| 1. Commitment to Learning | The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding. |
| 2. Interpersonal Skills | The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively cultural and ethnic diversity. |
| 3. Communication Skills | The ability to communicate effectively (i.e. speaking, body language, reading, writing, listening) for varied audiences and purposes. |
| 4. Effective Use of Time and Resources | The ability to obtain the maximum benefit from a minimum investment of time and resources. |
| 5. Use of Constructive Feedback | The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction. |
| 6. Problem-Solving | The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes. |
| 7. Professionalism | The ability to exhibit appropriate professional conduct and to represent the profession effectively. |
| 8. Responsibility | The ability to fulfill commitments and to be accountable for actions and outcomes. |
| 9. Critical Thinking | The ability to question logically; identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant. |
| 10. Stress Management | The ability to identify sources of stress and to develop effective coping behaviors. |

RATING SCALE DEFINITIONS

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

Behavioral Criteria #1. Commitment to Learning

Skill/Level/expected date of accomplishment in curriculum	Date	Date	Date
Beginning Level: Expected date of attainment – end of Semester 2 (4- Very often) prior to single day experiences Semester 3	Score	Score	Score
Identifies problems			
Formulates appropriate questions			
Identifies and locates appropriate resources			
Demonstrates a positive attitude (motivation) toward learning			
Offers own thoughts and ideas			
Identifies need for further information			
Developing Level: (builds on preceding level)	Score	Score	Score
Prioritizes information needs			
Analyzes and subdivides large questions into components			
Seeks out professional literature			
Sets personal and professional goals			
Plans and presents an in-service, research or case studies			
Welcomes and/or seeks new learning opportunities			
Entry Level: (builds on preceding levels)	Score	Score	Score
Applies new information and re-evaluates performance			
Accepts that there may be more than one answer to a problem			
Recognizes the need to and is able to verify solutions to a problem			
Reads articles critically and understands limits of application to professional practice			
Researches and studies areas where knowledge base is lacking			
Post-Entry Level: (builds on preceding levels)	Score	Score	Score
Questions conventional wisdom			
Formulates and re-evaluates position based on available evidence			
Demonstrates confidence in sharing new knowledge with all staff levels			
Modifies programs and treatments based on new learned skills and considerations			
Consults with other allied health professionals and physical therapists for treatment ideas			
Acts as mentor in area of specialty for other staff			

Comments: (Use back of page if needed)

Specific Examples: a) behaviors that you are competent in b) behaviors that need enhancement/development	Specific development plan for b) behaviors that need enhancement/development.
Provide your specific example here – if you choose this as one of your 3 abilities / skills	Provide specific development plan here - if you choose this as one of your 3 abilities / skills

RATING SCALE DEFINITIONS

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

Behavioral Criteria #2. Interpersonal Skills

Skill/Level/expected date of accomplishment in curriculum	Date	Date	Date
Beginning Level: Expected date of attainment – end of Semester 2 (4- Very often)	Score	Score	Score
Maintains professional demeanor in all academic, personal and clinical interactions			
Demonstrates interest in peers, faculty, guests, and patients as individuals			
Respects cultural and personal differences of others; is non-judgmental about others' lifestyles			
Communicates with others in a respectful, confident manner			
Respects personal space of peers, guests, faculty, and patients.			
Maintains confidentiality in all clinical interactions			
Demonstrates acceptance of limited knowledge and experience			
Developing Level: (builds on preceding level)	Score	Score	Score
Recognizes impact of non-verbal communication and modifies accordingly			
Assumes responsibility for own actions			
Motivates others to achieve			
Establishes trust			
Seeks to gain knowledge and input from others			
Respects role of support staff			
Entry Level: (builds on preceding levels)	Score	Score	Score
Listens to patient but reflects back to original concern			
Works effectively with challenging patients			
Responds effectively to unexpected experiences			
Talks about difficult issues with sensitivity and objectivity			
Delegates to others as needed			
Approaches others to discuss differences in opinion			
Accommodates differences in learning styles			
Post-Entry Level: (builds on preceding levels)	Score	Score	Score
Recognizes role as leader			
Builds partnerships with other professionals			
Establishes mentor relationships			

Comments: (Use back of page if needed)

Specific Examples: a) behaviors that you are competent in b) behaviors that need enhancement/development	Specific development plan for b) behaviors that need enhancement/development.

RATING SCALE DEFINITIONS

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

Behavioral Criteria #3. Communication Skills

Skill/Level/expected date of accomplishment in curriculum	Date	Date	Date
Beginning Level: Expected date of attainment – end of Semester 2 (4- Very often)	Score	Score	Score
Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression			
Writes legibly			
Recognizes impact of non-verbal communication: maintains eye contact, listens actively			
Maintains eye contact			
Developing Level: (builds on preceding level)	Score	Score	Score
Utilizes non-verbal communication to augment verbal message			
Restates, reflects and clarifies message			
Collects necessary information from discussion/interview with peer, faculty, TA, staff, and patients.			
Entry Level: (builds on preceding levels)	Score	Score	Score
Modifies communication (verbal and written) to meet the needs of different audiences			
Presents verbal or written message with logical organization and sequencing			
Maintains an open and constructive communication			
Utilizes communication technology differently			
Dictates clearly and concisely			
Post-Entry Level: (builds on preceding levels)	Score	Score	Score
Demonstrates ability to write scientific research papers and grants			
Fulfills role as patient advocate			
Communicates professional needs and concerns			
Mediates conflict			

Comments: (Use back of page if needed)

Specific Examples: a) behaviors that you are competent in b) behaviors that need enhancement/development	Specific development plan for b) behaviors that need enhancement/development.

RATING SCALE DEFINITIONS

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

Behavioral Criteria #4. Effective Use of Time and Resources

Skill/Level/expected date of accomplishment in curriculum	Date	Date	Date
Beginning Level: Expected date of attainment – end of Semester 2 (4- Very often)	Score	Score	Score
Focuses on tasks at hand without dwelling on past mistakes			
Recognizes own resource limitations			
Uses existing resources effectively			
Uses unscheduled time efficiently			
Completes assignments in a timely fashion			
Developing Level: (builds on preceding level)	Score	Score	Score
Sets up own schedule			
Coordinates schedule with others			
Demonstrates flexibility			
Plans ahead			
Entry Level: (builds on preceding levels)	Score	Score	Score
Sets priorities and reorganizes as needed			
Considers patient's goals in context of patient, clinic, and third party resources			
Has ability to say "No"			
Performs multiple tasks simultaneously and delegates when appropriate			
Uses scheduled time with each patient efficiently			
Post-Entry Level: (builds on preceding levels)	Score	Score	Score
Uses limited resources creatively			
Manages meeting time effectively			
Takes initiative in covering for absent staff members			
Develops programs and works on projects while maintaining case loads			
Follows up on projects in a timely manner			
Advances professional goals while maintaining expected workload			

Comments: (Use back of page if needed)

Specific Examples: a) behaviors that you are competent in b) behaviors that need enhancement/development	Specific development plan for b) behaviors that need enhancement/development.

RATING SCALE DEFINITIONS

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

Behavioral Criteria #5. Use of Constructive Feedback

Skill/Level/expected date of accomplishment in curriculum	Date	Date	Date
Beginning Level: Expected date of attainment – end of Semester 2 (4- Very often)	Score	Score	Score
Demonstrates active listening skills			
Actively seeks feedback and help			
Demonstrates a positive attitude towards feedback			
Critiques own performance			
Maintains two-way communication			
Developing Level: (builds on preceding level)	Score	Score	Score
Assesses own performance accurately			
Utilizes feedback when establishing pre-professional goals			
Provides constructive and timely feedback when establishing pre-professional goals			
Develops plan of action in response to feedback			
Entry Level: (builds on preceding levels)	Score	Score	Score
Seeks feedback from clients			
Modifies feedback given to clients according to their learning styles			
Reconciles differences with sensitivity			
Considers multiple approaches when responding to feedback			
Post-Entry Level: (builds on preceding levels)	Score	Score	Score
Engages in non-judgmental, constructive problem-solving discussions			
Acts as conduit for feedback between multiple sources			
Utilizes feedback when establishing professional goals			
Utilizes self-assessment for professional growth			

Comments: (Use back of page if needed)

Specific Examples: a) behaviors that you are competent in b) behaviors that need enhancement/development	Specific development plan for b) behaviors that need enhancement/development.

RATING SCALE DEFINITIONS

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

Behavioral Criteria #6. Problem-Solving

Skill/Level/expected date of accomplishment in curriculum	Date	Date	Date
Beginning Level: Expected date of attainment – end of Semester 2 (4- Very often)	Score	Score	Score
Recognizes problems			
States problems clearly			
Describes known solutions to problems			
Identifies resources needed to develop solutions			
Begins to examine multiple solutions to problems			
Developing Level: (builds on preceding level)	Score	Score	Score
Prioritizes problems			
Identifies contributors to problem			
Considers consequences of possible solutions			
Consults with others to clarify problem			
Entry Level: (builds on preceding levels)	Score	Score	Score
Implements solutions			
Reassesses solutions			
Evaluates outcomes			
Updates solutions to problems based on current research			
Accepts responsibility for implementing solutions			
Post-Entry Level: (builds on preceding levels)	Score	Score	Score
Weighs advantages			
Participates in outcome studies			
Contributes to formal quality assessment in work environment			
Seeks solutions to community health-related problems			

Comments: (Use back of page if needed)

Specific Examples: a) behaviors that you are competent in b) behaviors that need enhancement/development	Specific development plan for b) behaviors that need enhancement/development.

RATING SCALE DEFINITIONS

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

Behavioral Criteria #7. Professionalism

Skill/Level/expected date of accomplishment in curriculum	Date	Date	Date
Beginning Level: Expected date of attainment – end of Semester 2 (4- Very often)	Score	Score	Score
Abides by APTA Code of Ethics			
Demonstrates awareness of state licensure regulations			
Abides by facility policies and procedures			
Projects professional image			
Attends professional meetings			
Demonstrates honesty, compassion, courage and continuous regard for all			
Developing Level: (builds on preceding level)	Score	Score	Score
Identifies positive professional role models			
Discusses societal expectations of the profession			
Acts on moral commitment			
Involves other health care professionals in decision-making			
Seeks informed consent from patients			
Entry Level: (builds on preceding levels)	Score	Score	Score
Demonstrates accountability for professional decisions			
Treats patients within scope of expertise			
Discusses role of physical therapy in health care			
Keeps patient as priority			
Post-Entry Level: (builds on preceding levels)	Score	Score	Score
Participates actively in professional organizations			
Attends workshops			
Actively promotes the profession			
Acts in leadership role when needed			
Supports research			

Comments: (Use back of page if needed)

Specific Examples: a) behaviors that you are competent in b) behaviors that need enhancement/development	Specific development plan for b) behaviors that need enhancement/development.

RATING SCALE DEFINITIONS

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

Behavioral Criteria #8. Responsibility

Skill/Level/expected date of accomplishment in curriculum	Date	Date	Date
Beginning Level: Expected date of attainment – end of Semester 2 (4- Very often)	Score	Score	Score
Demonstrates dependability			
Demonstrates punctuality			
Follows through on commitments			
Recognizes own limitations			
Developing Level: (builds on preceding level)	Score	Score	Score
Accepts responsibility for actions and outcomes			
Provides safe and secure environment for patients			
Offers and accepts help			
Completes projects without prompting			
Entry Level: (builds on preceding levels)	Score	Score	Score
Directs patients to other health-care professionals when needed			
Delegates as needed			
Encourages patient accountability			
Post-Entry Level: (builds on preceding levels)	Score	Score	Score
Orients and instructs new employees/students			
Promotes clinical education			
Accepts role as team leader			
Facilitates responsibility for program development and modification			

Comments: (Use back of page if needed)

Specific Examples: a) behaviors that you are competent in b) behaviors that need enhancement/development	Specific development plan for b) behaviors that need enhancement/development.

RATING SCALE DEFINITIONS

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

Behavioral Criteria #9. Critical Thinking

Skill/Level/expected date of accomplishment in curriculum	Date	Date	Date
Beginning Level: Expected date of attainment – end of Semester 2 (4- Very often)	Score	Score	Score
Raises relevant questions			
Considers all available information			
States the results of scientific literature			
Recognizes “holes” in knowledge base			
Articulates ideas			
Developing Level: (builds on preceding level)	Score	Score	Score
Feels challenged to examine ideas			
Understands scientific method			
Formulates new ideas			
Seeks alternative ideas			
Formulates alternative hypotheses			
Critiques hypotheses and ideas			
Entry Level: (builds on preceding levels)	Score	Score	Score
Exhibits openness to contradictory ideas			
Assesses issues raised by contradictory ideas			
Justifies solutions selected			
Determines effectiveness of applied solutions			
Post-Entry Level: (builds on preceding levels)	Score	Score	Score
Distinguishes relevant from irrelevant patient data			
Identifies complex patterns of associations			
Demonstrates beginning intuitive thinking			
Distinguishes when to think intuitively vs. analytically			
Recognizes own biases and suspends judgmental thinking			
Challenges others to think critically			

Comments: (Use back of page if needed)

Specific Examples: a) behaviors that you are competent in b) behaviors that need enhancement/development	Specific development plan for b) behaviors that need enhancement/development.

RATING SCALE DEFINITIONS

0	1	2	3	4
Never	Rarely	Sometimes	Often	Very Often

Behavioral Criteria #10. Stress Management

Skill/Level/expected date of accomplishment in curriculum	Date	Date	Date
Beginning Level: Expected date of attainment – end of Semester 2 (4- Very often)	Score	Score	Score
Recognizes own stressors or problems			
Recognizes distress or problems in others			
Seeks assistance as needed			
Maintains professional demeanor in all situations			
Developing Level: (builds on preceding level)	Score	Score	Score
Maintains balance between professional and personal life			
Demonstrates effective affective responses in all situations			
Accepts constructive feedback			
Establishes outlets to cope with stressors			
Entry Level: (builds on preceding levels)	Score	Score	Score
Prioritizes multiple commitments			
Responds calmly to urgent situations			
Tolerates inconsistencies in health-care environment			
Post-Entry Level: (builds on preceding levels)	Score	Score	Score
Recognizes when problems are unsolvable			
Assists others in recognizing stressors			
Demonstrates preventative approach to stress management			
Establishes support network for self and clients			
Offers solutions to the reduction of stress within the work environment			

Comments: (Use back of page if needed)

Specific Examples: a) behaviors that you are competent in b) behaviors that need enhancement/development	Specific development plan for b) behaviors that need enhancement/development.
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FACULTY COMMENTS: This comment page should be used to document and track any advisement/feedback provided to student re: professional development and behaviors that need special attention. Please include date, nature of comments, and name of faculty member. E.g., 11/30/12 Regular scheduled self-assessment. E.g. 2/4/013. Student demonstrating difficulty with timeliness of assignments. Discussed with student. Student has revised professional development plan to address. See student plan above.

Date Nature of comments/specific behaviors/plans Faculty advising

Appendix E: Final Evaluation of Clinical Experience (PTSE1)

[Link to resource](#) found on page 4.

Appendix F: Clinical Experience Practice Setting Categories

Category I (Cat 1/C1) (Required)

(Low Medical Management Complexity/High level of health & independence)

Outpatient Ortho

Outpatient Sports

Outpatient General

Outpatient Other (this is specific to the site.)

Category 2 (Cat 2/C2)(Required)

(Moderate Medical Management Complexity/Moderate level of health & independence)

Rehab General

Rehab Neuro

Rehab Ortho

Skilled Nursing Facility

Outpatient Neuro

Outpatient Peds (except for pediatric or adolescent sports)

Inpatient Rehab

Rehab Peds

School System Pediatrics

Early Intervention

Home Care

Outpatient Oncology

Outpatient Other (this would be specific to the site.)

Category 3 (Cat 3/C3) (Required)

(High Medical Management Complexity/Low level of health & independence)

Acute General

Acute Ortho

Acute Neuro

Acute Other

Acute Pediatric

Acute Oncology

Category 4 (Cat 4/C4): Specialty (Does not meet a required setting criteria)

Outpatient Pelvic Health (typically requires student taking a pre-course)

Outpatient Pediatric/Adolescent Sports

Outpatient Other (specific to the site.)

Other (specific to the site.)

*Other - C1, C2, C3, or C4

**Outpatient Other - C1, C2, or C4

To complete a Cat 4 clinical experience, you must also have a Cat 1, 2, and 3 to graduate.