



**WashU** Medicine

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## Physical Therapy

**CLINICAL INSTRUCTOR'S HANDBOOK**

**Revised 2025**



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## Physical Therapy

Dear Colleagues,

We are excited to collaborate with you in the area of Clinical Education and value your participation in our curriculum! The success of our students is reliant on the strength of our clinical partnerships, and we want you to know how much we appreciate you, our clinical partners.

On behalf of the entire Program in Physical Therapy, we thank you for your dedication in assisting our students in developing into competent, ambitious, and conscientious professionals. The Clinical Education aspect of our curriculum is an integral component in fulfilling our mission of developing physical therapists who are experts in the human movement system. We thank you for joining us in that mission.

We hope that your experiences with our students are both rewarding and enjoyable. The Clinical Instructor Handbook should serve as a reference to help augment our students' clinical education experiences. We hope you find the resources and information provided within the Handbook helpful in supporting and challenging all students.

Please do not hesitate to reach out to us should you have any feedback, questions, or needs.

Sincerely,

The Clinical Education Team of the Program in Physical Therapy

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# The Curriculum

Washington University Program in Physical Therapy DPT graduates embrace their professional identity as leaders in their community, dedicated to advancing human health by preventing, diagnosing, and managing movement problems across the lifespan.

Throughout the curriculum, the learner progresses through four phases of development. Each phase includes all of the following domains of competence:



**Patient and Client Care:** Provide informed, compassionate, effective, and efficient person-centered care for the management of movement problems and the promotion of health and wellness



**Knowledge for Practice:** Integrate knowledge from established and evolving movement and other relevant biomedical, clinical and epidemiological and social-behavioral sciences to guide practice.



**Practice-Based Learning and Improvement:** Evaluate one's delivery of care, appraise and assimilate scientific evidence, and continuously improve performance based on self-evaluation



**Interpersonal and Communication Skills:** Use effective interpersonal and communication skills to interact and collaborate with others



**Professionalism:** Adhere to ethical and legal principles, model professional behaviors, and demonstrate a commitment to citizenship within the profession and the community



**Systems-Based Practice:** Function effectively and proactively within evolving systems and environments that affect the health of individuals and populations.



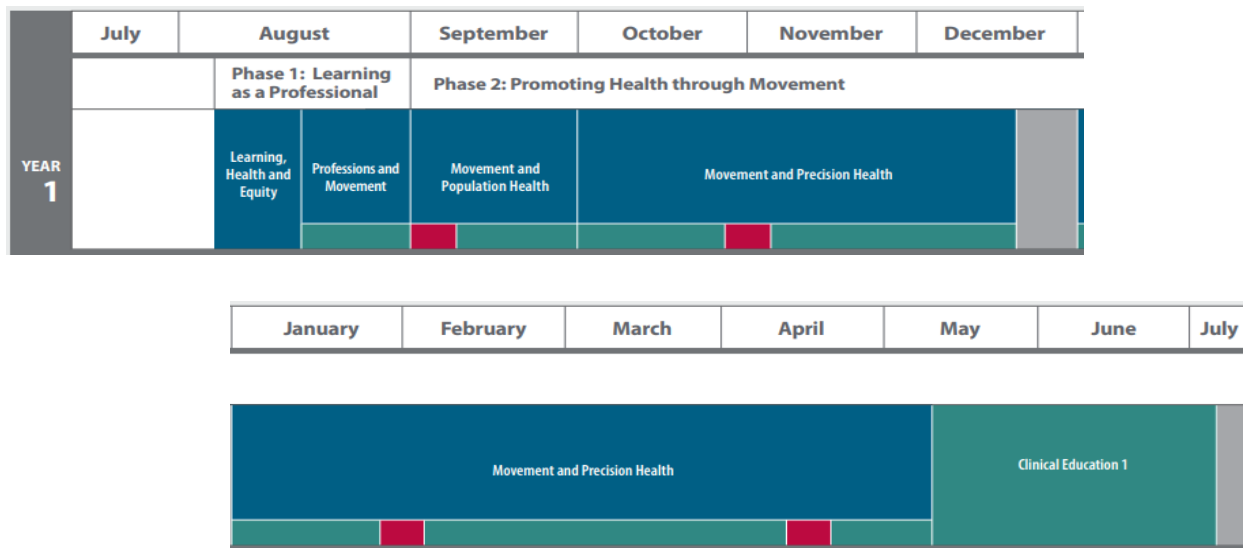
**Interprofessional Collaboration:** Engage within interprofessional teams as an effective member and collaborative leader.



**Personal and Professional Development:** Demonstrate the attributes required to engage in lifelong personal and professional growth.

The three-year DPT curriculum consists of five academic semesters and 4 full-time clinical experiences (totaling 38 weeks).

**Year One** of the program introduces the learners to the profession of Physical Therapy as they begin to craft their professional identity. Learners build knowledge of the basic sciences including anatomy, kinesiology, and physiology in a highly integrated manner with an emphasis on promoting health through movement. Year one culminates with Clinical Education 1 (CE I).



A list of skills learners will have acquired prior to CE1 at the end of Year 1 can be found in Exxat. Be sure to click on “PT 691 – Clinical Experience 1” for the “Skills Learned Prior to CE I” document:

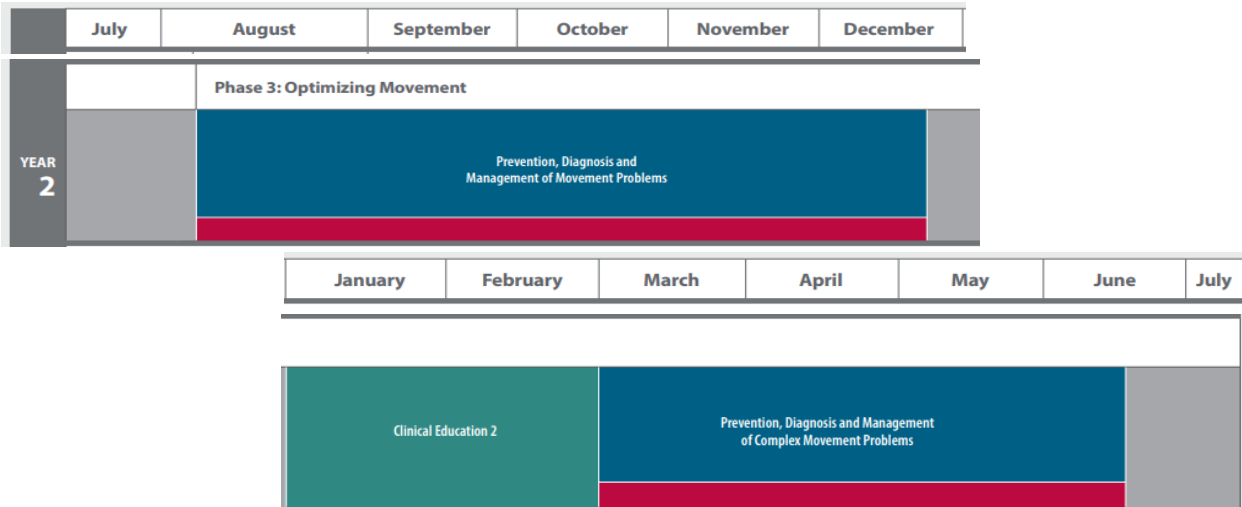
PT 691 - Clinical Experience I

Skills Learned Prior to CE I

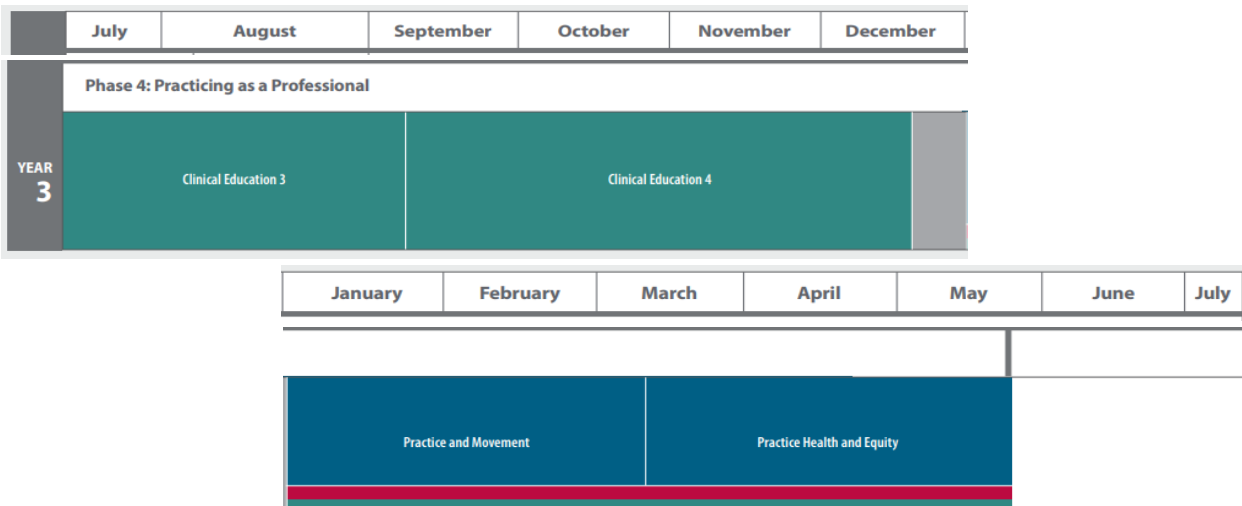
[Click me](#)

This document describes the skills that has been completed prior to CE I. Specific skills practices are identified.

**Year Two** allows learners to dive deeper into the physical therapist’s role of optimizing movement. They explore increasingly complex, multisystemic movement problems with a three-pronged emphasis on prevention, diagnosis and management. Clinical Education 2 (CE II) falls in the middle of Year 2.



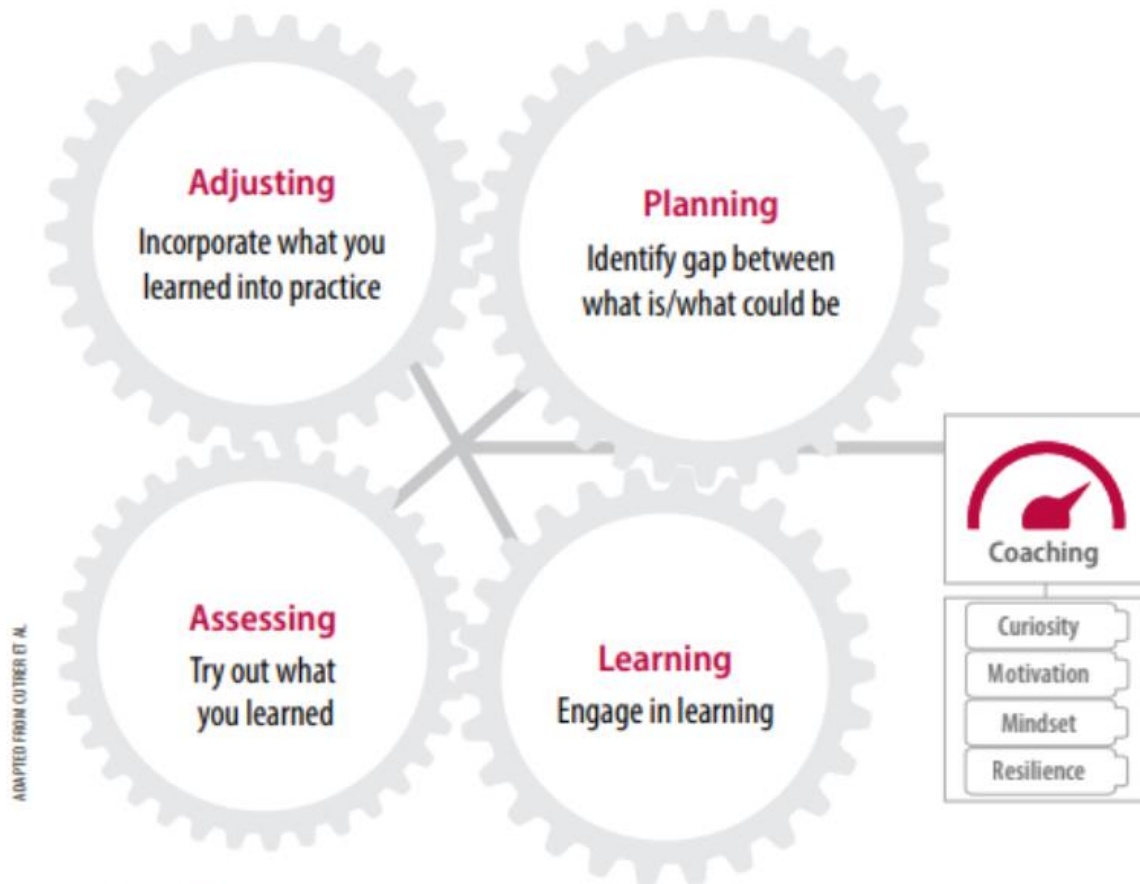
**Year Three** includes clinical education 3 (CE III) and 4 (CE IV), where learners progress toward and achieve entry-level professional performance. Upon their return to campus for the 5<sup>th</sup> semester, they further hone their clinical lens, develop skills in scholarship, education, advocacy, and leadership, and begin to make choices about their desired area of practice after commencement.



Learn more about our curriculum here: <https://pt.wustl.edu/education/doctor-of-physical-therapy/degree-requirements-curriculum/>

## The Master Adaptive Learner

Our curriculum is designed to foster the development of Master Adaptive Learners. This framework is depicted in the gears of the figure below. The four phases of the MAL are **planning, learning, assessing, and adjusting**. Curiosity, motivation, mindset, and resilience provide power for the learner during the MAL phases.



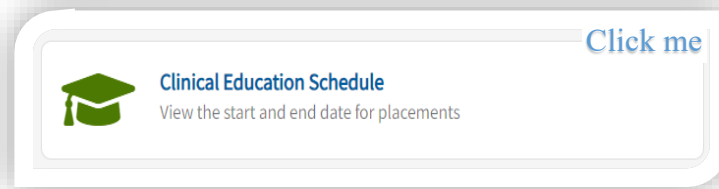
Want to learn more about the Master Adaptive Learner?

Cutrer, William B. MD, MEd; Miller, Bonnie MD; Pusic, Martin V. MD, PhD; Mejicano, George MD, MS; Mangrulkar, Rajesh S. MD; Gruppen, Larry D. PhD; Hawkins, Richard E. MD; Skochelak, Susan E. MD, MPH; Moore, Donald E. Jr PhD. Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education. *Academic Medicine* 92(1):p 70-75, January 2017. | DOI: 10.1097/ACM.0000000000001323



# Clinical Education

The Clinical Education Program provides the learner the experiences to fully develop their professional behavior, communication, and skills in patient examination, evaluation, diagnosis, and intervention. Through clinical education, learners are provided an environment in which the learner can think critically and integrate specific concepts and techniques to provide quality clinical care.



This phase of the curriculum is comprised of part-time and full time clinical experiences which are scheduled at a variety of practice settings that represent the broad scope of clinical practice in physical therapy.

## Early Integrated Clinical Experience (ECE I and ECE II):

These part-time experiences occur within the first year of the curriculum; ECE I runs in the Fall, and ECE II runs in the Spring. All learners must achieve the expected level of competence in both semesters of the Early Integrated Clinical Experience, and all didactic coursework, before a learner may continue on to Clinical Education I.

## Clinical Education I (CE I) and Clinical Education II (CE II):


Both of these full-time clinical experiences are eight weeks long. CE I occurs at the end of the first year of didactic preparation (May to July) and CE II occurs following the Fall of the second year (January to February)

## Clinical Education III (CE III) and Clinical Education IV (CE IV):

CE III and IV are the full-time terminal clinical experiences that occur at the end of the 2<sup>nd</sup> year of didactic education. CEIII runs for 10 weeks from July to September. CE IV runs for 12 weeks from October to December.

*\*\* Flexibility in clinical experience dates require permission and will be evaluated on a case by case basis by the Clinical Education Team. Alternative dates may be considered provided they do not interfere with on campus coursework.*

Syllabi for full-time clinical rotations can be found on our [Exxat](#) page, here:

**Course Specific Resources For Clinicians**  
Syllabi, expectations and other materials unique to a specific rotation

Click me

*Here you will find...*

- Course Syllabi
- Skills learned prior to the rotation
- Rotation-specific assignments

## Clinical Education Coursework

The Clinical Education Program is an essential ingredient of the curriculum in achieving the goal of producing a master adaptive learner and the type of professional physical therapist who can function competently in general clinical practice.

In the final clinical period, which includes the terminal clinical education experiences (consisting of a 10-week and a 12-week rotation), the learner is asked to integrate all knowledge and skills learned in the classroom, laboratory and prior clinical experiences.

Learners will also engage in small group and individual reflective coursework while engaged in each integrated or full-time clinical experience. Each course is designed to correlate with the academic preparation of the learner by increasing the number of skills and complexity of problem solving required. Learners are expected to actively participate in the clinical education process and to share in the planning and evaluation of learning experiences.



#### Program Wide Resources For Clinicians

Handbooks, policies, procedures and other materials that apply to students throughout their academic career

[Click me](#)

#### *Here you will find...*

- CPI information, training, and links
- Clinical Education Resources
  - Access to CEU information
  - Learning experiences feedback log
  - Samples of student evaluations of the site and the clinical instructor
- Clinical Education Policies & Procedures:
  - Attendance policy
  - Medicare Part B Guidelines
- And more...

The Program is committed to the professional development and collaboration of both academic and clinical faculty. Collaboration can occur through course development, course delivery, and research endeavors. All clinical and academic faculty are encouraged to participate in the Clinical Education Program coursework. This fosters a cooperative attitude among all involved in the preparation of our future professional colleagues in physical therapy.

## The Clinical Education Team

**Core faculty members** work in coordination to:

- Provide ongoing mentorship of learners throughout program
- Foster relationships with clinical partners
- Maintain compliance with accreditation standards
- Coordinate and deliver clinical education coursework
- Facilitate clinical education site acquisition, retention, and perform site visits



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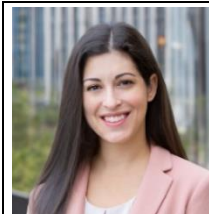
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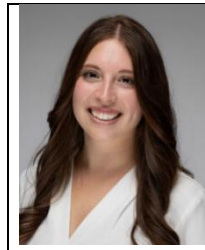
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**Core staff members** perform:

- Scheduling and coordinating all early integrated clinical experiences and CE I-IV
- Acquisition and retention of clinical education contractual agreements
- Management of “Exxat” database



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# Before the Rotation

## Selection of Clinical Education Facilities

Clinical site selection and development is the responsibility of the Clinical Education Team members. We presently have over 400 on-going clinical contracts in St. Louis and throughout the United States. In addition, select international experiences are available. Clinical sites are chosen on the basis of their reputation, their philosophy of clinical education, the type of facility, unique opportunities that can be offered to learners, and the clinical expertise or experience of the clinical instructors. Location and travel expenses, for the learner and for visiting faculty members, are taken into consideration when a clinical facility is evaluated.

Learners are given the opportunity to request the investigation of a new clinical site. Learners are expected to initiate this through the Clinical Education Team.

**Learners or family members are instructed to never contact facilities on their own!** The Clinical Education Team will use discretion in choosing the new sites to be investigated depending upon the needs of the learners, partnership opportunities with the site for future learners, and the needs of the Program in Physical Therapy.

## Contractual agreements

Washington University maintains contracts for all sites engaged in clinical education. A standard contract is available from Washington University, however, Washington University will engage in negotiation with sites with a contract of the sites preference. Please contact [PTClinEd@email.wustl.edu](mailto:PTClinEd@email.wustl.edu) for any contract related questions.

## Clinical Site Information Form (CSIF)

Washington University's Program in Physical Therapy uses CSIF tool alongside APTA CPI to help the academic programs analyze and validate data annually. The CSIF saves clinical sites time by updating their information online and in one place; provides academic programs with the ability to view, query, and export site data, manage contract renewal dates, and report on clinical site information; and enables learners to view and search clinical site information to make informed decisions.

The CSIF form is integral for our learners to learn about each site and to access specific site offerings for each clinical experience. Learners on any clinical education experience are able to help sites complete or update the CSIF. The CSIF forms assists the Clinical Education Team in counseling learners in regards to clinical matching.

[Click me](#)

## APTA Clinical Site Information Form

### Learner Site Selection Process

We collect slot offerings from our clinical partners starting on March 1<sup>st</sup> for the following calendar year. Learners are provided with a comprehensive list of sites that have offered slots via our clinical education database (Exxat). Additionally, learners are provided several weeks to research all clinical internship locations listed using Exxat including site details and previous learner site evaluations, Clinical Site Information Forms (CSIF's), and to meet with their clinical education advisor. These meetings facilitate discussion about their prioritization, sites selection, and advice on the match-up with the clinic best suited to their needs.

### Information Provided to the Sites

Once a learner is matched to a site, the student's Exxat profile and all necessary documentation will be sent to the Site Coordinator. Sites that have additional onboarding processes will be relayed to the learner via Exxat so that they can complete all necessary steps prior to the start of the clinical rotation. Please contact us at [ptclined@email.wustl.edu](mailto:ptclined@email.wustl.edu) if your site onboarding requirements are changing. We will also reach out to the Site Coordinators every year before our March 1<sup>st</sup> slot request to check for any updated information.

# During the Rotation



## Program Wide Resources For Clinicians

Handbooks, policies, procedures and other materials that apply to students throughout their academic career

[Click me](#)

### *Here you will find...*

- CPI information, training, and links
- Clinical Education Resources
  - Access to CEU information
  - Learning experiences feedback log
  - Samples of student evaluations of the site and the clinical instructor
- Clinical Education Policies & Procedures:
  - Attendance policy
  - Medicare Part B Guidelines
- And more...

## Assessment Criteria for Clinical Education Courses

Clinical education experiences are assessed on a Pass/Fail basis. The requirements for completing each full-time clinical education experience include:

1. Successful completion of the following items at the designated times:
  - A. Self-learning objectives (see Appendix A)
  - B. Student Evaluation of Clinical Experience and Clinical Instructor
  - C. Physical Therapist Clinical Performance Instrument (PT CPI)
  - D. Student Self-Assessment on PT CPI
  - E. Professional Behaviors Assessment (see Appendix B)
  - F. Reflection on and in experiences collaborating/interacting with other disciplines
  - G. All other required assignments
2. Achievement of the appropriate rating scale anchor on the PT CPI by the end of the rotation
  - A. Clinical Education 1: Advanced Beginner
  - B. Clinical Education 2: Intermediate

- C. Clinical Education 3: Advanced Intermediate
- D. Clinical Education 4: Entry-Level
- 3. Attendance at the clinical experience and at all class discussion meetings

Learners must successfully complete each clinical education experience in the order scheduled before proceeding onto the next clinical experience.

At any time during the clinical experiences, if safety issues, clinical performance, or professional behavior becomes a major concern, a learner may be immediately withdrawn from the site and the experience. This will constitute a failure of that clinical education course. All final decisions relating to whether or not a learner earns a pass/fail for any clinical experience is at the discretion of the Clinical Education Team.

#### *Clinical Performance Instrument (PT CPI)*

APTA's Physical Therapist Clinical Performance Instrument (PT CPI) is a standardized, valid instrument that assesses learner performance during clinical education experiences.

[Click me](#)

**APTA Clinical Performance  
Instrument (CPI)**

\*Log in is required to access CPI, but an APTA paid membership is not required.

#### *Remedy of a Failure in Clinical Education*

Learners are expected to achieve a specific benchmark on the Clinical Performance Instrument depending upon the rotation level. Under most circumstances, learners who fail to achieve this benchmark will necessitate review by the Clinical Education Team to determine if the learner has passed. Ordinarily, if a learner fails a full time clinical experience for the first time, the Clinical Education Team and PTCAC will create a remediation plan. The location and type of any remediation and/or make-up clinical experience will be determined by the Clinical Education Team and PTCAC.

### **Expectations for Learners, Sites, and Clinical Instructors**

#### ***Expectations for Learners***

The physical therapist's professionalism encompasses not only having specialized knowledge, but also being aware of the aspects of behavior and appearance that affect clinical practice. Although there are variations in professional behavior and appearance between clinical sites, the requirements below serve as a basis on which learners are asked to form their own style of professionalism after graduation. Learners are expected to adhere to these standards while participating in clinical education or when in contact with patients during other phases of the curriculum.



### Appropriate Appearance

Wearing the appropriate attire is important because learners are professionals and representative of Washington University. Additionally, wearing appropriate attire provides the learner with comfortable, non-restrictive clothing necessary in a physical therapist's clinical practice. Learners are expected to wear the appropriate attire for all activities involving clinical contact with patients unless specifically instructed otherwise. Learners can be specifically requested or allowed, by their clinical supervisor, to change their dress requirements while at that facility.

The appropriate attire consists of a short white jacket to be worn with professional clothing. This jacket will be provided to each learner as a gift from the Program. The length of shirts/tops should be adequate to cover the entire trunk at rest and during all movements by the learner. **That means that no skin should be visible on the abdomen, breasts, or between the shirt and pants when in the clinic.** Jeans and t-shirts must **never** be worn. Clothing should be in nice condition. A nametag, provided upon admission, is to be worn on the left side of the jacket below the collar.

Shoes must be closed-toe style of a neutral color. No sandals, clogs, tennis shoes, hiking boots or other novelty shoes will be permitted. Nylons or socks should be worn. Accessories such as jewelry should be kept at a minimum and should not interfere with treatment or cause potential safety hazards. For example, large earrings or other body rings are inappropriate. Fingernails should be kept short and clean for sanitary and safety reasons. Hairstyles must stay neat while working and not interfere with performance of patient care activities.

### Appropriate Behavior

In addition to employing appropriate social courtesy, the following should be regarded as specific suggestions for professional behavior in the clinical setting:

- It is the learner's responsibility to seek all the information needed to be able to comply with the departmental policies in the clinical setting. The orientation given by the clinical instructor should assist in knowing policies, but it is also the learner's responsibility to ask for additional information or seek clarification of information provided. Such policies will concern lunch, breaks, smoking regulations, dress code, emergency procedures, departmental hours, & holidays.
- Any gratuities offered to learners by patients should be reported to the clinical instructor and handled in a manner appropriate to that specific situation.
- Avoid chewing gum while treating patients.
- Permission of the clinical instructor is required before visiting patients after departmental hours. In some facilities, this is an acceptable practice, in some it is not. Check beforehand, and comply with those procedures.
- Asking questions of the clinical instructor will not only facilitate learning, but will ensure patient safety and quality care. Be discrete about questions asked in front of the patient, and reserve all questions regarding prognosis for when the patient is not present. Learners should be aware of the clinical instructor's time

constraints in answering questions as well as their own obligation to ask those questions.

- Strict adherence to the ethical standards, which protect the patients' confidence, is required. Do not discuss patients' condition(s) outside the clinical setting. Patients may be discussed with classmates and faculty for educational purposes, but avoid identifying them by name.
- Attention to common courtesy is essential in the clinical setting. Communication of respect, learner's display of good listening skills and sensitive verbal communications will be helpful in promoting productive working relationships between learners, clinical supervisors, and peers.
- Learners are expected to strive toward achievement of the "Professional Behaviors/Generic Abilities" (see Appendix B), displaying appropriate affective/professional behaviors.
- Learners are obligated to report back to the school any ethical or legal compromises noted at their clinical sites.
- Cell phones may not be turned on during class or clinic times unless approved by the clinical instructor or faculty member for professional purposes.
- Learners completing clinical experiences are not allowed to also be employed by the institution/clinic during the time frame of the clinical experience.

### *Expectations for Clinical Sites*

The Clinical Education Team values our relationship with each clinical site. The Program's expectations for Clinical Instructors align with the APTA's [\*Guidelines: Clinical Education Sites\*](#). In addition, the Program expects the site to uphold the individual "Memorandum of Agreement" signed by both the facility and the University.

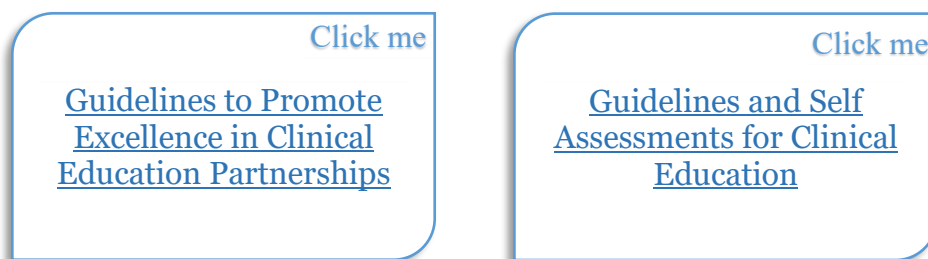
Washington University expects all clinical sites to:

- Provide clinical site orientation to learners.
- Ensure all physical therapy personnel provide services in an ethical and legal manner.
- Provide clinical education experiences for learners that meet specific objectives of the academic program, the physical therapy provider, and the individual learner.
- Ensure compatibility with the philosophy of the academic program.
- Provide administrative support for physical therapy clinical education.
- Provide a variety of learning experiences to learners.
- Provide an active, stimulating environment centered around the needs of the learner.
- Maintain the principle of equal opportunity and affirmative action as required by federal legislation.

- Provide an adequate number of physical therapy personnel to provide an educational program for learners.
- Select a site coordinator for clinical education (SCCE) based on specific criteria.
- Select physical therapy clinical instructors based on specific criteria.
- Provide SCCE and CI training and development on a routine basis.
- Support active career development of all personnel.
- Encourage physical therapy personnel to be active in professional activities.
- Encourage all personnel to engage in an active evaluation of all the facility's affairs.

### ***Expectations for Site Coordinators of Clinical Education***

Guidelines provided by the APTA aim to enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing learner clinical learning experiences:



### ***Expectations for Clinical Instructors***

Clinical Instructors (CI) are clinical faculty of the Program in Physical Therapy. The Clinical Education team values and appreciates the time, resources, and effort that all our CIs dedicate to the professional development of our learners. Our expectations for CIs align with the APTA's [Guidelines and Self-Assessments for Clinical Education](#). The CI should possess:

- Clinical competence, professional skills, and ethical behavior in clinical practice.
- Effective communication skills.
- Effective skill in interpersonal relationships.
- Effective instructional skills.
- Performance evaluation skills.

Washington University expects all Clinical Instructors to:

- Demonstrate a passion and commitment to the profession of physical therapy and to working with physical therapy students.
- Abide by all facility, legal, and APTA policies and guidelines.

- Model professional and ethical behavior in all interactions with learners, patients, their family members, and peers.
- Continually self-evaluate and develop themselves as clinical instructors.
- Provide instruction in a non-threatening and collegial manner that maintains the learner at the center of all efforts.
- Adapt teaching strategies and techniques appropriate for the learner and level of preparation.
- Prepare in advance prior to a learner's arrival.
- Review/discuss learner's self-learning objectives at the beginning of the clinical experience and formulate additional mutual learning objectives as needed.
- Provide formative and summative feedback, including both a mid-term and final Clinical Performance Instrument (CPI) evaluation.
- Contact the DCE or Clinical Education Team member promptly when learner performance concerns emerge.
- Provide feedback to the DCE or Clinical Education Team member about curricular strengths and weaknesses that may affect learner clinical performance.

### *Expectations for the WUPT Clinical Education Team*

#### *Site Visits*

The Clinical Education Team routinely performs site visits during clinical experiences and may request to visit your site. The goals of a site visit include: 1) interaction with clinical faculty, 2) obtainment of updates on programmatic and site resource changes, 3) learn about unique programs available for learners, 4) offer academic support, and 5) to interact with both the learner and the CI.

Although the Clinical Education Team performs site visits regularly, they are also available upon request. If a learner is experiencing challenges, the Clinical Instructor may request a site visit or virtual meeting, and the Clinical Education Team will determine if a site visit is appropriate through consideration of a variety of factors including time, budgetary concerns, and other clinical education demands.

#### *Continuing Education*

Washington University will provide a certificate to each Clinical Instructor for the hours the learner was with the CI. All CI's are able to apply for continuing education units (CEU) in their respective states.

In addition, the Clinical Education Team hosts an every other year CEU course and offers additional free one-hour research-based CEU courses for our clinical partners. Information and recordings of CEU content can be accessed here: [Continuing Education for Clinical Instructors](#).

# We Value Your Feedback

## **Clinical Education Evaluation**

In accordance with the commitment of the Program in Physical Therapy in assessing the quality of all activities through internal and external evaluation, the Clinical Education program incorporates a system of evaluation designed to assess the quality of learner performance, clinical faculty performance, and activities of the Clinical Education Team. The Clinical Education Team continually strives to enhance the clinical education program through the following strategies:

1. Collaboration between clinical and academic faculty in developing curriculum for experiential learning that fosters clinical reasoning, inquiry, and ethical decision making.
2. Development of diverse clinical partnerships to ensure exposure to the depth and breadth of the physical therapy profession.
3. Active learner participation in preparing for, planning, and evaluating their clinical learning experiences.
4. Routine assessment of the Clinical Education Team performance by clinical instructors and learners.
5. Periodic curriculum feedback from clinical partners to ensure alignment with the demands of the contemporary clinical environment.

## **Clinical Education Advisory Committee**

The Clinical Education Advisory Committee is composed of Site Coordinators of Clinical Education (SCCEs) from the St. Louis area and one SCCE that is located out of our area. The Advisory Committee meeting serves as a forum for the Clinical Education Team to gain feedback on didactic and clinical curriculum, discuss current topics and best practices within clinical education, explore how to improve our relationships with clinical sites, and to foster strong clinical partnerships in the local community. Please contact us if you would like to participate on our advisory committee.

## **Clinical Instructor's Meeting**

The Clinical Instructor's Meeting is held every other year and is designed to accomplish the following:

1. Inform the clinical faculty about curriculum and/or administrative changes in the Program in Physical Therapy.

2. Discuss current and/or future changes in the clinical education program.
3. Share ideas and problems relating to clinical education or physical therapy clinical practice among representatives of a variety of facilities.
4. Offer the clinical faculty (designated Clinical Instructors and other therapists from clinical experience sites who work with Washington University physical therapy learners) an educational program which relates to clinical education, current P.T. practice or curriculum change with continuing education hours provided.
5. Give first and second year learners and clinical faculty to whom these learners have been assigned the opportunity to meet prior to the full time summer experiences.

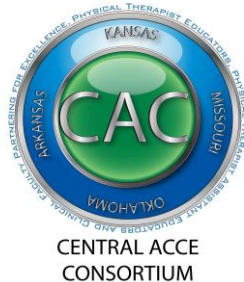
The meeting is composed of a business and an educational component, usually lasting approximately two days. The date and topic of the meeting will be announced at least 6-8 weeks in advance so that release time may be requested and travel arrangements made.

### **Clinical Instructor's Evaluation of Clinical Education Team**

The purpose of this evaluation is to assist the Clinical Education Team Members in the assessment of their performance as administrators of the total clinical education program. This evaluation is sent out via email following clinical rotations.

### **Central ACCE Consortium**

Washington University is a member of the Central Academic Coordinators (CAC) of Clinical Education Consortium. The Consortium is an independent not-for profit organization created for the purpose of promoting quality physical therapy education, and supporting the efforts of Consortium Members to improve the quality of clinical education within their clinical facilities. The Consortium assists with communication between the academic programs, clinical facilities and the [National Consortium of Clinical Educators \(NCCE\)](#).



# Additional Resources

## **APTA Learning Center**

The APTA Learning Center offers a variety of coursework to assist therapists in maintaining continuing education requirements for licensure. There are a multitude of courses that are free to members and all coursework is accessible to members and non-members for a fee. Please click [here](#) to learn more.

## **Credentialed Clinical Instructor Program (CCIP)**

The Credentialed Clinical Instructor Program (CCIP) was created by the APTA to target health care providers who primarily work in the clinical setting and are interested in developing their teaching abilities. The CCIP is an excellent way to enhance your skills in teaching, instructing, and guiding the development of physical therapy learners. Information relating to the CCIP can be found [here](#).

## **Education Section of the APTA and Journal of Physical Therapy Education**

The Education Section of the APTA is “dedicated to the development of each new generation of physical therapy practitioners, a dynamic cadre of academic educators, and a store of knowledge useful to consumers for enhancing their own musculoskeletal health”.<sup>1</sup> The Education Section is an excellent way to become a part of the progress, growth and development of education in physical therapy. To learn more about the Education Section click [here](#).

To access the Journal of Physical Therapy Education Section please click [here](#). Please note, login is required to access many resources through these links.

## **Medicare Resources and Regulations**

Learners must adhere to all Medicare guidelines while engaging in any clinical experience. Washington University looks to the guidance of the APTA to remain informed of changes with supervision of students under Medicare. Please refer to the chart provided below for details regarding requirements for student supervision. The Clinical Education team is available to answer questions and provide additional information regarding rules and regulations for students and clinical instructors. Please contact a member of the Team for any questions or concerns. For the most current information about the supervision of students under Medicare, please click [here](#).



# Additional Policies and Procedures

## Professional Liability

Faculty, staff and learners of the Program in Physical Therapy are included for protection under Washington University's self-insured medical professional liability program. The University's program is self-funded at the primary level for a minimum of \$2 million per incident and a minimum of \$10 million annual aggregate for all medical incidents. The Office of Risk Management provides documentation of this coverage that the Clinical Education Program sends to facilities prior to each clinical education experience.

## Student Health Insurance

If the learner remains in the St. Louis area for their clinical experiences the health coverage remains the same: routine care at Student Health Services, emergency and hospitalization. If the clinical experience takes them *outside the St. Louis area*, their coverage is *for emergency and hospitalization only* (the same as it's been any other time the learner has left St. Louis for clinical education or summer break). In addition, phone consultations with Student Health Services nursing staff continue to be available from 8 a.m. until 4 p.m. Monday through Friday. Learners can review their handbook for additional details.

Learners who are out-of-town for their clinical experiences are encouraged to call Student Health (314-362-3523) for routine care/questions. After hour phone service is provided at 314-362-3526. Student Health has also indicated that a call to their office can sometimes save out-of-town learners a visit to an emergency room. Such consultation with Student Health Services medical personnel, however, is available only during regular business hours.

Learners can also get connected with a mental health professional anywhere, anytime, anyplace using the NexGen- Student Assistance Program. NexGen is a FREE and CONFIDENTIAL benefit. Students should text or call 1-800-327-2255 ~ Live Chat Online at [nexgeneap.com](https://nexgeneap.com) or use the NexGen EAP mobile app. (Company ID 8591)

More information about benefits while away from campus can be found [here](#).

## Workers Compensation Coverage

Learners will be provided Workers compensation insurance coverage for clinical education experiences that occur in states where it is required. The Clinical Education contract will specify if the state and clinical education site require learners to have workers compensation coverage. A certificate of insurance is provided to the clinical education sites where coverage is required.

## Expenses for Clinical Education

Expenses incurred during local or out-of-town clinical experiences must be paid by the



learner. This includes things such as travel (airfare, mileage, and accessibility to transportation), lodging, parking, meals, phone calls, additional drug screening or facility required criminal background checks, etc. International clinical experiences will have additional expenses including but not limited to health insurance, evacuation insurance, administrative fees, additional vaccinations, etc.

### **Criminal Background Checks**

Criminal background checks are required of all incoming learners by the Medical School. Learners must clear this background check prior to matriculation into the Program. Subsequent background checks may be required by the clinical sites and/or the Program. The learner will be responsible for any additional costs associated with criminal background checks. No records will be kept by the Program. The Medical School registrar will keep a letter on file stating simply that the learner passed the background check. Minor infractions may be permissible for Program enrollment, however, may not be permissible by clinical facilities and/or state licensure boards.

### **Drug Testing**

Drug testing (10 panel urine drug test) is required of all incoming Medical School learners and must be completed during orientation at a vendor associated with the University. Learners who do not pass the drug test will undergo further testing by an outside lab. Any learner not passing this test will not be permitted to continue enrollment.

Learners may be required by a clinical education facility to complete additional drug testing prior to a clinical education experience. This may be completed through the clinical facility or a local agency at the learner's expense. A learner may be randomly tested by the clinical facility as per the facility's policies and procedures.

Learners who test positive after the first test will be treated appropriately by Student Health and may be prevented from enrolling in a clinical experience course prior to successful completion of treatment and subsequent clean testing. Records will be given to the learner and a letter stating the status of their test will be kept through the Medical School registrar. Neither the Program nor Student Health will keep records of drug testing.

## Appendix A: Student Self-Learning Objectives

**Learner Name:** Click or tap to enter your name

**Clinical Experience:** Select a CE

**Facility:** Click or tap to enter your facility, as listed in Exxat

### Part 1: Objectives

These objectives are formulated by learners to communicate their own goals or interests. They should be regarded as input into the individualized planning which governs each learner's clinical learning experience. The self-learning objectives should not be viewed as restricting that planning and may need to be modified to be applicable to the individual facility.

**Instructions for the Learner:** Write six objectives *that when measured will demonstrate that learning has occurred* during your CE: three based on **specific** strengths you would like to further enhance, and three based on **specific** areas for growth upon which you would like to improve. In the 2<sup>nd</sup> column you will write learning strategies and activities you plan to use to enhance your strengths, improve upon your areas for growth, and thus achieve your measurable objectives. Your objectives (in the 3<sup>rd</sup> column) must have all the ABCD and SMART components, must be written in complete-sentence format, and must be written in a way that makes it clear how success will be measured/assessed. Refer back to the information provided in Module 1 on writing meaningful objectives for more information and **use the examples there to help guide you.**

A	Audience	S	Specific
B	Behavior	M	Measurable
C	Condition	A	Attainable
D	Degree	R	Relevant
		T	Time sensitive

Strength (Be specific)	Way to enhance this (Learning strategies & activities)	Objective (that when measured will demonstrate that learning has occurred)
1. Click or tap to enter a strength	Click or tap to enter a method/learning strategy	Click or tap to enter an objective
2. Click or tap to enter a strength	Click or tap to enter a method/learning strategy	Click or tap to enter an objective
3. Click or tap to enter a strength	Click or tap to enter a method/learning strategy	Click or tap to enter an objective
Area for Growth (Be specific)	Way to improve upon this (Learning strategies & activities)	Objective (that when measured will demonstrate that learning has occurred)
1. Click or tap to enter an area needing improvement	Click or tap to enter a method/learning strategy	Click or tap to enter an objective
2. Click or tap to enter an area needing improvement	Click or tap to enter a method/learning strategy	Click or tap to enter an objective
3. Click or tap to enter an area needing improvement	Click or tap to enter a method/learning strategy	Click or tap to enter an objective

### Part 2: Previous Clinical Experience

This is an opportunity for learners to reflect up on the skills and types of patients with which they have the most and least experience in order to help give context to the objectives above.

Skills I have practiced the <i>most</i>	Skills I have practiced the <i>least</i>
Click or tap to enter skills	Click or tap to enter skills
Health conditions with which I am <i>most</i> familiar	Health conditions with which I am <i>least</i> familiar
Click or tap to enter health conditions	Click or tap to enter health conditions

## Appendix B: Student Professional Behaviors Self-Assessment

Professional Behaviors are attributes or characteristics that are not explicitly part of the profession's core of knowledge and technical skills, but are nevertheless required for the success of the profession. The professional behaviors are deemed critical for professional growth and development in physical therapy education and practice.

B = Beginning Level      I = Intermediate Level      E = Entry Level      PE = Post Entry Level

Generic Ability	Definition	Your rating				Comments: Provide at least one example of a behavior that support your rating.
		B	I	E	PE	
Commitment to learning	Ability to self-assess, self-correct, self-direct; to identify needs and sources of learning; to continually seek new knowledge and understanding.					
Interpersonal Skills	Ability to interact effectively with patients, families, colleagues, other health care professionals, and the community; to deal effectively with cultural and ethnic diversity issues					
Communication Skills	Ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.					
Effective use of time and resources	Ability to obtain the maximum benefit from minimum investment of time and resources					
Use of constructive criticism	Ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction					
Problem-solving	Ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes					
Professionalism	Ability to exhibit appropriate professional conduct and to represent the profession effectively					
Responsibility	Ability to fulfill commitments and to be accountable for actions and outcomes					
Critical thinking	Ability to question logically; to identify, generate, and evaluate elements of logical argument, to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; to distinguish the relevant from the irrelevant					
Stress Management	Ability to identify sources of stress and to develop effective coping behaviors					

Student Name, Signature and date \_\_\_\_\_

Clinical Instructure Name, Signature and Date \_\_\_\_\_