



PROGRAM IN PHYSICAL THERAPY
CLINICAL INSTRUCTOR'S HANDBOOK

Revised 2017

CLINICAL INSTRUCTOR'S HANDBOOK INDEX

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Professional Doctor of Physical Therapy Program (DPT) Curriculum Goals

Primary Goal: To prepare physical therapists that are committed to providing skillful, evidence-based practice while continuing the growth and development of themselves and the profession.

Graduates will possess the essential knowledge that contributes to sound clinical decision-making, specifically:

- a solid foundation in the physical, biological, biomedical, behavioral and social sciences
- knowledge of the impact of structure, function, growth and development across the life span, and disease on the ability of the human body to move, function, and respond to treatment;

Graduates will be qualified as general practitioners to do the following:

- use current best evidence, which includes information obtained from expert clinicians and the literature, to support the practice of physical therapy;
- screen individuals to establish whether or not they are appropriate for physical therapy;
- perform a systematic examination consisting of appropriate tests and measurements for healthy individuals and for those with movement-related musculoskeletal, neuromuscular, cardiopulmonary or integumentary problems;
- interpret findings, using sound critical thinking and good judgment (evaluation);
- assign a movement-related diagnosis based on recognized clusters of signs and symptoms, using either previously named diagnoses or systematically developed new ones;
- consider the prognosis and other factors that moderate an individual's response to intervention
- select and provide optimally effective care that is based on the diagnosis; assume the roles of direct care provider, care manager, educator, consultant and advocate;
- collect data and evaluate the effectiveness of interventions for individuals and groups of individuals who are similar to one another;
- help patients and clients prevent future movement-related problems
- promote health and wellness
- effectively communicate and collaborate with peers, care extenders, patients, and colleagues in other health professions.

Graduates will demonstrate behaviors consistent with their role as compassionate and responsible health care providers, including

- respect and advocacy for the rights, beliefs, capabilities, and preferences of others;
- willingness to accept change, and effectiveness in negotiating for change;

- effective interpersonal and communication skills;
- life-long professional conduct;
- healthy life habits;
- dedication to the ethical and legal standards of the profession;
- leadership skills that are used in the profession and in one's community; and
- lifelong commitment to remaining informed about contemporary health care practice and trends.

Professional Doctor of Physical Therapy Curriculum

The Doctor in Physical Therapy curriculum is completed in three calendar years. Students begin in August of the first year, and graduate in May of the third year. The program includes 5 academic semesters and a total of 38 weeks of full time clinical experience. Clinical experiences will be completed in four blocks ranging from 8-12 weeks in length. In all, students will experience a variety of practice settings and work with a variety of patient types, preparing them for general practice.

A comprehensive look at the Doctor of Physical Therapy Curriculum including sequence of curriculum as well as description of coursework is available [on our website](#).

Reference: <https://pt.wustl.edu/education/doctor-of-physical-therapy/degree-requirements-curriculum/>

Clinical Education Team

Washington University Program in Physical Therapy has faculty and staff dedicated to the clinical education program. The Clinical Education Program provides the student the experiences to fully develop their professional behavior, communication, and skills in patient examination, evaluation, diagnosis, and intervention.

Core faculty members work in coordination to:

- Provide ongoing mentorship of students 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

Core staff members perform:

- Scheduling and coordinating all early integrated clinical experiences and CE I-IV
- Acquisition and retention of affiliation agreements
- Management of “PT Manager” database

Core Faculty

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The Clinical Education Program

The Clinical Education Program provides an environment in which the student can think critically and integrate specific concepts and techniques to provide quality clinical care. This phase of the curriculum is comprised of integrated clinical experiences 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.

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 student 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 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 student participation in preparing for, planning, and evaluating their clinical learning experiences.
4. Routine assessment of the Clinical Education Team performance by clinical instructors and students.
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 Center Coordinators of Clinical Education (CCCEs) from the St. Louis area. The Clinical Education Advisory Committee and the Clinical Education Team meet annually. 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.

Clinical Education Coursework

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

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 endeavours. 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 Program is, therefore, an essential ingredient of the curriculum in achieving the goal of producing the type of professional physical therapist who can function competently in general clinical practice. The Program is recognized as providing the environment in which integration of knowledge, skills and attitudes occurs as each student grows into a professional physical therapist. In the final clinical period, which includes the final clinical internships (consisting of a 10-week and a 12-week rotation), the student is asked to integrate all knowledge and skills learned in the classroom, laboratory and prior clinical experiences.

The emphasis during this time is on:

- Complete, accurate and efficient examination of movement, evaluation and diagnosis, including rationale for choice of procedure and concentration on clinical decision making.
- Individualized and creative patient intervention program planning with elements of revision and timely progression of treatments.
- Implementation of treatment plans using effective teaching and communication skills.
- Early planning for discharge and follow-up care.
- Use of evidence in the literature related to examination and intervention.
- Demonstration of professional behaviors such as initiative and assuming responsibilities as appropriate.

Grading Criteria for Clinical Education Courses

All clinical education units (Early Integrated Clinical Experience I and II), clinical experiences, and clinical internships are graded on a Pass/Fail basis. The requirements for passing each unit, clerkship and internship include:

1. Successful completion of the following items at the designated times:
 - A. Self-learning objectives
 - B. Student Evaluation of Clinical Experience and Clinical Instructor
 - C. Physical Therapist Clinical Performance Instrument (PTCPIWEB)
 - D. Student Self-Assessment
 - E. Professional Behaviors (Generic Abilities) Assessment
 - 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 PTCPIWEB (clinical experiences and internships only)
3. Attendance at the clinical experience and at all class discussion meetings

Grading expectations are explained and distributed for students and clinical instructors in advance of each unit, clinical experience, and clinical internship. Students must successfully complete each unit, clinical experience, and clinical internship in the order scheduled before proceeding onto the next clinical experience. In addition, students will only be permitted to begin CE III and IV if he/she has attained a cumulative GPA of at least 2.0 for the curriculum of the Program in Physical Therapy.

At any time during the clinical experiences, if safety issues, clinical performance, or professional behavior becomes a major concern, a student 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 student earns a pass/fail for any clinical experience is at the discretion of the Clinical Education Team.

Early Integrated Clinical Experience (ECE I and ECE II)

These two-semester first year units are located within the Professional Issues and Skill Development I and II courses. Both semesters of the Early Integrated Clinical Experience must be passed, and all coursework completed successfully before a student may continue on to Clinical Education I.

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

Both of these clinical experiences are eight weeks long. CE I occurs at the end of the second semester of didactic preparation and CE II follows the 3rd semester of classroom preparation.

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

CE III and IV are considered to be the 10 and 12 week clinical internships. CE III and IV follow the 4th semester of classroom preparation.

Calendar of Clinical Education Activities

Month	Activity
January	<ul style="list-style-type: none">• CE II begins• 1st year class provide with CE I site options
February	<ul style="list-style-type: none">• CE I site selection and matching• Student confirmation sent to CE I sites
March	<ul style="list-style-type: none">• Commitment letters sent to all sites for next calendar year• CE II ends
April	
May	<ul style="list-style-type: none">• CE I begins• New site suggestions for CE II-IV of next calendar year due
June	<ul style="list-style-type: none">• New site suggestions for CE I of next calendar year due
July	<ul style="list-style-type: none">• CE I ends• CE III begins
August	<ul style="list-style-type: none">• Students receive CE II-IV site options
September	<ul style="list-style-type: none">• CE III ends
October	<ul style="list-style-type: none">• CE II-IV site selection and matching• CE IV begins
November	<ul style="list-style-type: none">• Student confirmation sent to CE II-IV sites
December	<ul style="list-style-type: none">• CE IV ends

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 students, and the clinical expertise or experience of the clinical instructors. Location and travel expenses, for the student and for visiting faculty members, are

taken into consideration when a clinical facility is evaluated.

Students are given the opportunity to request the investigation of a new clinical site. Students are expected to initiate this through the proper channel (Clinical Education Team). **Students or family members should 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 students and of the Program in Physical Therapy. Suggestions for new clinical sites for CE I must be submitted by July 1st of the previous year and suggestions for CE II, III and IV must be submitted by May 15th of the previous year. This time frame allows for site investigation and development of a completed contract prior to the site selection lotteries. It should be noted that students who suggest a site that we subsequently affiliate with will not automatically be placed at that site. All students have equal opportunity for experiences at any of the sites we offer.

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 contract negotiation with sites with a form of the sites preference. Please contact Deanne Lasky (listed above) for any contract related questions.

Student Site Selection Process

Students are provided with a comprehensive list of sites that have offered a commitment for the given site selection process (CE I or CE II-IV). All students receive a self-assessment form that they use to assist them in prioritizing and self-selecting the clinical sites that they may be interested in during their clinical experiences. Additionally, students are provided several weeks to research all clinical internship locations listed using the Clinical Education database (pt.junconsulting.com), previous student site evaluations, Clinical Site Information Forms (CSIF's), the PT CPI Web database, and to meet with their clinical education advisor. All students must attend group meetings prior the CE II-IV clinical site selection day with their clinical education advisor to discuss their prioritization, sites selection, advice on the match-up with the clinic best suited to their needs, or any other personal help desired.

Alternative Dates for Clinical Education Experiences

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

Expectations for Students while on Clinical Education Experiences:

Below are the specific guidelines that are provided to students prior to every clinical experience, clerkship and internship.

Appropriate Appearance and Behavior for Clinical Experiences

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 many variations in both of these latter areas, the requirements below will serve as a basis

on which to form your own style of professionalism after graduation. Until then, you will be expected to adhere to these standards while participating in the clinical education phases of the Program in Physical Therapy or when in contact with patients during other phases of the curriculum.

Appropriate Appearance

Wearing the appropriate attire is important because you are a professional representative of Washington University. This also provides you with comfortable, non-restrictive clothing necessary in a physical therapist's clinical practice. You will be expected to wear the appropriate attire for all activities involving a clinical contact with patients unless specifically instructed otherwise. [You may be specifically requested or allowed, by a clinical supervisor, to change your dress requirements while at that facility. Adapting your style of dress and accessories (including piercings) to fit the standards set at any facility may be necessary.]

The appropriate attire consists of a short white jacket to be worn with professional clothing. This jacket will be provided to each student 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 student. **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.

Your 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. A watch that counts seconds is needed. Hairstyles must stay neat while you work and not interfere with your performance of patient care activities. Shoulder length (or longer) hair should be tied back with a simple clip, barrette or rubber band. Avoid obtrusive hairstyles, colors, and decorative accessories.

Appropriate Behavior

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

1. It is your responsibility to seek all the information you need to be able to comply with the departmental policies in the clinical setting. The orientation given you by the clinical instructor should assist you in knowing policies, but it is also your responsibility to ask for additional information or seek clarification of information provided. Such policies will concern lunch, breaks, smoking regulations, dress code, fire and emergency procedures, departmental hours, and holidays.
2. Any gratuities offered to you by patients should be reported to your clinical instructor and handled in a manner appropriate to that specific situation.
3. Avoid chewing gum while treating patients.

4. 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.
5. Asking questions of your clinical instructor will not only facilitate your 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. Be aware of your clinical instructor's time constraints in answering questions as well as your obligation to ask those questions.
6. Your strict adherence to the ethical standards, which protect the patients' confidence, is required. Do not discuss your patients' condition(s) outside the clinical setting. Patients may be discussed with classmates and faculty for educational purposes, but avoid identifying them by name.
7. Your attention to common courtesy is essential in the clinical setting. Communication of respect, your display of good listening skills and sensitive verbal communications will be helpful in promoting productive working relationships with your clinical supervisors and peers.
8. You are expected to strive toward achievement of the "Professional Behaviors/Generic Abilities" (see handout), displaying appropriate affective/professional behaviors.
9. Students are obligated to report back to the school any ethical or legal compromises noted at their clinical sites.
10. Cell phones may not be turned on during class or clinic times unless approved by the clinical instructor or faculty member for professional purposes.
11. Students completing clinical internships are not allowed to also be employed by the institution/clinic during the time frame of the clinical internship.

Additional Information

Remedy of a Failure in Clinical Education

Under most circumstances, the failure of any clinical experience will necessitate review by the faculty. Ordinarily if a student fails a full time clinical experience for the first time, the Clinical Education Team will offer a remedy. The location, length, and type of a make-up clinical experience will be determined by the Clinical Education Team. In some instances, students may be denied the opportunity to remedy a failed clinical experience. If a student fails the same Clinical Education course twice or fails more than one course in the clinical education series, he or she will be reviewed by PT CAPES and may be dismissed from the Program in Physical Therapy (See PT CAPES policies.) Students who require an additional clinical experience and those who cannot complete all clinical education requirements by graduation will graduate later than their classmates (although they may participate in graduation ceremonies.) Diplomas for August and December graduates do not arrive until approximately 2 months after graduation.

Expenses for Clinical Education

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

As stated in the mailing prior to matriculation, criminal background checks for felony violations are now required of all incoming students by the Medical School. Students must clear this background check prior to matriculation into the Program. Subsequent background checks may be required by the clinical sites. The Program will pick up the initial fee for each student's first check. Thereafter the student will be responsible for additional costs. The Program will only cover costs for U. S. background checks. If clinical facilities require additional background checking, students requiring international checks will either be responsible for paying those fees, or be restricted from those clinical sites. Students will be given their reports and no records will be kept by the Program. The Medical School registrar will keep a letter on file stating simply that the student passed the background check.

Drug Testing

As stated in the mailing sent prior to matriculation, drug testing is now required of all incoming Medical School students. This swab test must be completed through Student Health during orientation. Students who do not pass the drug test will undergo further testing by an outside lab. Any student not passing this test will not be permitted to continue enrollment. Any future testing required by a clinical facility will also be completed through the clinical facility or a local agency, at the student's cost. Students 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 student 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. A student may be randomly tested by the clinical facility as per the facility's policies and procedures. In addition, students may be required to complete drug testing prior to a clinical internship. All additional drug testing will be at the student's expense.

Student Health Insurance

If the student remains in the St. Louis area for their clinical experiences the health coverage remains the same: routine care at Medical School Student Health (MSSH), 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 you've left St. Louis for clinical education or summer break).

In addition, phone consultations with MSSH nursing staff continue to be available from 8 a.m. until 4 p.m. Monday through Friday. Students 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 students a visit to an emergency room and payment of the \$50 ER deductible. Such consultation with MSSH medical personnel, however, is available only during MSSH regular business hours.

Please have the student refer to the student handbook for more details regarding health care and dental coverage while on clinical affiliations.

Clinical Instructor's Meeting

The Clinical Instructor's Meeting is held at Washington University's Program in Physical Therapy 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 affiliation sites who work with Washington University physical therapy students) 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 students and clinical faculty to whom these students have been assigned the opportunity to meet prior to the full time summer affiliations.

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 Resources

Clinical Site Information Form (CSIF)

Washington University's Program in Physical Therapy is now using the CSIF Web which transforms the APTA CSIF from a static document to a dynamic online survey, complete with tools which will help the academic programs analyze and validate data annually. CSIF Web 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 students to view and search clinical site information to make informed decisions.

How to access CSIF Web: To complete your Clinical Site Information Form (CSIF) online, please click [here](#). If you have a Physical Therapist and/or Physical Therapist Assistant Clinical Performance Instrument (CPI) Web account, please use the same username/password to login to CSIF Web. If you do not have a username/password, please contact Academic Software Plus support at csifwebsupport@academicsoftwareplus.com for assistance. Students may be utilized for CSIF completion.

An electronic version of the CSIF can be found by clicking [here](#). (hyperlink to word form)

Clinical Performance Instrument (PT CPI)

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

APTA CPI Links can be found by clicking [here](#). Frequently asked questions on CPI Training Course and CPI Web Access found [here](#). (PDF) Please note, login is required to access CPI.

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 students. Information relating to the CCIP program and course schedules are available [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".¹ 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.

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 about the APTA Learning Center.

Resources to Assist with Student Experiences

Anchor Definitions of CPI Instrument click here. Adapted from: Physical Therapist Clinical Performance Instrument for Students. APTA. June, 2006. Accessed March 21, 2017.
https://cpi2.amsapps.com/docs/PT_final_revision_11-30-2010.pdf.

[Professional Behaviors Form](#)

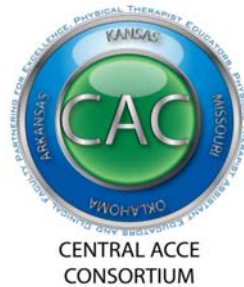
[Negotiated Learning Contract](#)

[Critical Incident Report](#)

[2:1 collaborative learning experiences](#)

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). For more information about Clinical Education Consortia please click [here](#).



Student Self-Learning Objectives

Name of Student _____

Identify Clinical Experience: CE I CE II CE III CE IV

Facility _____

These objectives are formulated by the student to communicate his/her own goals or interests. They should be regarded as input into the individualized planning which governs the student'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.

Strengths

1.

2.

3.

Strategies to Enhance Strengths

1.

2.

3.

Weaknesses

1.

2.

3.

Strategies to Remediate Weaknesses

1.

2.

3.

Skills I have practiced:

Most

Least

Type of patients I have worked with:

Most

Least

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 us 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 _____

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. Your ratings should reflect and overall impression of the clinical education team throughout the school year.

- EE** = **Exceeded Expectations**
S = **Satisfactory**
NI = **Needs Improvement**
U = **Unsatisfactory**
NA/NO = **Not Applicable/Not Observed**

Please write additional comments if you feel the ratings do not sufficiently express your opinion.

(Check Column Indicated)

Evaluation of Clinical Education Team	EE	S	NI	U	NA/ NO
1. Solicits descriptive clinical center information available to students to aid them in their selection of clinical centers.					
2. Disseminates clinical education information to CI with efficiency and timeliness.					
3. Notifies CI of schedule clinical education assignments as early as possible.					
4. Provides objectives from the academic institution to the clinical center regarding the students' clinical experience.					
5. Provides curriculum information to the clinical center.					
6. Provides adequate background into history of student when indicated.					
7. Provides basic knowledge to CI of how to develop good learning experiences for the student.					
8. Provides information to the clinical center for evaluation of student clinical performance.					
9. Assists CI in evaluation of student and counseling of student, especially when problems arise.					
10. Advises CI on individual basis regarding problems of the students related to clinical evaluation.					
11. Follows established procedures in handling student ineligibility for clinical affiliation participation and in handling student failure.					
12. Solicits CI Feedback regarding students' clinical experiences and academic preparation for clinical experiences.					

(Check Column Indicated)

Evaluation of Clinical Education Team (continued):	EE	S	NI	U	NA/ NO
13. Assists students, as necessary, with problems regarding personnel, patients and personal crises which occur during clinical education.					
14. Assists/encourages student to provide feedback to CI.					
15. Exhibits on-going assessment of clinical education site through phone calls, site visits and student feedback.					
16. Assists in development of faculty for clinical teaching.					
17. Provides adequate participation for CI in continuing educational programs given by the academic institution.					
18. Is helpful and supportive throughout the total clinical experience.					

EVALUATOR: _____ (Optional)

DATE: _____

FACILITY: _____

Please use back of sheet for additional comments about the Clinical Education Team or about any individual member of the Clinical Education Team.

Please **EMAIL, MAIL, or FAX:** **Washington University School of Medicine
Program in Physical Therapy
4444 Forest Park Blvd., Campus Box 8502
St. Louis, MO 63108
FAX: 314-286-1475
Email: ptclined@email.wust.edu**

Learning Experiences Feedback Log

The Learning Experiences Log may best be described as a log of actual behaviors which are indicative of overall performance. Each entry should be as objective as possible and not contain interpretive opinions. Although keeping this log is essential in situations where a student's performance is unsatisfactory or questionably competent, having a record of specifics with which to counsel or commend the student is always useful during feedback sessions.

A student who performs on an unsatisfactory level (see grading criteria for appropriate clinical education period) may have to repeat the clinical experience and postpone promotion or graduation, or if the performance does not improve in remediating clinical education experiences, may be asked to withdraw from the Program. Documentation of deficiencies through behavioral statements is essential in the process of supporting evaluative statements by the facility or the school about the student.

We strongly recommend starting a log on every student from day one, and we hope the student will keep a log on his/her own progress. However, at the first indication that a student is performing in an unsatisfactory manner, a daily log must be used to document problems. This log should be kept for the remainder of the clinical affiliation and a copy sent to the Academic Coordinator of Clinical Education after the period ends.

LEARNING EXPERIENCES FEEDBACK LOG

DATE	PATIENT/ DIAGNOSIS	STUDENT COMMENTS ON PERFORMANCE	CI COMMENTS ON PERFORMANCE