

DEPARTMENT OF PHYSICAL THERAPY
UNIVERSITY OF DELAWARE

CLINICAL EDUCATION MANUAL

CLASS OF 2016
(Class admitted 2014)

Updated: 2016

I. PURPOSE OF THE CLINICAL EDUCATION MANUAL (CEM)

This Clinical Education Manual (CEM) is intended to provide the Center Coordinator for Clinical Education (CCCE), Clinical Instructor (CI), and student important information regarding the clinical education component of the University of Delaware's Doctor of Physical Therapy (DPT) curriculum.

It is the student's responsibility to thoroughly read the CEM. Any questions regarding any aspects of this manual or clinical education should be addressed to one of the Directors of Clinical Education (DCE), Director or Associate Director of the Entry-Level DPT Program, or the Chair of the University of Delaware's Physical Therapy Department.

It is expected that the CCCE will share the CEM with the CI assigned to supervise a University of Delaware student. The CEM is expected to be used as a reference during the internship experience.

II. PHILOSOPHY OF CLINICAL EDUCATION

Clinical education is an integral component of the basic curriculum, as are the basic sciences, the social sciences, and the theory of practice. Within the clinical environment, the student is provided the opportunity to learn to apply didactic knowledge, develop professional attitudes, and practice skills. This aspect of the educational experience is essential since these opportunities are difficult to duplicate within the academic classroom. Although well-designed simulations of patient management and laboratory experiences provide much needed preparation for their roles and responsibilities as physical therapists, it is only within the clinical setting that higher levels of integration and application of skills and behaviors may be learned or acquired.

Clinical education takes place in a broad spectrum of clinical settings. This spectrum includes the opportunity to experience team care and the interdisciplinary approach to health services. The entry-level educational program is geared toward preparing the professional generalist. Although special needs and interests may be met and encouraged, the opportunity for true specialization is pursued after the entry level DPT degree.

III. STRUCTURE OF CLINICAL EDUCATION

The University of Delaware's Physical Therapy Program has three part-time integrated clinical experiences and three full-time clinical experiences in the curriculum. The part-time integrated clinical experiences occur during semesters when students are completing didactic coursework. Full time clinical experiences occur at the end of the curriculum following the completion of all didactic coursework.

A. THREE PART-TIME INTEGRATED CLINICAL EXPERIENCES

PHYT 821: Sports and Orthopedics Clinical Experience – 3 credits, letter graded (A / C- / F), semester-long experience that will take place in the University of Delaware's Sports and Orthopedic Physical Therapy Clinic.

PHYT 822: Neurologic and Older Adult Clinical Experience – 3 credits, letter graded (A / C- / F), semester-long experience that will take place in the University of Delaware's Neurologic and Older Adult Physical Therapy Clinic.

PHYT 812: Pediatrics – 1 credit, letter graded (A / C- / F), Integrated experience that will take place in local pediatric facilities.

B. UD INTEGRATED CLINICAL SERVICES

The University of Delaware (UD) Physical Therapy Clinic is an extended laboratory center for training students enrolled in the Doctor of Physical Therapy (DPT) Program. Integrated clinical experiences (ICEs) provide an opportunity for students to demonstrate successful integration and application of didactic information and psychomotor skills learned throughout the program on patients in a clinical environment. ICEs create a valuable opportunity for UD clinicians to evaluate students' preparedness to progress to their terminal, external, full-time clinical experiences. The clinic is designed and managed to reliably reinforce the knowledge, skills, and abilities introduced in the UD DPT Program.

The expectations in the UD Physical Therapy Clinic represent the highest level of best practice as identified and agreed upon by the collective faculty of the Physical Therapy Department. Student proficiency is expected for all content previously completed and for information being learned in the classroom concurrent to the ICE administration. Achievement of such standards requires staff of the physical therapy clinic to be intimately familiar with the delivery of content within the academic curriculum. Bi-annual meetings between academic faculty and UD physical therapy clinical instructors provide the venue for identification of performance trends that warrant academic or clinical modification or enhancement. In addition, multiple other checks and balances exist to ensure academic and clinical faculty are calibrated to uniform student performance outcomes, therein seamlessly integrating didactic learning with clinical teaching. All UD physical therapy clinical instructors are actively involved in the UDPT academic curriculum.

The UD Physical Therapy Clinic, in conjunction with the Physical Therapy Department, have developed procedures and guidelines to ensure consistency of expectation reflective of the philosophy and teaching of the UD DPT Program. There are extensive procedures related to weekly chart reviews to assess care quality and procedural adherence, daily peer and faculty consultations, assurance of patient variability, and the dissemination and application of ongoing evidence into daily clinical practice. The UD Physical Therapy Clinic adheres to standards for documentation, evaluation, and treatment that exceed typical practice in the public arena. The purpose of this is two-fold: (1) to demonstrate to students that best practice can be accomplished within the confines and constraints of typical clinical practice, and (2) to ensure that students are capable of meeting elevated standards of care delivery.

The UD DPT curriculum provides foundational, evidence-based education and utilizes the integrated clinical services as a laboratory testing ground to ensure student integration and application of the requisite knowledge, skills and abilities in real-time with live patient scenarios.

The complement of on-site classroom and clinical teaching environments allows for student achievement of competency standards commensurate with the nationally recognized quality of the UD brand.

C. THREE FULL-TIME CLINICAL EXPERIENCES

PHYT 831: Medically Complex – 4 credits, letter graded (A / B / C- / D / F), 10 weeks

PHYT 833: Rehabilitation – 4 credits, letter graded (A / B / C- / D / F), 10 weeks

PHYT 834: Elective – 4 credits, letter graded (A / B / C- / D / F), 10 weeks

IV. CLINICAL EDUCATION ROLES

A. DCE (DIRECTOR OF CLINICAL EDUCATION)

The DCEs are the faculty members of record for the clinical education courses. In addition to the logistics related to clinical education, the DCEs also act as an intermediary between the University, facility, CCCE, CI and student through phone, e-mail contact, and/or personal visits.

DCE responsibilities include, but are not limited to:

1. Provide the students with an understanding of the purpose and process of clinical education as well as the policies and procedures required to participate in clinical internships.
2. Match eligible students with available clinical sites.
3. Develop clinical education skills of the clinical site's staff, in conjunction with the CCCE.
4. Maintain up to date clinical site information.
5. Maintain current written legal contracts.
6. Maintain current CSIF (Clinical Site Information Form).
7. Communicate with each CI and/or CCCE by any method deemed appropriate before, during, and after assigned clinical experiences.
8. Evaluate assignments and provide appropriate feedback to the student and/or CI.
9. In consultation with the CCCE and CI, provide solutions to clinical education issues.
10. Coordinate student development efforts if/when deficit areas have been identified.
11. Participate in a clinical enrichment independent study (CEIS) for qualifying students (per standards as outlined in the Program Policy Document).
12. Coordinate the retake of the clinical experience pending successful completion of the CEIS.
13. Evaluate each student's performance using data such as the CI's assessment and student's self-assessment to determine the course grade in compliance with stated criteria.
14. Review the Physical Therapist Student Evaluation of Clinical Experience and Clinical Instructor.
15. Perform evaluation of the Clinical Education Program using data such as the Evaluation of the DCE.
16. Develop new clinical education experiences that meet the criteria and guidelines established as appropriate.

B. CCCE (CENTER COORDINATOR OF CLINICAL EDUCATION)

The CCCE is the person in charge of overseeing the clinical education needs of a particular facility. The CCCE acts as a liaison between the facility, DCE, CI, and student.

CCCE responsibilities:

1. Coordinate and facilitate the clinical education experience at the site.
2. Prior to student placement, review the contractual agreement between the academic institution and clinical site to assure that the agreements are current.
3. Secure and maintain confidentiality of student's personal information, records, and evaluation.

4. Upon student arrival, provide the student with an orientation to the facility including safety, emergency, security procedures, department policies and “unwritten” policies that may impact student performance or evaluation.
5. Communicate with the DCE as necessary.
6. Provide consultation regarding supervision and/or learning experiences to the CI as necessary.
7. Assist in planning and problem solving with the CI/student team.
8. Encourage feedback from students, CI(s), DCE, and other interested colleagues.
9. Evaluate the resources and needs of the CI(s) and facility.
10. Manage the comprehensive clinical education program.
11. Supervise the educational planning, clinical experiences and evaluation of the CI and student.
12. Develop the clinical education program and clinical instructors of the site.

C. CLINICAL INSTRUCTOR (CI)

The role of the CI is multifaceted. As a CI, the focus is on facilitating learning experiences within the facility as well as providing constructive, honest feedback to the student in a timely manner allowing the student sufficient opportunities to improve their skills.

CI responsibilities:

1. Understand the clinical education policies and procedures of the University of Delaware including addressing deficit practice behaviors, internship termination, or student conflict.
2. Provide student orientation of institution and departmental policies including any written and unwritten policies that impact student evaluation.
3. Provide direct supervision appropriate to the academic level of intern at the clinical site.
4. Provide timely formal and informal feedback to the student.
5. Provide formal student evaluation at midterm and at the completion of the experience.
6. Maintain current, evidence-based practice.
7. Model professionalism and maintain a professional relationship with the student.
8. Communicate with the CCCE/DCE when the student has been advised of unsatisfactory performance, unsatisfactory progress, or when a remediation plan has been initiated.
9. Communicate expectations, objectives and assignments to the student.
10. Provide ongoing feedback to the student regarding performance.

The University of Delaware requires that all Clinical Instructors for UD DPT students have at least one year of experience. If the CI does not have at least one year of experience, they must co-CI with another physical therapist that has greater than one year of experience. It is preferred that the CI has completed the APTA CI Credentialing course. CIs are also expected to possess clinical competence in their areas of practice.

The rights and privileges for Clinical Instructors are as follows:

1. To be treated fairly, with dignity and without discrimination, by all students of physical therapy and faculty/administration from the University of Delaware.
2. To receive information regarding internship requests/confirmations, changes in the clinical education program, or any other relevant information from the University of Delaware in a timely manner.
3. To request an on-site visit or phone conversation with the DCE during a student's clinical experience.
4. To terminate a student's participation in the clinical education experience if it is determined that the continued participation of a student is unsafe, disruptive, or detrimental to the clinical site or patient care, or otherwise not in conformity with the clinic's standards, policies, procedures or health requirements.
5. To have access to continuing education programs offered at the University of Delaware or through the Philadelphia Consortium Academic Coordinators of Clinical Education (PCACCE) that relate to physical therapy clinical education. This includes, but is not limited to the APTA CI Credentialing courses.
6. To attend various lectures offered in PHYT 807 Advanced Seminar (offered for free on a first come-first-serve basis to those who supervised a UD student in the past year).
7. To receive access to UD Morris Library online for 1 year. Access will be provided at the conclusion of the internship, and completion of required University procedures.
8. To provide feedback and suggestions that will further enhance the clinical education program. Mechanisms to do this are:
 - a. Direct contact with the DCE, Director or Associate Director of the DPT program, or Department Chair
 - b. Completion of the Evaluation of the DCE at the completion of an experience
 - c. Completion of an online clinical education survey at the completion of the experience
 - d. Participation in Advisory Committees through the PCACCE and/or the University of Delaware

D. STUDENT

The student is to assume the role of an active adult learner. This includes a thorough understanding of the objectives for each rotation as well as the expectations of the facility, DCE, CI, and CCCE regarding the clinical experience.

Student responsibilities:

1. Review the site contract and CSIF to understand the requirements of the site.
2. Provide the DCEs with preferences for clinical education assignments when requested.
3. Complete all requirements necessary to participate in clinical education when requested.
4. Arrange for transportation to site and housing during experience.
5. Assume responsibility for all costs incurred for travel and housing related to clinical experience.

6. Create and share with their CI, personal goals specific to the clinical setting.
7. Actively participate in the clinical learning process.
8. Complete all assignments requested by the clinical site.
9. Complete self-assessments and feedback sheets.
10. Provide feedback to the CI and DCE about the learning environment and the level of supervision experienced.
11. Complete the Physical Therapist Student Evaluation of Clinical Experience and Clinical Instructor.
12. Complete the Evaluation of the Director of Clinical Education.
13. Complete an online clinical education survey.
14. Ensure all required paperwork is returned to the DCE at the requested due date.
15. Consistently demonstrate professionalism in all interactions while being representative of the University.

V. CAREER FAIR

Each year the Physical Therapy Program in collaboration with the University of Delaware's Career Services Center hosts a Career Information Session and Fair. The Career Information Session provides students with updated information about licensure, applying for and taking the National Physical Therapy Exam, and interviewing skills. The Career Fair provides an opportunity for physical therapy students to meet and interact with clinical facilities/organizations representing diverse practice settings in both local and non-local geographic locations. Clinical sites with whom the University of Delaware actively affiliates are given priority to participate in the Career Fair.

VI. JOB POSTINGS

All requests to post job opportunities will be handled through the University of Delaware's Career Services Center (302) 831-8138 and made available to our students via their website at: <http://www.udel.edu/CSC/index.html>

Students may find additional job postings on APTA's (www.apta.org) and DPTA's (dptaonline.com) website.

For sites that we affiliate with, a hardcopy may be posted on the clinical education bulletin board in the department for 30 days.

VII. REFERENCES AVAILABLE TO STUDENTS

Clinical Site Information Forms (CSIF) and previous student evaluations of clinical experiences are available for review to allow students to make decisions regarding clinical internship options.

A. CLINICAL SITE INFORMATION FORM (CSIF)

The CSIF is information provided by the clinical sites to facilitate clinical site selection, assist with student placement, assess the learning experiences and clinical practice opportunities available to the student, and provide assistance with completion of documentation required for accreditation. Students may assist with completion of the site's CSIF form electronically on CPIweb.

B. STUDENT EVALUATION OF CLINICAL EXPERIENCE AND CLINICAL INSTRUCTOR FORM

Every student must complete an evaluation of his/her experience during each full time clinical experience. The DCEs will review student feedback on the clinical site as well as of the clinical instructor. Follow-up conversations may occur should comments require additional clarification.

C. PHYSICAL THERAPY EDUCATION MANAGER (PTM)

PTM is the software utilized by DCEs to manage assignments and communications while students are on their full-time clinical experiences.

VIII. POLICIES

A. ATTENDANCE

Full-time Experiences: Attendance is mandatory. The student is expected to work the regular hours of the facility and/or their assigned CI. The student is expected to adhere to the policies and procedures of the facility. In the event of illness, the student must call or email (to be discussed with site at the start of the experience) their CI and/or CCCE and notify them of the circumstances prior to the start of the work day. The student must also email the appropriate DCE to inform him/her of the situation. Additionally, the student may be required to provide health clearance from a physician prior to being allowed to return to the clinic. For full-time clinical experiences, any illness resulting in more than 2 missed days will need to be made up.

In the event of an extenuating circumstance necessitating the student to request a day off, the student must inform the DCEs of the circumstance and rationale for their request prior to engaging in discussions with the clinical site. After the student has received approval from the DCE, he/she may then discuss the situation with the CI and/or the CCCE to receive final approval. A proposal to make up time missed must be on-hand at the time of discussion. It is suggested that the student provide the site with as much notice as possible (at a minimum 2 weeks). It should be noted there is no guarantee the site will grant the time off. Requests for time off will only be considered for students in good standing.

During the final clinical experience, the student may request one day off for the purpose of attending a job interview or for taking the licensure exam early (not both). The student should discuss with the site the anticipated testing day in advance of the clinical experience or provide a minimum of 2 week's notice when arranging an employment interview. The DCE of record must also be alerted of the student's request prior to discussion with the CI. The clinical site retains the right to approve or decline the request for the day off. Pending feedback from the clinical site and evaluations of student performance to date, the DCEs will determine whether the day off must be made up. More than three absences (even if excused) during any rotation may preclude an on-time completion of the clinical experience. Notification of all absences must be conveyed to the DCE of record within 24 hours.

Part-time Experiences: Policy for attendance is per UDPT Clinic policy. See Orientation Manual for specifics. Students are required to inform DCE of any missed time.

B. ATTIRE

Students are expected to abide by the dress code established by each clinical facility. In general, attire should be appropriate for the setting as well as the activity in which the intern is involved. While the Program Policy Document contains overarching, general guidelines on professional attire, clinical facilities retain the right to determine and enforce further stipulations to professional dress that are setting-specific.

It is also important that patients, families, visitors and colleagues be able to easily identify the student as a Physical Therapist Intern. Each student possesses a name tag and is expected to wear this name tag or a facility approved name badge during all clinical work.

C. CELL PHONE USAGE

All cell phones should be turned off while on any clinical experience. Generally, it is not expected that personal communications occur during any clinical experience. In the event that an important communication is expected, proper arrangements with the CI must be established in advance to prevent interruption to patient care. If necessary and approved, such communications should occur in the proper location. It should be well understood that phone calls/texts/emails shall not occur when treating patients on the floor. Students should limit time spent in discussions and return to work as quickly as possible.

D. MEDICAL EMERGENCIES

If a student becomes ill while on a clinical experience, he/she should notify the CI/CCCE of the occurrence. Students should not participate in patient care if experiencing a medical issue that would impede his/her ability to participate in patient care or is experiencing symptoms that may pose risk to others (ex: communicable illness). The student is expected to inform the DCE of his/her illness at the first available opportunity, preferably within 24 hours. The CI or CCCE may suggest a local medical physician/clinic that could provide non-emergency care. In the event of an emergency, the student is expected to go to the nearest emergency room or call 911. It is recommended to discuss local healthcare options with the CCCE/CI during the first few days of the clinical experience. Students should refer to the Program Policy document regarding requirements for medical clearance.

IX. EXPENSES RELATED TO CLINICAL EXPERIENCES

Students should expect to incur additional living expenses during their full-time clinical experiences. The additional expenses incurred are the responsibility of the student. Some facilities are able to provide student assistance (housing, meals, parking, or stipends). This information can be obtained from the CSIF.

NON-ACADEMIC REQUIREMENTS

A. LIABILITY INSURANCE

The University carries an umbrella policy that provides professional liability insurance (malpractice insurance) for all students during clinical education experiences. Additionally, it is a program requirement that all students carry professional liability insurance in addition to UD's umbrella policy.

B. MEDICAL EXAMINATION AND VERIFICATION OF IMMUNIZATIONS

Proof: Physical Exam Verification, Immunization History and Adult Health Appraisal for Child Care

Many sites require that the student show verification that he/she has completed a recent physical examination. For the purpose of continuity, it is strongly recommended that this examination be performed at the Student Health Center (302-831-2226). Student Health will offer physical exams at designated times each spring semester. Students do not need to have another complete physical done unless the affiliation site requires it. Students should read the facility's contract and CSIF to determine what medical information is required.

DPT 1's (spring): Obtain a physical examination and complete the *Adult Health Appraisal for Child Care* form. This is a requirement for participation in PHYT 811 (Pediatrics). Proof of completion must be submitted to the Administrative Assistant for Clinical Education by the end of the spring semester.

Please note: The Student Health Center will only do a medical examination recheck if the student had their first physical at Student Health. If the student decides to have their own physician conduct the examination, a record of this must be provided to the Student Health Center and the Administrative Assistant for Clinical Education in University of Delaware's Physical Therapy Department.

Immunizations may be required prior to participating in a clinical experience. Such immunizations may include (but not be limited to): measles, mumps, rubella, tetanus (within the past 10 years), meningitis vaccine, varicella, seasonal flu and Hepatitis B (or waiver). Some facilities may also require a titer to ensure adequate immunity.

Finally, students may be required to complete a TB (PPD) test. There is a one-step and a two-step PPD. The facility's contract and/or CSIF will contain which PPD a particular site requires. There are time sensitive elements relative to completion of the PPD. For a one-step test, the PPD must be read 48-72 hours after the test was administered. A two-step test requires the student to receive a second PPD 1-3 weeks after the first test. Similar to the one-step test, the second PPD must be read 48-72 hours after the test was administered.

In the event a student has a positive test, he/she will need to have a chest x-ray performed to rule-out active TB. Pending a negative chest x-ray, it is likely there will be no delay in commencing clinical work. Student Health generally advises the student to consider consultation for prophylactic treatment when a positive PPD is identified in the presence of a negative chest x-ray.

If the student has been vaccinated, he/she will need to provide documentation of the completed TB vaccination.

The student will be financially responsible for all fees associated with medical examinations, immunizations, titers, etc.

C. HEALTH INSURANCE

Proof: A current copy of the student's insurance card must be retained on Sakai at all times as proof of health insurance.

All students are required to have health insurance during both the academic and clinical portions of their curriculum.

D. OSHA / BLOODBORNE (BBP) PATHOGEN TRAINING

Proof: Students receive a certificate of completing OSHA/Bloodborne (BBP) Pathogen Training.

All students are required to complete BBP training yearly and maintain updated status.

E. HIPAA TRAINING

All students are required to complete training for awareness and compliance with the patient privacy regulations of the Health Insurance and Portability and Accountability Act (HIPAA). This will be completed during the winter session of their first year in PHYT 830 (Introduction to Clinical Education). In addition, the student may be required to complete HIPAA training at their assigned clinical site as part of the orientation process.

The student must protect patient confidentiality and is not to discuss the patient/patient condition outside the clinical setting. Patients may be discussed with classmates and faculty for educational purposes only; however, all patient identifiers must be removed and reasonable effort must be exercised to protect the confidentiality of the information shared.

F. CPR CERTIFICATION

Proof: Students will be provided CPR certificates.

University of Delaware physical therapy students are required to have current CPR certification which includes adult, child, and infant CPR/AED/breathing emergencies. CPR certification is completed through the American Red Cross and is incorporated into the curriculum. CPR for the Professional Rescuer certification is good for 2 years and is the highest level of CPR training offered by the American Red Cross.

OTHER NON-ACADEMIC REQUIREMENTS (VARIES BY SITE)

A. CRIMINAL BACKGROUND CHECKS (CBC)

Proof: When the CBC has been completed, the DCE will be able to view the summary findings. If any positive records are identified, the student will be contacted by the DCE.

Criminal background checks are required by many facilities providing clinical education. The student must complete all criminal background check requirements prior to beginning each clinical experience. Requirements may vary according to state and/or facility and are listed in the facility's CSIF and contract. It is the student's responsibility to ensure all requirements are completed prior to beginning the clinical experience. Further, the student is responsible for fees incurred to complete these requirements. The student should follow the instructions below to complete the criminal background check. Cost of the CBC will vary based on number of counties the student has lived and the number of additional names the student has (maiden/married/etc).

A criminal record may prevent completion of curricular requirements and/or licensure. Follow-up on any findings and/or concerns relative to the outcome of the CBC is the student's responsibility. Students are encouraged to contact the Chair of the DPT Program, Director or Associate Director of the DPT Program, or DCEs as soon as possible in the curriculum should there be any concern about the ability to obtain licensure or engage in a clinical experience given potential findings on a CBC.

There are specific criminal background requirements for PHYT 811 (Pediatrics). This course is housed in the Early Learning Center at the University of Delaware and is a day care facility. In order to participate in this course, the student MUST complete a State Criminal Background Check. This requires that the student have fingerprinting conducted in the State of Delaware. Two sets of prints will be taken and these prints will be used to obtain criminal history information from the State Bureau of Investigation (SBI) and the FBI, as well as the child abuse registry and the adult abuse

registry. These requirements exist for an academic course and therefore must not be confused with the requirements of any part-time or full-time clinical experience. Completing this requirement for PHYT 811 is done in PHYT 830 (Introduction to Clinical Education).

If a student requires an additional CBC to meet the clinical site requirements beyond the initial one completed in PHYT 830 Intro to Clinical Education, the student should contact the Administrative Assistant for Clinical Education in University of Delaware's Physical Therapy Department.

B. DRUG SCREEN

Proof: When the drug screen has been completed, the DCE can view it to ensure that it is clear. If any positive records are identified, the student will be contacted by the DCE.

Students may be subject to mandatory drug testing prior to starting a clinical experience if this is standard procedure of the facility to which they are assigned. Additionally, the student may be subject to random drug testing during a clinical experience. Such testing usually consists of urinalysis. If a site requests testing, students need to comply and assume full financial responsibility for such tests. When a drug screen is performed through the Department's approved vendor, Sterling, it is a 10 panel test. However, there are different drug screen levels (5 panel, 9 panel, etc.). Students are encouraged to inquire about the type of test required and should avoid ingesting substances that may lead to a false positive finding on a drug test. Additionally, it is strongly recommended that the student drink no more than 8 oz the 2 hours prior to completing the urinalysis to minimize inconclusive results. If drug screenings are not provided by the clinical facility, the student may follow the instructions below for obtaining a drug screen locally.

To initiate a drug screen, the student should contact the Administrative Assistant for Clinical Education in University of Delaware's Physical Therapy Department.

PROCEDURE FOR CRIMINAL BACKGROUND CHECK AND DRUG TESTING

The student will receive a link for one of four options – initial criminal background check, annual criminal background check, drug test, or annual criminal background check and drug test.

Primary Package – This is the first criminal background check completed at the University of Delaware through Sterling. This is a 7 year, county search.

Renewal Package – This is completed when the student has already completed the Initial Criminal Background Check at the University of Delaware through Sterling. It will investigate the time from the last completed CBC.

Drug test – This is a 10 panel screen completed at LabCorp or Quest. You will receive a Chain of Custody Form after completing payment on the Sterling website.

Primary Package/Drug Test – This is utilized when a student is required to get both the initial CBC and Drug Test.

Renewal Package/Drug Test – This is utilized when a student is required to get both the renewal CBC and Drug Test.

Should difficulties with this process arise, please contact one of the DCEs or the Administrative Assistant for Clinical Education in University of Delaware's Physical Therapy Department.

C. OFFICE OF INSPECTOR GENERAL (OIG) REPORT

Students undergo a review of the OIG provider sanctions list. The Administrative Assistant for Clinical Education in University of Delaware's Physical Therapy Department will complete this process during PHYT 830 (Introduction to Clinical Education).

X. **ACADEMIC REQUIREMENTS OF PART TIME CLINICAL EXPERIENCES**

***PHYT 821, PHYT 822, and PHYT 812 must each be passed to fulfill graduation requirements*

A. **PHYT 821 - ORTHOPEDIC INTEGRATED CLINICAL EXPERIENCE**

Total Credit Hours: 3 Credits

Grading: Letter Grade (A / C- / F)

Semesters Offered: Spring Year 1; Summer Year 2, Fall Year 2, Winter Year 2, or Spring Year 2

Description: This is one of three part-time clinical experiences which will integrate course content taught in the DPT curriculum. PHYT 821 is a semester long, part-time clinical experience conducted under the supervision of qualified physical therapists in the University of Delaware Physical Therapy Sports and Orthopedic Clinic to provide a wide range of professional learning opportunities and clinical training.

Requirements for Credit: See Student Responsibilities Below

Course Objectives:

1. Obtain a thorough history from the patient, including the patient's complaints, functional status, and goals. (CC 5.28)
 - a. Select and safely perform the appropriate physical therapy examination techniques for an orthopedic population. These include, but are not limited to: (CC 5.30)
 - b. Anthropometric measurements (CC 5.30b)
 - c. Environmental, Home, Work, Social Barriers (CC 5.30g)
 - d. Ergonomics and Body Mechanics (CC 5.30h)
 - e. Gait, Locomotion, Balance (CC 5.30i)
 - f. Joint Integrity and Mobility (CC 5.30k)
 - g. Muscle Performance (CC 5.30m)
 - h. Orthotic, Protective and Supportive Devices (CC 5.30o)
 - i. Pain (CC 5.30p)
 - j. Posture (CC 5.30q)
 - k. Range of Motion (CC 5.30s)
 - l. Reflex Integrity (CC 5.30t)
 - m. Sensory Integrity (CC 5.30v)
 - n. Work, Community and Leisure Integration or Reintegration (CC 5.30x)
2. Distinguish which impairments most impact the patient's ability to participate in work, social or daily activities of living. (CC 5.19)
3. Create appropriate short and long-term goals that are patient-centered and addresses their primary impairments and functional limitations. (CC 5.36)
4. Develop a comprehensive treatment plan that considers the patient's goals and addresses impairments and activity limitations. (CC 5.35)
5. Incorporate current research evidence into the development of the treatment plan. (CC 5.23)
6. Provide the following interventions in a safe and effective manner: (CC 5.39; CC 5.43)
 - a. Therapeutic Exercise (CC 5.39a)
 - b. Functional Training (work/sport/social activities) (CC 5.39c)
 - c. Joint Mobilizations/Manipulations (CC 5.39d)
 - d. Soft Tissue techniques (CC 5.39d)
 - e. Physical Agents and Mechanical Modalities (CC 5.39i)
 - f. Electrotherapeutic Modalities (CC 5.39h)

7. Demonstrate effective teaching strategies when educating the patient and/or appropriate family members/caregivers regarding any physical therapy interventions including home exercise programs. (CC 5.41)
8. Identify the need to re-evaluate and modify or redirect the interventions, treatment plan and goals. (CC 5.48)
9. Appropriately consult other physical therapists or refer to another health care provider. (CC 5.27)
10. Document all necessary information in a logical manner that demonstrates sound clinical decision-making and follows the guidelines established by the clinic. (CC 5.42)
11. Demonstrate effective verbal and non-verbal communications with patients, caregivers, clinical instructor and other members of the health care team. (CC 5.17)
12. Accurately self-assesses own performance and develops personal goals to improve own skills, behaviors, and knowledge base. (CC 5.12)
13. Interact professionally with patients, family members/caregivers, clinical instructor, other students, clinic staff and other health care providers. (CC 5.11)
14. Demonstrate a caring and compassionate attitude with patients/family members/caregivers. (CC 5.8)

B. PHYT 822- NEUROLOGIC AND OLDER ADULT INTEGRATED CLINICAL EXPERIENCE

Total Credit Hours: 3 Credits

Grading: Letter Grade (A / C- / F)

Semesters Offered: Spring Year 1; Summer Year 2, Fall Year 2, Winter Year 2, or Spring Year 2

Description: This is one of three part-time clinical experiences which will integrate course content taught in the DPT curriculum. PHYT 822 is conducted under the supervision of qualified physical therapists in the University of Delaware Neurologic and Older Adult Therapy Clinic Physical to provide a wide range of professional learning opportunities and clinical training.

Requirements for Credit: See Student Responsibilities Below

Course Objectives:

1. Obtain a thorough history from the patient, including the patient's complaints, functional status, and goals. (CC 5.28)
2. Select and safely perform the appropriate physical therapy examination techniques for an orthopedic population. These include, but are not limited to: (CC 5.30)
 - a. Aerobic Capacity/Endurance (CC 5.30a)
 - b. Anthropometric Characteristics (CC 5.30b)
 - c. Arousal, Attention, and Cognition (CC 5.30c)
 - d. Assistive and Adaptive Devices (CC 5.30d)
 - e. Circulation (Arterial, Venous, Lymphatic) (CC 5.30e)
 - f. Cranial and Peripheral Nerve Integrity (CC 5.30f)
 - g. Environmental, Home, and Work (Job/School/Play) Barriers (CC 5.30g)
 - h. Ergonomics and Body Mechanics (CC 5.30h)
 - i. Gait, Locomotion, and Balance (CC 5.30i)
 - j. Integumentary Integrity (CC 5.30j)
 - k. Joint Integrity and Mobility (CC 5.30k)
 - l. Motor Function (Motor Control and Motor Learning) (CC 5.30l)
 - m. Muscle Performance (including Strength, Power, and Endurance) (CC 5.30m)
 - n. Orthotic, Protective, and Supportive Devices (CC 5.30o)

- o. Pain (CC 5.30p)
 - p. Posture (CC 5.30q)
 - q. Range of Motion (including Muscle Length) (CC 5.30s)
 - r. Reflex Integrity (CC 5.30t)
 - s. Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL]) (CC 5.30u)
 - t. Sensory Integrity (CC 5.30v)
 - u. Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL) (CC 5.30x)
3. Distinguish which impairments most impact the patient's ability to participate in work, social or daily activities of living. (CC 5.31)
 4. Create appropriate short and long-term goals that are patient-centered and addresses their primary impairments and functional limitations. (CC 5.36)
 5. Develop comprehensive treatment plans that considers the patient's goals and addresses impairments and activity limitations. (CC 5.35)
 6. Incorporate current research evidence into the development of the treatment plan. (CC 5.23)
 7. Provide the following interventions in a safe and effective manner. (CC 5.39, CC 5.43)
 - a. Therapeutic Exercise (CC 5.39a)
 - b. Functional Training (work/sport/social activities) (CC 5.39c)
 - c. Functional Training (self-care and home management) (CC 5.39b)
 - d. Joint Mobilizations/Manipulations (CC 5.39d)
 - e. Soft Tissue techniques (CC 5.39d)
 - f. Physical Agents and Mechanical Modalities (CC 5.39i)
 - g. Electrotherapeutic Modalities (CC 5.39h)
 8. Demonstrate effective teaching strategies when educating the patient and/or appropriate family members/caregivers regarding any physical therapy interventions including home exercise programs. (CC.5.41)
 9. Identify the need to re-evaluate and modify or redirect the interventions, treatment plan and goals. (CC5.48)
 10. Appropriately consult other physical therapists or refer to another health care provider. (CC 5.27)
 11. Document all necessary information in a logical manner that demonstrates sound clinical decision-making and follows the guidelines established by the clinic. (CC 5.42)
 12. Demonstrate effective verbal and non-verbal communications with patients, caregivers, clinical instructor and other members of the health care team. (CC 5.17)
 13. Accurately self-assess own performance and develops personal goals to improve own skills, behaviors, and knowledge base. (CC 5.12)
 14. Interact professionally with patients, family members/caregivers, clinical instructor, other students, clinic staff and other health care providers. (CC- 5.11)
 15. Demonstrate a caring and compassionate attitude with patients/family members/caregivers. (CC 5.8)

ASSIGNMENT PROCESS (PHYT 821 / 822)

The DCEs are responsible for assigning students to the ICEs. The DCEs determine final placements of students and reserve the right to exercise professional judgment regarding placements based upon the student's academic and clinical performance, as well as information gained via consultation with the Program Director, Associate Director, and key academic content advisors. The placement process is dynamic, with ongoing review/reassignments.

Other factors that influence the timing of the ICE include Clinical Instructor availability, patient volumes, and external factors impacting clinical service operations. As the DCEs try to accommodate student scheduling requests to the greatest degree possible, essential information relative to the timing of the ICE should be forwarded to the DCE in a timely manner. Students will be notified of their assignments to either PHYT 821 or PHYT 822 prior to the end of Winter Session of Year 1. If Spring 1 is an assignment, those students will be notified approximately the first week of Winter Session. Due to the dynamic nature of the clinic, time slots will not be posted until ~2 weeks prior to the start of the semester. These time slots are to be considered tentative until the 1st day of clinic. CI assignments will not be posted until 1 week prior to the start of the semester.

In an effort to avoid potential conflicts of role recognition, students must disclose all potential conflicts to the DCE's such as where a student previously served as a paid technician/aide or where the student or close members of the student's family have prior relationships causing the perception of undue influence. Failure to disclose such information may result in disciplinary action.

GRADING OF INTEGRATED CLINICAL EXPERIENCES (ICES) (PHYT 821/822)

The "New England Consortium" grading tool will be used to ascertain student mastery of the knowledge, skills, and behaviors required of the clinical experience. Minimum performance standards have been outlined based upon the criticality of the task and the time of the experience relative to the academic progression of the participating student.

Prior to participation in the ICE, students will be educated on the grading tool. Students are encouraged at any time to seek additional clarification on scoring (from the CI and/or DCE) should it be desired.

GRADE ASSIGNMENT (PHYT 821 / 822)

Grading for these courses will be a letter grade and will be assigned by the DCE. Please refer to course syllabus for specifics on grading for ICE administration.

- **Grade of A**
A grade of "A" is given based on the student meeting the minimum criteria on the grading tool and satisfactorily submitting all required paperwork.
- **Grade of C (-) (C minus)**
Failure to meet passing criteria as outlined by above minimum criteria standards for that semester OR failure to meet criteria after an extension

Action: Participation in a required Clinical Enrichment Independent Study (CEIS)

- **Grade of F (Failure)**
Egregious incident resulting in the student being removed from the clinic

Action: Recommendation for dismissal from program

The student is referred to the program's Policy and Procedure Manual for matriculation and/or dismissal implications surrounding assigned grades.

- **Incomplete (I)**

Unable to meet specific and limited criteria at the end of the semester

Action: Development of an extension contract, with reassessment of performance after a defined time interval (generally less than or equal to 3 weeks). Only one extension per ICE is permitted.

STUDENT SELF-ASSESSMENT (PHYT 821 / 822)

Self-assessment is a very valuable skill for not only the physical therapy student, but for all practicing therapists. The process of self-assessment promotes reflection and encourages individuals to discover ways to improve themselves.

Students will self-assess using the following forms:

Feedback Sheet:

This form will be completed at the end of weeks 3 and 10 for clinical experiences taking place in the spring, summer or fall semesters, and at the end of week 1 for clinical experiences taking place in the winter session. This form will be available on Sakai. Once completed, it is to be shared with the student's CI for their feedback and then the student must submit the completed form electronically by student on Sakai by the posted due date. If, for any reason, the submission is going to be late, it is the **student's responsibility to communicate** this to the DCE and CI in advance of the deadline to obtain prior approval.

New England Grading Tool:

A self-assessment is required at mid-term and at final for both the Orthopedic Integrated Clinical Experience (PHYT 821) and the Neurologic/Older Adult Integrated Clinical Experience (PHYT 822). The student will use the New England Consortium's Performance Rating Tool to complete the self-assessment (the same tool the CI uses to assess the student). The tool can be found on the Sakai course site.

There are several purposes for completing this form. First, it familiarizes the student with the items being evaluated. Second, it promotes reflection and learning by encouraging the student to consider events that have occurred and how those experiences will affect future performance. Third, it enhances communication between the student and the CI.

The student must complete a self-assessment prior to meeting with their CI at mid-term and at final. It is expected that specific comments be included to support the numerical grades assigned. It is recommended that the student and CI exchange completed evaluations 1-2 days prior to the face-to-face meeting to discuss mid-term/final performance. By sharing the assessments prior to meeting, the meeting can focus on areas of differences, highlight areas of strength / commonality, and identify plans for ongoing clinical growth and development. At the midterm meeting, goals for the second half of the experience can be outlined.

STUDENT RESPONSIBILITIES (PHYT 821 / 822)

Prior to the experience: Orientation Activities (posted to Sakai course site)

1. Complete a brief form (student info form for CI) that outlines the student's clinical exposure to date and the responsibilities during such exposures (i.e. – observation only in a volunteer capacity; work as a tech/aide, etc.).
 - a. Send to CI via email
 - b. Post to Sakai under Assignments
2. Review the Clinic's Orientation Manual.
3. Review orientation powerpoint, related videos, and clinic forms (located on Sakai and sent from CCCE).

4. Review the Clinic's Equipment Training Manual.
5. Completion of the Clinic Orientation Checklist due by the first week of the ICE and posted to Sakai.
6. Completion of OptimisPT electronic documentation for first ICE administration. If this is the student's first ICE experience, then an orientation assignment must be completed to increase familiarity with the clinic's electronic documentation system: OptimisPT.
 - a. Intro to Clin Ed class – Receive login information/access.
 - b. Complete orientation assignment which must be shared with your CI at least 2 days prior to start of ICE for review of accuracy of navigation in the EMR and posted to Sakai. The student should set aside several hours to view the system's videos and complete the written assignment provided prior to the ICE.

** It is highly recommended that the student find time prior to the start of the experience to physically orient to the clinic. Pairing up with another student who has recently been in the clinic and/or working with the ICE peer mentor group can be a great way to become familiar with the clinic environment before the first day. Documentation orientation must be successfully completed in order to access electronic charts. Additional orientation details will be shared 1-2 weeks prior to the start of the internship.

During the experience:

1. Attendance is required during assigned clinic hours.
2. Abide by the policies and procedures of the University of Delaware Physical Therapy Clinic.
3. Participate in patient care for 6 hours per week during fall, summer, and spring semesters. The student will participate in patient care for ~16 hours per week during the winter semester depending upon the length of those sessions.
4. Complete support tasks, such as documentation related to patient care, meeting with the CI, and seeking out additional resources as needed.
5. Any time missed either due to illness or other excused absence must be made up. (See Professionalism – Attendance in the Clinic Orientation Manual).
6. Unexcused absences may result in termination of the experience.
7. Login to Sakai at: <https://sakai.udel.edu/portal> as necessary to access course information, assignments, due dates and announcements.
8. Complete list of required assignments:
 - a. OptimisPT Orientation assignment (if first ICE)
 - b. Feedback Sheet 1
 - c. Feedback Sheet 2 (except winter session)
 - d. Midterm NEC Self-Assessment
 - e. Midterm NEC CI Evaluation
 - f. Midterm CI evaluation (shared with CI as well)
 - g. Supplemental Feedback Sheets (if applicable)
 - h. Final NEC Self-Assessment
 - i. Final NEC CI Evaluation
 - j. Course Evaluation
 - k. Final CI evaluation (shared with CI as well)

*It is expected that the student respect and abide by the due dates provided. If an extension is needed, it is the **student's responsibility to request the extension** from the DCE PRIOR to the due date. If there are greater than 2 episodes of submitting assignments late, then a meeting will be called between the student, the CCCE and the DCE to determine if the student should be allowed to continue with the course.

At the conclusion of the experience:

1. Submit all paperwork to the DCE via Sakai by the given due dates.
2. Complete the online course evaluation by the given due date (this will be emailed to you).

C. PHYT 812 – PEDIATRIC INTEGRATED CLINICAL EXPERIENCE

Total Credit Hours: 1 Credit

Grading: Letter Grade (A / C- / F)

Semester Offered: Year 2: Fall, Winter, Spring

Description: This is one of the three part-time clinical experiences which will integrate course content taught in the DPT curriculum, especially PHYT 811 (Pediatrics) which is offered during the spring of year 2.

PHYT 812- Pediatric Integrated Clinical Experience

Total Credit Hours: 1 Credit

Grading: Letter Grade (A / C- / F)(see course syllabus for details)

Semester Offered: Fall Year 2 (2-3 week blocks), Winter Year 2, Spring Year 2 (2-3 week blocks)

Description:

1. This is one of three part-time clinical experiences which will integrate course content taught in the DPT curriculum especially PHYT811 – Pediatrics, which takes place during the spring of Year 2. Students will have already completed 1 or 2 semester long part-time experiences in sports/orthopedics and/or neurologic/geriatrics.
- 2.
3. The experience will be conducted under the supervision of physical therapists in local clinical sites to provide a range of professional learning opportunities and clinical training across pediatric settings.

Objectives:

At the conclusion of PHYT812, the student will meet the following requirements relative to the listed performance objectives below in the applicable setting:

- Completion of at least one (1) Satisfactory rating under each Performance/Professional Behavior Component AND no Unsatisfactory ratings.

ACUTE CARE ROTATION	CI Rating of Student				U = Completed and Unsatisfactory (must include comments/examples) S=Completed and Satisfactory for level of experience EE = Exceeds Expectations N/O=Not observed
Performance/Professional Behavior Component	U	S	EE	N/O	Comments
Interaction - SAFETY					
Able to safely manage or assist with management of a patient during treatment session while being cognizant of lines and tubes					
Professional Behavior					
Demonstrates a professional and caring attitude with CI					
Demonstrates a professional and caring attitude with patient					
Communication					
Effectively able to communicate role and assess patient readiness for therapy with nursing					
Effectively able to communicate outcome of session with nursing					
Demonstrates effective verbal communication with patients during treatment session					
Demonstrates effective nonverbal communication with patient and/or family during treatment session					
Identifying Impairments					
Able to identify an impairment that impacts function based on medical diagnosis, history or observation of patient					
Treatment Planning					
Able to describe a treatment activity for a patient that is age appropriate and discuss rationale for choosing that activity to address an impairment					
Able to identify readiness for progression of intervention or modification of intervention based on treatment tolerance					
Treatment Intervention					
Able to assist with treatment intervention technique in a safe manner with guidance and/or assistance of CI					
Self-Assessment					
Seeks knowledge and understanding through engagement of pertinent questions					

OUTPATIENT ROTATION	CI Rating of Student				U = Completed and Unsatisfactory (must include comments/examples) S=Completed and Satisfactory for level of experience EE = Exceeds Expectations N/O=Not observed
Performance/Professional Behavior Component	U	S	EE	N/O	Comments
Interaction - SAFETY					
Able to interact in a safe and age appropriate manner with patients					
Professional Behavior					
Demonstrates a professional and caring attitude with CI					
Demonstrates a professional and caring attitude with patient					
Communication					
Effectively able to communicate outcome of session with family					
Demonstrates effective verbal communication with patients during treatment session					
Demonstrates effective nonverbal communication with patient and/or family during treatment session					
Identifying Impairments					
Able to identify an impairment that impacts function based on medical diagnosis, history or observation of patient					
Treatment Planning					
Able to describe a treatment activity for a patient that is age appropriate and discuss rationale for choosing that activity to address an impairment					
Able to identify readiness for progression of intervention or modification of intervention based on treatment tolerance					
Treatment Intervention					
Able to assist with treatment intervention technique in a safe manner with guidance and/or assistance of CI					
Self-Assessment					
Seeks knowledge and understanding through engagement of pertinent questions					

REHAB ROTATION	CI Rating of Student				U = Completed and Unsatisfactory (must include comments/examples) S=Completed and Satisfactory for level of experience EE = Exceeds Expectations N/O=Not observed
	U	S	EE	N/O	
Performance/Professional Behavior Component					
Interaction - SAFETY					
Able to safely guard a patient during therapeutic activity					
Professional Behavior					
Demonstrates a professional and caring attitude with CI					
Demonstrates a professional and caring attitude with patient					
Communication					
Effectively able to communicate with patient during treatment session while respecting cultural diversity					
Demonstrates effective verbal communication with patients during treatment session					
Demonstrates effective nonverbal communication with patient and/or family during treatment session					
Identifying Impairments					
Able to identify an impairment that impacts function based on medical diagnosis, history or observation of patient					
Treatment Planning					
Able to describe a treatment activity for a patient that is age appropriate and discuss rationale for choosing that activity to address an impairment					
Able to identify readiness for progression of intervention or modification of intervention based on treatment tolerance					
Treatment Intervention					
Able to assist with treatment intervention technique in a safe manner with guidance and/or assistance of CI					
Self-Assessment					
Seeks knowledge and understanding through engagement of pertinent questions					

Grade Assignment

Grading for these courses will be a letter grade and will be assigned by the DCE. A passing grade is deemed an "A."

See Course syllabus for details on specific grading for successful completion.

STUDENT RESPONSIBILITIES (PHYT 812)

Prior to the experience:

3. The student will ensure currency of all immunizations required by the site. See Requirement List for site (sent to you by Stephanie Michael).
4. The student will complete a Criminal Background Check through Sterling, as coordinated by Stephanie Michael. It is the intern's responsibility to complete the Criminal Background Check prior to the start of the experience. Depending upon placement semester / time, the student may have to update his/her Criminal Background Check from the one completed Winter Year 1. Please see Site Requirement List.
5. The student will complete a drug test. This can be completed through Sterling (see instructions to complete.) as coordinated by Stephanie Michael. Depending upon placement semester / time, the student may have to update his/her drug test from the one completed Winter Year 1. Please see Site Requirement List.
6. The student will complete a mandatory site orientation before starting their PEDs ICE.

During the experience:

7. Attendance is required. Students will be assigned to a clinical site and participate in patient care for ~16 hours. Any time missed due to illness, weather, or other factor may need to be made up. This will be determined by the DCE. Students are required to contact the CI and the DCE as soon as possible if ill or delayed due to unforeseen circumstances (weather/traffic/etc.).
8. All students must comply with the clinical facility's policy and procedure manual and clinic orientation handbook (if provided). There will be a mandatory orientation held by the facility.
9. Students are expected to be active participants in this experience.
10. Complete Performance Checklist as outlined in the grading section, participate in and complete a site project as outlined by facility (see project), complete a course evaluation at the end.

At the conclusion of the experience:

11. All required assignments must be submitted on the course webpage on Sakai within 1 week of completing the experience.
 - a. Performance Checklist completed by your CI
 - b. Project Completion (submit written documents as applicable or a short description of the project with final outcome).
 - c. Course evaluation (will be coordinated by DCE following the experience).

XI. FULL-TIME CLINICAL EXPERIENCES

CONTENT AREAS

PHYT 831 – Medically Complex

PHYT 833 – Rehabilitation

PHYT 834 – Elective

Total Credit Hours: 4 Credits (3 Experiences – total of 12 credit hours)

Grading: Letter graded (A / B / C- / D / F)

The three required full-time clinical experiences included in the University of Delaware's Physical Therapy curriculum are PHYT 831, 833, and 834. These clinical experiences are all terminal, meaning they occur after the completion of all didactic coursework. The sequencing of these clinical experiences is based on site availability/requirements and the assignment process described later in this manual.

A. PHYT 831 – MEDICALLY COMPLEX

Description:

PHYT 831 is a ten-week, full-time clinical experience, generally scheduled in an acute care hospital setting, wherein the student participates in all aspects of patient care under the supervision of a licensed physical therapist. Experiences include, but are not limited to: examination, treatment, patient and family education, charting, billing, and discharge planning.

Objectives:

During this ten-week full time clinical experience, the student will demonstrate competency in the following objectives:

1. Complete a thorough chart review, including the patient's complaints, medical conditions/status, pertinent lab values, precautions, special tests, communications, and systems review. (CC 5.28 and 5.29)
2. Select and safely perform the appropriate physical therapy examination techniques including those that assess:
 - a. Aerobic Capacity/Endurance (CC 5.30a)
 - b. Arousal and Adaptive Devices (CC5.30c)
 - c. Assistive, Attention, and Cognition (CC5.30d)
 - d. Circulation (Arterial, Venous, Lymphatic) (CC5.30f)
 - e. Cranial and Peripheral Nerve Integrity (CC 5.30g)
 - f. Environmental, Home, and Work Barriers (CC 5.30g)
 - g. Gait, Locomotion, and Balance (CC5.30i)
 - h. Integumentary Integrity (CC 5.30j)
 - i. Joint Integrity and Mobility (CC 5.30k)
 - j. Muscle Performance (CC 5.30m)
 - k. Orthotic, Protective, and Supportive Devices (CC 5.30o)
 - l. Pain (CC 5.30p)
 - m. Range of Motion (CC 5.30s)
 - n. Reflex Integrity (CC 5.30t)
 - o. Self-Care and Home Management/ADL (CC 5.30u)
 - p. Sensory Integrity (CC 5.30v)
Ventilation and Respiratory/Gas Exchange (CC 5.30w)
3. Distinguish which impairments most impact the functional activity limitations or participation restrictions to be addressed in treatment based on the information obtained from the medical diagnosis, patient's medical history, and the results of physical therapy evaluative procedures. (CC 5.31)

4. Develop, with minimal guidance from CI, appropriate short and long-term functional goals for the patient consistent with his/her prognosis and the functional activity limitations or participation restrictions to be addressed. (CC 5.33, CC 5.36)
5. Develop, with minimal guidance from CI, a patient centered treatment plan that includes the relevant impairments and appropriate practice of the functional limitation/participation restriction. (CC 5.34, CC 5.35)
6. Incorporate current research into the development of the treatment plan. (CC 5.23)
7. Demonstrate effective teaching strategies when educating the patient and/or appropriate family members/caregivers regarding any physical rehabilitation procedures for the patient to complete in their living environment. (CC 5.26, CC 5.41)
8. Identify the need to re-evaluate and modify or redirect the interventions, treatment plan, and goals. (CC 5.38)
9. Maintain documentation in accordance with the policies of the facility. (CC 5.42)
10. Demonstrate effective verbal and non-verbal communications with patients, caregivers, clinical instructor, and other members of the health care team. (CC 5.17)
11. Perform interventions in ethical, legal, safe, and effective manner including:
 - a. Therapeutic Exercise and Activities (CC 5.39a)
 - b. Functional Training in Self-Care and Home Management (CC 5.39b)
 - c. Manual Therapy Techniques (CC 5.39d)
 - d. Prescription and Application of Devices and Equipment (CC 5.39e)
 - e. Airway Clearance Techniques (CC 5.39f)
 - f. Integumentary Repair and Protection Techniques (CC 5.39g)
 - g. Electrotherapeutic Modalities (CC 5.39h)
 - h. Physical Agents and Mechanical Modalities (CC 5.39i)
12. Develop reflective practice through accurate self-assessment of own performance and developing personal goals to improve own skills, behaviors, and knowledge base. (CC 5.4, CC 5.12, CC 5.14)
13. Demonstrate professional behavior and attitude. (CC 5.11)
14. Prepare and present an educational program/in-service for facility staff based on assessment of their learning needs or clinical case application. (CC 5.26)
15. Respond effectively to patient/client and environmental emergencies in the acute care setting. (CC 5.44)
16. Safely perform maximal assist transfers with patient's only minimal guidance from clinical instructor.
17. Safely manage patients with lines and tubes with only minimal guidance from clinical instructor.
18. Participate in learning experiences within the acute care setting.
19. Determine which interventions may be delegates to support staff (PTA/Aide) based on the needs of the patient, support staff's ability, state law, federal regulation, and facility policy. (CC 5.40)

B. PHYT 833 – REHABILITATION

Description:

PHYT 833 is a ten-week, full-time clinical experience in a rehabilitation setting wherein the student participates in direct patient care under the supervision of a licensed physical therapist. Experiences include, but are not limited to, evaluation, treatment, patient and family education, charting, billing, team conferences with related disciplines, and discharge planning.

Objectives:

During this ten-week full time clinical experience, the student will demonstrate competency in the following:

1. Take a complete patient history, including the patient's complaints, past medical history, precautions, special tests, communications and systems review. (CC 5.28, CC 5.29)
2. Select and safely perform the appropriate physical therapy examination techniques, including those that assess:
 - a. Aerobic Capacity/Endurance (CC 5.30a)
 - b. Anthropometric Characteristics (CC 5.30b)
 - c. Arousal, Attention and Cognition (CC 5.30c)
 - d. Assistive and Adaptive Devices (CC 5.30d)
 - e. Circulation (Arterial, Venous, Lymphatic) (CC 5.30e)
 - f. Cranial and Peripheral Nerve Integrity (CC 5.30f)
 - g. Environmental, Home and Work Barriers (CC 5.30g)
 - h. Gait, Locomotion and Balance (CC 5.30i)
 - i. Integumentary Integrity (CC 5.30j)
 - j. Joint Integrity and Mobility (CC 5.30k)
 - k. Motor Function (Motor Control and Motor Learning) (CC 5.30l)
 - l. Muscle Performance (CC 5.30m)
 - m. Neuromotor Development and Sensory Integration (CC 5.30n)
 - n. Orthotic, Protective and Supportive Devices (CC 5.30o)
 - o. Pain (CC 5.30p)
 - p. Posture (CC 5.30q)
 - q. Prosthetic Requirements (CC 5.30r)
 - r. Range of Motion (CC 5.30s)
 - s. Reflex Integrity (CC 5.30t)
 - t. Self-Care and Home Management/ADL (CC 5.30u)
 - u. Sensory Integrity (CC 5.30v)
 - v. Ventilation and Respiration/Gas Exchange (CC 5.30w)
 - w. Work (Job/School/Play), Community and Leisure Integration or Reintegration (including IADL) (CC 5.30x)
3. Utilize clinical reasoning to distinguish which impairments most impact the functional activity limitations or participation restrictions to be addressed in treatment based on the information obtained from the medical diagnosis, patient's medical history, and the results of physical therapy evaluative procedures. (CC 5.19, CC 5.20, CC 5.31)
4. Develop a patient physical therapy diagnosis, prognosis and determines appropriate short and long-term functional goals for the patient consistent with his/her prognosis and the functional activity limitations or participation restrictions to be addressed. (CC 5.32, CC 5.33, CC 5.36)
5. Develop a patient centered treatment plan that includes the relevant impairments and appropriate practice of the functional limitation/participation restriction. (CC 5.34, CC 5.35)
6. Consistently use information technology to access and critically evaluate information related to patient case and apply knowledge in scientific manner to patient cases. (CC 5.21, CC 5.22)
7. Demonstrate effective teaching strategies when educating the patient and/or appropriate family members/caregivers regarding any physical rehabilitation procedures for the patient to complete in their living environment. (CC 5.26, CC 5.41)

8. Identify the need to re-evaluate and modify or redirect the interventions, treatment plan and goals. (CC 5.38)
9. Maintain documentation in accordance with the policies of the facility and professional guidelines. (CC 5.42) Demonstrate effective verbal and non-verbal communications with patients, caregivers, clinical instructor and other members of the health care team. (CC 5.17)
10. Perform interventions in ethical, legal, safe and effective manner including: (CC 5.1, CC 5.3, CC 5.37)
 - a. Therapeutic Exercise and Activities (CC 5.39a)
 - b. Functional Training in Self-Care and Home Management (CC 5.39b)
 - c. Functional Training in Work, Community, and Leisure Integration or Reintegration (CC 5.39c)
 - d. Manual Therapy Techniques (CC 5.39d)
 - e. Prescription and Application of Devices and Equipment (CC 5.39e)
 - f. Airway Clearance Techniques (CC 5.39f)
 - g. Integumentary Repair and Protection Techniques (CC 5.39g)
 - h. Electrotherapeutic Modalities (CC 5.39h)
 - i. Physical Agents and Mechanical Modalities (CC 5.39i)
11. Develop reflective practice through accurately self-assessment of own performance and developing personal goals to improve own skills, behaviors, and knowledge base. (CC 5.4, CC 5.12, CC 5.14)
12. Demonstrate a professional behavior and attitude including components of Core Values (accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility). (CC 5.2, CC 5.6, CC 5.7, CC 5.8, CC 5.9, CC 5.10, CC 5.11, CC 5.15, CC 5.16)
13. Prepare and present an educational program/in-service for facility staff based on assessment of their learning needs or clinical case application. (CC 5.26)
14. Utilize and interpret valid and reliable outcome measures to determine and modify plan of care for patients/clients. (CC 5.45, CC 5.46, CC 5.47, CC 5.48, CC 5.49)
15. Demonstrate social responsibility and advocacy for patient/clients in advocating for health and wellness needs of children and adult with neurological based participation restrictions. (CC 5.50, CC 5.51, CC 5.52, CC 5.63, CC 5.64)
16. Participate in team care conference for patient/clients including decision making for post rehabilitation services and discharge planning. (CC 5.56)
17. Respond effectively to patient/client and environmental emergencies in the rehab setting. (CC 5.44)
18. Determine which interventions may be delegates to support staff (PTA/Aide) based on the needs of the patient, support staff's ability, state law, federal regulation and facility policy. (CC 5.40)

C. PHYT 834 – ELECTIVE

During this ten-week full time clinical experience, the student will demonstrate competency in the following objectives:

1. Take a complete patient history, including the patient's complaints, past medical history, precautions, special tests, communications and systems review. (CC 5.28 and 5.29)
2. Select and safely perform the appropriate physical therapy examination techniques for the population of their elective experience that MAY include:

- a. Aerobic Capacity/Endurance (CC- 5.30a)
 - b. Anthropometric Characteristics (CC-5.30b)
 - c. Arousal, Attention, and Cognition (CC-5.30c)
 - d. Assistive and Adaptive Devices (CC-5.30d)
 - e. Circulation (Arterial, Venous, Lymphatic) (CC-5.30e)
 - f. Cranial and Peripheral Nerve Integrity (CC-5.30f)
 - g. Environmental, Home and Work Barriers (CC-5.30g)
 - h. Ergonomics and Body Mechanics (CC-5.30h)
 - i. Gait, Locomotion and Balance (CC-5.30i) Integumentary Integrity (CC-5.30j)
 - j. Joint Integrity and Mobility (CC-5.30k)
 - k. Motor Function (Motor Control and Motor Learning) (CC-5.30l)
 - l. Muscle Performance (CC-5.30m)
 - m. Neuromotor Development and Sensory Integration (CC-5.30n)
 - n. Orthotic, Protective and Supportive Devices (CC-5.30o)
 - o. Pain (CC-5.30p)
 - p. Posture (C-5.30q)
 - q. Prosthetic Requirements (CC-5.30r)
 - r. Range of Motion (CC-5.30s)
 - s. Reflex Integrity (CC 5.30t)
 - t. Self-Care and Home Management/ADL (CC-5.30u)
 - u. Sensory Integrity (C-5.30v)
 - v. Ventilation and Respiration/Gas Exchange (C-5.30w)
 - w. Work (Job/School/Play), Community and Leisure Integration or Reintegration (including IADL) (CC-5.30x)
3. Utilize clinical reasoning to distinguish which impairments most impact the functional activity limitations or participation restrictions to be addressed in treatment based on the information obtained from the medical diagnosis, patient's medical history, and the results of physical therapy evaluative procedures. (CC-5.19, 5.20, 5.31)
 4. Develop a patient physical therapy diagnosis, prognosis and determines appropriate short and long-term functional goals for the patient consistent with his/her prognosis and the functional activity limitations or participation restrictions to be addressed. (CC 5.32, 5.33, 5.36)
 5. Develop a patient centered treatment plan that includes the relevant impairments and appropriate practice of the functional limitation/participation restriction. (CC 5.34, 5.35)
 6. Consistently use information technology to access and critically evaluate information related to patient case and apply knowledge in scientific manner to patient cases. (CC-5.21, 5.22)
 7. Demonstrate effective teaching strategies when educating the patient and/or appropriate family members/caregivers regarding any physical rehabilitation procedures for the patient to complete in their living environment. (CC 5.26, 5.41)
 8. Identify the need to re-evaluate and modify or redirect the interventions, treatment plan and goals. (CC 5.38)
 9. Maintain documentation in accordance with the policies of the facility and professional guidelines. (CC 5.42)
 10. Demonstrate effective verbal and non-verbal communications with patients, caregivers, clinical instructor and other members of the health care team. (CC-5.17)
 11. Perform interventions in ethical, legal, safe and effective manner that MAY include: (CC 5.1, 5.3, 5.37)
 - a. Therapeutic Exercise and Activities (CC-5.39a)

- b. Functional Training in Self-Care and Home Management (CC-5.39b)
 - c. Functional Training in Work, Community, and Leisure Integration or Reintegration (CC-5.39c)
 - d. Manual Therapy Techniques (CC-5.39d)
 - e. Prescription and Application of Devices and Equipment (CC-5.39e)
 - f. Airway Clearance Techniques (CC-5.39f)
 - g. Integumentary Repair and Protection Techniques (CC-5.39g)
 - h. Electrotherapeutic Modalities (CC-5.39h)
 - i. Physical Agents and Mechanical Modalities (CC-5.39i)
12. Develop reflective practice through accurately self-assessing performance and developing personal goals to improve own skills, behaviors, and knowledge base. (CC 5.4, 5.12, 5.14)
 13. Demonstrate a professional behavior and attitude including components of Core Values (accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility). (CC-5.2, 5.6, 5.7, 5.8, 5.9, 5.10 5.11, 5.15, 5.16)
 14. Prepare and present an educational program/in-service for facility staff based on assessment of their learning needs or clinical case application. (CC 5.26)
 15. Determine when patient/clients need further examination or consultation by a PT or referral to another healthcare professional. (CC 5.27)
 16. Utilize and interpret valid and reliable outcome measures to determine and modify plan of care for patients/clients. (CC-5.45, 5.46, 5.47, 5.48, 5.49)
 17. Respond effectively to patient/client and environmental emergencies in their elective setting. (CC-5.44)
 18. Determine which interventions may be delegated to support staff (PTA/Aide) based on the needs of the patient, support staff's ability, state law, federal regulation and facility policy. (CC-5.40)

If the Elective focuses on healthcare administration, utilize the appropriate objectives described above, plus the addition of:

1. Participate in the financial management of the practice (CC-5.58)
2. Participate in risk management activities as appropriate (CC-5.61)
3. Participate in activities related to marketing and public relations (CC-5.60)

If the Elective focuses on clinical research, utilize the appropriate objectives described above, plus the addition of:

1. Critically evaluate sources of information related to physical therapy practice and research. (CC-5.22)
2. Contribute to the evidence for best practice by participating in clinical or basic research that impacts a selected population. (CC-5.24)
3. Participate in the design or possible implementation of patterns of best clinical practice based on principals of evidence based practice. (CC-5.25)

If the Elective focuses on legislation or advocacy, utilize the appropriate objectives described above, plus the additional of:

1. Participate in organizations and efforts that support the role of the physical therapist in furthering health and wellness of the public.
2. Participate in professional organizations (CC-5.16)

3. Influence the legislative and political process (CC-5.66)

ASSIGNMENT PROCESS (PHYT 831 / 833 / 834)

Sites are contacted by the DCEs to determine availability for student placement. DPT 1s are then provided with a list of available site options, including the time frame the site is offering the placement. Students will be asked to provide the DCEs with a list of their top selections for each rotation. When completing requests for clinical placement, students are strongly encouraged to avail themselves of the following resources: DCE mentorship meetings, the facility's Clinical Site Information Forms (CSIFs), provided information from PTEM, and prior student evaluations of the clinical site. Clinical site files are available in google docs and will be shared with the students. Students will complete their Request Form and submit it to the DCEs by the required deadline.

The DCEs will review all Request Forms and match interns with clinical sites. If more than one student has interest in a given site, the DCEs will exercise his/her professional judgment and assign students based upon academic performance, direct observation of professional behaviors, expressed student professional goals, and additional information provided on the Request Form. If all appears equal and a judgment cannot be made as to who should be assigned to a given facility, a lottery system will then be utilized for the final decision.

The DCEs determine final placements of students and reserve the right to exercise professional judgment regarding placements based upon the student's academic and clinical performance, as well as information gained via consultation with the Program Director, Associate Director, and key academic content advisors. The placement process is dynamic, with ongoing review/reassignments.

It should be noted that clinic cancellations do occur, sometimes with very little notice and the student will be alerted of the change as soon as possible. Rescheduling of a cancelled clinical experience will occur in collaboration with the student to promote re-assignment to a different location as quickly as possible.

In an effort to avoid potential conflicts of role recognition, assigning clinical experiences at locations where a student previously served as a paid technician/aide or where the student or close members of the student's family have prior relationships causing the perception of undue influence will be avoided. All students are expected to disclose such conflicts to the appropriate DCE. Failure to do so may result in disciplinary action.

POLICY FOR REQUESTING A CHANGE IN A SCHEDULED FULL TIME CLINICAL EXPERIENCE (PHYT 831 / 833 / 834)

There are circumstances that may cause a student to request a change in a scheduled clinical experience prior to its start. If the student wishes to pursue changing an assigned site, the student is required to write a proposal and submit it to the DCEs. This proposal must include the following:

1. Date of scheduled clinical experience
2. Assigned site
3. Requested site
4. Purpose for requesting the change that outlines the reason the student is requesting the change, any specific steps that need to be completed, etc.

It should be noted that all requests will be reviewed by the DCEs on an individual basis. There is no guarantee that any request will be granted by completing a written request for change. There are times when graduation may be delayed when students self-select out of their clinical assignment. Each student may only request a change in an assigned internship once during their tenure at University of Delaware.

METHOD OF EVALUATION (PHYT 831 / 833 / 834)

The APTA's Physical Therapist Clinical Performance Instrument (CPI) is used as the evaluation tool for the full time clinical experiences. The CPI is a web-based tool that is used to assess overall competency by observations of specific performance criterion. It is required that the student and CI complete the APTA's web-based training session before using the CPI. The student will undergo their training session during the winter session of Year 1 in PHYT 830 Introduction to Clinical Education. The Facility/CCCE will be contacted prior to the start of the experience to ensure that the CI is aware of the need for completing the web-based training session.

The CPI will be completed by both the student and the CI. The website for accessing the CPI is <https://cpi2.amsapps.com> . Please contact the DCEs if there are any challenges with access.

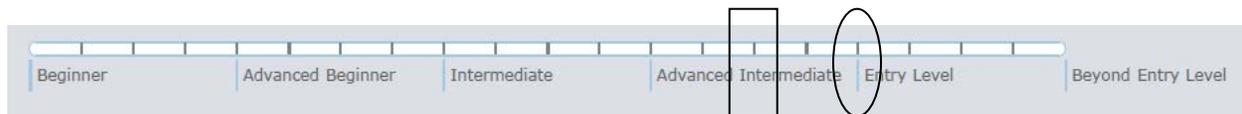
STUDENT SELF-ASSESSMENT (PHYT 831 / 833 / 834)

Self-assessment is a very valuable skill for not only the physical therapy student but for all practicing physical therapists. The process of self-assessment promotes reflection and encourages individuals to discover and employ ways to improve themselves.

Feedback Form for Full-time Clinical Experiences

The student and CI must complete the form at the end of weeks 1.5 and 3 for full time experiences. The student will share their self-assessment with their CI. Once the CI has added their feedback, the student will be required to upload the form to Sakai. In the event this process cannot be completed electronically, the form can be faxed (302-831-4234). It is the student's responsibility to ensure the form is made available to the DCEs by the due date. If, for any reason, the student and CI are unable to review the feedback sheet by the due date, it is the **responsibility of the student** to inform the DCE and **seek approval for an extension**.

PASSING CRITERIA (PHYT 831 / 833 / 834)



Performance Criteria for Full-Time Clinical Experiences

- All need to be at least at the level indicated by the rectangle.
- At least 13 areas must be at the level indicated by the circle.

All CPIs will be reviewed by the DCEs. Any discrepancies between the written comments and the scores provided will be investigated by the DCE. The DCEs retain authority to determine final student performance for grading based on CI feedback, student information, and any other existing documentation.

IF A STUDENT DOES NOT SUCCESSFULLY PASS A FULL TIME EXPERIENCE (PHYT 831 / 833 / 834)

In the event a student does not meet the passing criteria, procedures as outlined in the Program Policy document will be followed.

GRADE ASSIGNMENT (PHYT 831 / 833 / 834)

Grading for these courses will be A, B, C-, D, or F and will be assigned by the DCE. Please see below for details; passing is considered a grade of A or B.

Clinical Education Grading and Implications

** Grade Deemed Passing
^^ Grade Deemed Non-Passing

Grade: A **	Grade: B **	Grade: C – ^^	Grade: D ^^	Grade: F ^^
Student meets the benchmark passing criteria as established for the clinical experience (with/without extension)	Student meets benchmark passing criteria as established for the clinical experience (with/without extension), AND EITHER Submits < 80% of required assignments by the deadline OR Demonstrates breaches in professional behavior of significant magnitude or of a repetitive nature as determined by the DCE in collaboration with the Associate Program Director.	Student participates for entirety of term, but does not meet the benchmark passing standards as established at the end of the experience (with/without extension) OR Clinic terminates student given inability to further support the clinical experience OR Student consents to terminate the clinical experience if provided with an academic recommendation by the DCE and approved by Associate Program Director.	Student fails established learning contract for non-egregious reasons OR After student declined recommendation for early withdrawal (to begin remediation), clinic terminates student given inability to further support the clinical experience.	Student commits an egregious error OR Student self-terminates the clinical experience without academic recommendation.
 Student matriculates forward	 Student matriculates forward	 Student participates in a required CEIS	 Student participates in a required CEIS	 Student is recommended for dismissal

Withdrawal (W)

In the event the student is not able to complete the clinical experience either due to prolonged illness, injury, or other special circumstance. The student should review the withdrawal policy in the program handbook.

Incomplete (I)

If the student is not meeting the passing criteria at the final evaluation and it is determined by the CI, CCCE, and DCE that 2-3 weeks of additional experience will likely allow the student enough time and opportunity to meet the passing criteria, the student will receive a grade of "I". This will require a defined deficit that can be met within a specific timeframe. A grade of "I" will convert to an "A/B/C-/D//F" at the end of the extension period per University policy pending the outcome of the student's re-evaluation. Please note that extending a clinical experience may result in the disruption of subsequently scheduled experiences.

INTERN RESPONSIBILITIES (PHYT 831 / 833 / 834)

Prior to the clinical experience:

1. Call the site 4 weeks prior to beginning of the experience.
2. Send or deliver all necessary paperwork personally.
3. Discuss start time, tentative work schedule, dress code and obtain directions if necessary.
4. Complete the Preclinical Student Information Form and email it to the Administrative Assistant for Clinical Education and the CCCE.

During the clinical experience:

1. Complete all assignments by respective due dates:
 - a. CI Information Sheet and return to DCE
 - b. Feedback Sheets (Weeks 1.5 & 3 are required. Feedback sheets may be requested to continue beyond midterm by the DCE or CI as deemed necessary.)
 - c. Sakai forum questions and responses assigned by DCE. If you are on a clinical experience and do not have internet access, discuss with the DCE how to complete these assignments.
 - d. Midterm observation and participation log.
 - e. Midterm CPI
 - f. Midterm CI evaluation

At the conclusion of the clinical experience:

1. Complete online CPI by CI and self-assessment (paper copy if internet access not available and then hand deliver).
2. Upload the following on Sakai
 - a. Evaluation of Physical Therapist Student Clinical Experience and Clinical Instruction
 - b. Final observation and participation log
 - c. Copy of your inservice or journal club
 - d. CI's inservice or journal club feedback
3. You will be contacted via e-mail to complete surveys regarding your clinical experience.

ESTABLISHING NEW INTERNSHIP SITES (PHYT 831 / 833 / 834)

All clinical experiences will be established by the DCE. Under **NO** circumstances are students allowed to contact facilities to establish a new clinical site. If the student ignores this policy, there will be disciplinary action. If a student would like to pursue establishing a new clinical site, he/she should contact the DCE and provide the name of the facility and any contact information that might be known. The DCE will determine the appropriateness of pursuing the establishment of a new clinical site. It should be noted that establishing new sites will occur only when additional sites are needed or when a student is involved in a unique situation requiring consideration of an additional sites. Students will only be permitted to submit a new site request once.

Physician-Owned Physical Therapy Services (POPTS) Policy

In accordance with best practices principles, and as supported by the APTA White Paper on POPTS, the faculty at the University of Delaware Physical Therapy Department have determined

that no POPTS clinics will be used for the purposes of providing clinical education to UDPT students in the course of their academic curriculum. Due to this policy, no contracts will be established with clinics determined to be POPTS. Additionally, contractual agreements will be severed if a clinical site changes in structure to fall under a POPTS designation.

JOURNAL CLUB OR INSERVICE (PHYT 831 / 833 / 834)

During each of the full-time experiences, students are expected to complete an inservice. Inservices may not be duplicated and must be individualized for each rotation. The inservice can take the form of a presentation, journal club, special project, or case study (see below for specifics). The inservice topic should be discussed and mutually agreed upon with the clinical instructor and/or facility CCCE. Students are encouraged to consult the DCE with questions or concerns. The inservice grading rubric is located on Sakai and should be provided to the CI.

Inservice Presentation:

1. The presentation should be a minimum of 30 minutes in length, unless otherwise directed by the facility.
2. 2-3 participant learning objectives must be outlined at the beginning of the presentation.
3. Material should be of sufficient depth for participant learning (i.e. – know your audience).
4. Material should have literature support and be appropriately referenced in specific slides (author, journal, year on slide with complete reference at the end of the presentation).
5. Slides should contain the main “talking” points (font size > 18).
6. Pictures/art should be relevant to the topic and support the content.
7. Presentations should be rehearsed in advance to assess time and to improve flow of information delivery.
8. Presentation should be posted on Sakai when complete.

Journal Club:

1. Audience should be provided with the article at least 2 days in advance to allow sufficient opportunity for review of the manuscript.
2. A PowerPoint presentation may accompany the journal club discussion, though this is not required.
3. Forms are available on Sakai to guide the presentation (from research class).
4. Articles shall be properly referenced.
5. Article and review sheets should be posted on Sakai. A summary of talking points may be posted as well.

Project:

1. Projects may be requested by the site to meet facility/staff/patient needs.
2. Content should be appropriate to the audience (i.e. – written for patient vs. healthcare provider).
3. Content should be supported by literature (although how to reference may depend on the project).
4. Materials developed should be posted on Sakai.

Case Study:

1. The following sections should be addressed: history, systems review, tests and measures, diagnosis, prognosis, interventions, and assessment of outcomes.
2. Content should be supported by literature and referenced appropriately.
3. A copy of the PowerPoint presentation reflecting the case study should be posted on Sakai.

TIMELINE FOR COMPLETION OF REQUIREMENTS

Course in which requirement is fulfilled.

Requirement	DPT 1	DPT 2	DPT 3
HIPAA	PHYT 830 Intro to Clin Ed		
CPR	PHYT 830 Intro to Clin Ed	PHYT 807 Emergency Response & Adv Seminar	
BBP	PHYT 830 Intro to Clin Ed	Winter session	
Resume	PHYT 830 Intro to Clin Ed	Updated throughout	Updated throughout
Physical	Spring	Spring	
*Child Care Center Verification Form For Fingerprinting	PHYT 830 Intro to Clin Ed		
*Adult Health Appraisal Form For Child Care	PHYT 830 Intro to Clin Ed		
Criminal Background Check	PHYT830 Intro to Clin Ed	If needed before PHYT 812 – will be discussed	If needed before PHYT 831, 833 or 834 (Sterling)
Drug Testing	PHYT 830 Intro to Clin Ed	If needed before PHYT 812 (Sterling)	If needed before PHYT 831, 833 or 834 (Sterling)
Internship Assignment	Summer	Updated throughout	
Signing Contract Review Form		Spring	
CPI Training	PHYT 830 Intro to Clin Ed		Recommend review

*These are requirements to attend any classes (Pediatrics) or clinical experiences at the UD Early Learning Center. ALL students will need to complete these requirements.

CONTACT WITH THE FACILITY DURING AN INTERNSHIP

The CI and student will be contacted by the DCE either by phone or email around the time of the midterm evaluation. A site visit will only occur if deemed necessary by the DCE or if it is requested by the CCCE. The CI and student are encouraged to remain in close contact with the DCEs throughout the clinical experience should questions or concerns arise. Even if no action is requested of the DCE at that time, students should keep the DCE updated on any clinical struggles encountered.

XII. APPENDICES

A. CPI - SAMPLE BEHAVIORS

Safety

Sample Behaviors

- a. Establishes and maintains safe working environment.
- b. Recognizes physiological and psychological changes in patients and adjusts patient Interventions accordingly.
- c. Demonstrates awareness of contraindications and precautions of patient intervention.
- d. Ensures the safety of self, patient and others throughout the clinical interaction (e.g., universal precautions, responding and reporting emergency situations, etc.).
- e. Requests assistance when necessary.
- f. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance, etc.).
- g. Demonstrates knowledge of facility safety policies and procedures.

Professional Behaviors

Sample Behaviors

- a. Demonstrates initiative (e.g., arrives well prepared, offers assistance, seeks learning opportunities).
- b. Is punctual and dependable.
- c. Wears attire consistent with expectations of the practice setting.
- d. Demonstrates integrity in all interactions.
- e. Exhibits caring, compassion, and empathy in providing services to patients.
- f. Maintains productive working relationships with patients, families, CI, and others.
- g. Demonstrates behaviors that contribute to a positive work environment.
- h. Accepts feedback without defensiveness.
- i. Manages conflict in constructive ways.
- j. Maintains patient privacy and modesty.
- k. Values the dignity of patients as individuals.
- l. Seeks feedback from clinical instructor related to clinical performance.
- m. Provides effective feedback to CI related to clinical/teaching mentoring.

Accountability

Sample Behaviors

- a. Places patient's needs above self interests.
- b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
- c. Takes steps to remedy errors in a timely manner.
- d. Abides by policies and procedures of the practice setting (e.g., OSHA, HIPAA, PIPEDA [Canada], etc.).
- e. Maintains patient confidentiality.
- f. Adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.
- g. Identifies ethical or legal concerns and initiates action to address the concerns.
- h. Displays generosity as evidenced in the use of time and effort to meet patient needs.
- i. Recognize the need for physical therapy services to underserved and under-represented populations.
- j. Maintains patient privacy and modesty.
- k. Strive to provide patient/client services that go beyond expected standards of practice.

Communication

Sample Behaviors

- a. Communicates, verbally and nonverbally, in a professional and timely manner.
- a. Initiates communication in difficult situations.
- b. Selects the most appropriate person(s) with whom to communicate.
- c. Communicates respect for the roles and contributions of all participants in patient care.
- d. Listens actively and attentively to understand what is being communicated by others.
- e. Demonstrates professionally and technically correct written and verbal communication without jargon.
- f. Communicates using nonverbal messages that are consistent with intended message.
- g. Engages in ongoing dialogue with professional peers or team members.
- h. Interprets and responds to the nonverbal communication of others.
- i. Evaluates effectiveness of his/her communication and modifies communication accordingly.
- j. Seeks and responds to feedback from multiple sources in providing patient care.
- k. Adjust style of communication based on target audience.
- l. Communicates with the patient using language the patient can understand (e.g., translator, sign language, level of education, cognitive impairment, etc.).

Cultural Competence

Sample Behaviors

- a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
- b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.

- c. Provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system.
- d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
- e. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
- f. Is aware of and suspends own social and cultural biases.

Professional Development

Sample Behaviors

- a. Identifies strengths and limitations in clinical performance.
- b. Seeks guidance as necessary to address limitations.
- c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.
- d. Acknowledges and accepts responsibility for and consequences of his or her actions.
- e. Establishes realistic short and long-term goals in a plan for professional development.
- f. Seeks out additional learning experiences to enhance clinical and professional performance.
- g. Discusses progress of clinical and professional growth.
- h. Accepts responsibility for continuous professional learning.
- i. Discusses professional issues related to physical therapy practice.
- j. Participates in professional activities beyond the practice environment.
- k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
- l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.

Clinical Reasoning

Sample Behaviors

- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
- b. Makes clinical decisions within the context of ethical practice.
- c. Utilizes information from multiple data sources to make clinical decisions (e.g., patient and caregivers, health care professionals, hooked on evidence, databases, medical records).
- d. Seeks disconfirming evidence in the process of making clinical decisions.
- e. Recognizes when Plan of Care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
- f. Critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
- g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
- h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
- i. Assesses patient response to interventions using credible measures.
- j. Integrates patient needs and values in making decisions in developing the plan of care.
- k. Clinical decisions focus on the whole person rather than the disease.
- l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

Screening

Sample Behaviors

- a. Utilizes test and measures sensitive to indications for physical therapy intervention.
- b. Advises practitioner about indications for intervention.
- c. Reviews medical history from patients and other sources (e.g., medical records, family, other health care staff).
- d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
- e. Selects the appropriate screening tests and measurements.
- f. Conducts tests and measurements appropriately.
- g. Interprets tests and measurements accurately.
- h. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.
- i. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary.
- j. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.

Examination

Sample Behaviors

- a. Obtains a history from patients and other sources as part of the examination.
- b. Utilizes information from history and other data (e.g., laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
- c. Performs systems review.
- d. Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.
 1. Tests and measures* (listed alphabetically) include, but are not limited to, the following:
 - a) aerobic capacity,
 - b) anthropometric characteristics,
 - c) arousal, mentation, and cognition,
 - d) assistive and adaptive devices,
 - e) community and work (job, school, or play) reintegration,
 - f) cranial nerve integrity,
 - g) environmental, home, and work barriers,

- h) ergonomics and body mechanics,
 - i) gait, assisted locomotion, and balance,
 - j) integumentary integrity,
 - k) joint integrity and mobility,
 - l) motor function,
 - m) muscle performance (including strength, power, and endurance),
 - n) neuromotor development and sensory integration,
 - o) orthotic, protective, and supportive devices,
 - p) pain,
 - q), posture,
 - r) prosthetic requirements,
 - s) range of motion,
 - t) reflex integrity,
 - u) self-care and home management (including activities of daily living and instrumental activities of daily living),
 - v) sensory integration (including proprioception and kinesthesia),
 - w) ventilation, respiration, and circulation.
- e. Conducts tests and measurements appropriately.
 - f. Sequences tests and measures in a logical manner to optimize efficiency.
 - g. Adjusts tests and measures according to patient's response.
 - h. Performs regular reexaminations of patient status.
 - i. Performs an examination using evidence based test and measures

Evaluation

Sample Behaviors

- a. Synthesizes examination data and identifies pertinent impairments, functional limitations and quality of life. [WHO – ICF Model for Canada]
- b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).
- c. Reaches clinical decisions efficiently.
- d. Cites the evidence to support a clinical decision.

Diagnosis/Prognosis

Sample Behaviors

- a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
- b. Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
- c. Integrates data and arrives at an accurate Prognosis with regard to intensity and duration of interventions and discharge status.
- d. Estimates the contribution of factors (e.g., preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
- e. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc.) that help predict patient outcomes.

Plan of Care

Sample Behaviors

- a. Establishes goals and desired functional outcomes that specify expected time durations.
- b. Establishes a physical therapy Plan of Care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.
- c. Establishes a plan of care consistent with the examination and evaluation.
- d. Selects interventions based on the best available evidence and patient preferences.
- e. Follows established guidelines (e.g., best practice, clinical pathways, and protocol) when designing the plan of care.
- f. Progresses and modifies plan of care and discharge planning based on patient responses.
- g. Identifies the resources needed to achieve the goals included in the patient care.
- h. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
- i. Discusses the risks and benefits of the use of alternative interventions with the patient.
- j. Identifies patients who would benefit from further follow-up.
- k. Advocates for the patients' access to services.

Procedural Interventions

Sample Behaviors

- a. Performs **interventions*** safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner.
- b. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and j) therapeutic exercise (including aerobic conditioning).
- c. Performs interventions consistent with the plan of care.
- d. Utilizes alternative strategies to accomplish functional goals.
- e. Follows established guidelines when implementing an existing plan of care.
- f. Provides rationale for interventions selected for patients presenting with various diagnoses.
- g. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
- h. Assesses patient response to interventions and adjusts accordingly.
- i. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
- j. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
- k. Incorporates the concept of self-efficacy in wellness and health promotion.

Educational Interventions

Sample Behaviors

- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
- b. Identifies patient learning style (e.g., demonstration, verbal, written).
- c. Identifies barriers to learning (e.g., literacy, language, cognition).
- d. Modifies interaction based on patient learning style.
- e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
- f. Ensures understanding and effectiveness of recommended ongoing program.
- g. Tailors interventions with consideration for patient family situation and resources.
- h. Provides patients with the necessary tools and education to manage their problem.
- i. Determines need for consultative services.
- j. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (e.g., ergonomic evaluations, school system assessments, corporate environmental assessments).
- k. Provides education and promotion of health, wellness, and fitness.

Documentation

Sample Behaviors

- a. Selects relevant information to document the delivery of physical therapy care.
- b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in the delivery of care.
- c. Produces documentation (e.g., electronic, dictation, chart) that follows guidelines and format required by the practice setting.
- d. Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.
- e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
- f. Produces documentation that is accurate, concise, timely and legible.
- g. Utilizes terminology that is professionally and technically correct.
- h. Documentation accurately describes care delivery that justifies physical therapy services.
- i. Participates in quality improvement review of documentation (chart audit, peer review, goals achievement).

Outcome Assessment

Sample Behaviors

- a. Applies, interprets, and reports results of standardized assessments throughout a patient's episode of care.
- b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
- c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
- d. Evaluates and uses published studies related to outcomes effectiveness.
- e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
- f. Assesses the patient's response to intervention in practical terms.
- g. Evaluates whether functional goals from the plan of care have been met.
- h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

Financial Resources

Sample Behaviors

- a. Schedules patients, equipment, and space.
- b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.
- c. Sets priorities for the use of resources to maximize patient and facility outcomes.
- d. Uses time effectively.
- e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
- f. Provides recommendations for equipment and supply needs.
- g. Submits billing charges on time.
- h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.
- i. Requests and obtains authorization for clinically necessary reimbursable visits.
- j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
- k. Negotiates with reimbursement entities for changes in individual patient services.
- l. Utilizes the facility's information technology effectively.
- m. Functions within the organizational structure of the practice setting.
- n. Implements risk-management strategies (i.e., prevention of injury, infection control, etc.).
- o. Markets services to customers (e.g., physicians, corporate clients, general public).
- p. Promotes the profession of physical therapy.
- q. Participates in special events organized in the practice setting related to patients and care delivery.
- r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

Supervision of Personnel

Sample Behaviors

- a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- b. Applies time-management principles to supervision and patient care.
- c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (e.g., secretary, volunteers, PT Aides, Physical Therapist Assistants).
- d. Determines the amount of instruction necessary for personnel to perform directed tasks.
- e. Provides instruction to personnel in the performance of directed tasks.
- f. Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
- h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
- i. Demonstrates respect for the contributions of other support personnel.
- j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
- k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

B. PERFORMANCE DIMENSION CHART

Supervision / Guidance	Quality	Complexity	Consistency	Efficiency
<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <p>As a student progresses through clinical education experiences, the degree of supervision/ guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.</p>	<p>Degree of knowledge and skill proficiency demonstrated.</p> <p>As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</p>	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <p>As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</p>	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <p>As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</p>	<p>Ability to perform in a cost-effective and timely manner.</p> <p>As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</p>

C. RATING SCALE ANCHORS CHART

Beginning Performance (1)	Advanced Beginner Performance (5)	Intermediate Performance (9)	Advanced Intermediate Performance (13)	Entry-Level Performance (17)	Beyond Entry-Level Performance (21)
<p>A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</p> <p>At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner.</p> <p>Performance reflects little or no experience.</p> <p>The student does not carry a caseload.</p>	<p>A student who requires clinical supervision 75%-90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.</p> <p>At this level, the student demonstrates consistency in developing proficiency with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.</p> <p>The student may begin to share a caseload with the clinical instructor.</p>	<p>A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.</p> <p>At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</p> <p>The student is capable of maintaining 50% of a full-time physical therapist's caseload.</p>	<p>A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independently managing patients with simple conditions.</p> <p>At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</p> <p>The student is capable of maintaining 75% of a full-time physical therapist's caseload.</p>	<p>A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.</p> <p>At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</p> <p>Consults with others and resolves unfamiliar or ambiguous situations.</p> <p>The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.</p>	<p>A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.</p> <p>At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.</p> <p>The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.</p> <p>The student is capable of supervising others.</p> <p>The student willingly assumes a leadership role for managing patients with more difficult or complex conditions.</p>

D. UNIVERSITY OF DELAWARE – DOCTOR OF PHYSICAL THERAPY CURRICULUM, EFFECTIVE MAY 2013

Year 1 - Second Summer Session (7 weeks)

Course Number	Title	Credits
PHYT 600	P.T. as a Profession	1 P/F
PHYT 622	Clinical Gross Anatomy	6
		Session Total: 7

Year 1 - Fall

Course Number	Title	Credits
PHYT 604	Functional Anatomy & Biomechanics	4
PHYT 624	Basic Evaluation Techniques	2
PHYT 631	P.T. in the Acute Care Environment	4
PHYT 635	Thermal Agents and Soft Tissue	2
PHYT 641	Rounds I	1 P/F
PHYT 801	Medical Science I – General Medicine	3
		Semester Total: 16

Year 1 - Winter Session

Course Number	Title	Credits
PHYT 620	Educational Process in Community Health	1
PHYT 632	Applied Physiology I	3
PHYT 830	Introduction to Clinical Education	2 P/F
PHYT 626 (Optional)	Advanced Regional Anatomy	(3) P/F**
		Session Total: 6-9

****Optional - May be taken**

Year 1 - Spring

Course Number	Title	Credits
PHYT 606	Research	3
PHYT 623	Clinical Neuroscience	4
PHYT 633	Applied Physiology II	3
PHYT 634	Electrotherapy	4
PHYT 642	Rounds II	1 P/F
PHYT 821	Orthopedic Integrated Clinical Experience	(3) *
PHYT 822	Neurologic/Older Adult Integrated Clinical Experience	(3) *
		Semester Total: 15-18

***One of these may be assigned**

Year 2 - Summer I

Course Number	Title	Credits
PHYT 608	Musculoskeletal Evaluation & Treatment	4
PHYT 802	Medical Science II – Orthopedics	4
PHYT 807	Emer. Responder	Credit in Spring Year 2
PHYT 812	Pediatrics Integrated Clinical Experience	(1) *
PHYT 821	Orthopedic Integrated Clinical Experience	(3) *
PHYT 822	Neurologic/Older Adult Integrated Clinical Experience	(3) *
		Semester Total: 13-16

***One of these may be assigned**

Year 2 - Fall

Course Number	Title	Credits
PHYT 643	Rounds III	1 P/F
PHYT 803	Medical Science III - Neurology	3
PHYT 804	Neurophysiologic Evaluation & Treatment	4
PHYT 805	Rehabilitation	4
PHYT 806	Spine Management	4
PHYT 812	Pediatrics Integrated Clinical Experience	(1) *
PHYT 821	Orthopedic Integrated Clinical Experience	(3) *
PHYT 822	Neurologic/Older Adult Integrated Clinical Experience	(3) *
		Semester Total: 15-18

*One of these may be assigned

Year 2 - Winter

Course Number	Title	Credits
PHYT 626 (Optional)	Advanced Regional Anatomy	(3) P/F**
PHYT 809	Psychosocial Aspects of Health and Disease	3
PHYT 810	Clinical Management and Administration	2
PHYT 812	Pediatric Integrated Clinical Experience	(1) *
PHYT 821	Orthopedic Integrated Clinical Experience	(3) *
PHYT 822	Neurologic/Older Adult Integrated Clinical Experience	(3) *
		Session Total: 5-11

*One of these may be assigned

**Optional - May be taken

Year 2 - Spring

Course Number	Title	Credits
PHYT 614 (Optional)	Sports Physical Therapy	3 P/F**
PHYT 644	Rounds IV	1 P/F
PHYT 807	Advanced Seminar	5
PHYT 808	Geriatrics	3
PHYT 811	Pediatrics	4
PHYT 812	Pediatric Integrated Clinical Experience	(1) *
PHYT 821	Orthopedic Integrated Clinical Experience	(3) *
PHYT 822	Neurologic/Older Adult Integrated Clinical Experience	(3) *
		Semester Total: 9-13

*One of these may be assigned

**Optional - May be taken

Year 3 - Summer I (10 weeks)

Course Number	Title	Credits
PHYT 831	Full-time Clinical Experience - Medically Complex	4 OR
PHYT 833	Full-time Clinical Experience - Rehabilitation	4 OR
PHYT 834	Full-time Clinical Experience - Elective	4
		Session Total: 4

Year 3 - Summer II (10 weeks)

Course Number	Title	Credits
PHYT 831	Full-time Clinical Experience - Medically Complex	4 OR
PHYT 833	Full-time Clinical Experience - Rehabilitation	4 OR
PHYT 834	Full-time Clinical Experience - Elective	4
		Session Total: 4

**UNIVERSITY OF DELAWARE
PHYSICAL THERAPY PROGRAM COURSE DESCRIPTIONS**

PHYT 600: PT as a Profession (1 credit)

The ethics, licensure laws and practice of physical therapy will be explored. The Guide to Physical Therapy Practice will be introduced and the importance to effective practice discussed.

PHYT 622: Clinical Gross Anatomy (6 credits)

Structural and functional aspects of regions of body under study are emphasized by means of human cadaver, lectures, and demonstrations. Clinical significance of anatomical structure is stressed.

Rounds Series

PHYT 641: Rounds I – Year 1 (1 credit)

PHYT 642: Rounds II - Year 1 (1 credit)

PHYT 643: Rounds III – Year 2 (1 credit)

PHYT 644: Rounds IV - Year 2 (1 credit)

Clinical cases presented by faculty, clinical faculty, doctoral students, PT residents and DPT students in Grand Rounds format for discussion by all students in the physical therapy graduate program.

PHYT 604: Functional Anatomy and Biomechanics (4 credits)

Gives a description of normal and abnormal human movement. Emphasis on joint structure and function and gait using arthrokinematic and osteokinematic analysis. Evaluation procedures such as EMG, cinematography and computer simulations utilized.

PHYT 624: Basic Evaluation Techniques (2 credits)

Provides an understanding of the philosophy and practice of patient evaluation and physical therapy diagnosis. Muscle performance testing and measurement of joint motion of the extremities will be emphasized.

PHYT 631: Physical Therapy in the Acute Care Environment (4 credits)

Presents diagnoses commonly seen in the acute care environment. The pathological, anatomical, evaluation, documentation and treatment considerations in managing these diagnoses are discussed.

PHYT 635: Thermal Agents and Soft Tissue Techniques (2 credits)

An introduction to thermal modalities and soft tissue mobilization techniques commonly used in current physical therapy practice.

PHYT 801: Medical Science I - General Medicine (3 credits)

Lectures in pathology, clinical medicine, cardiology and pharmacology across the lifespan. Implications for physical therapy are emphasized.

PHYT 620: Educational Process in Community Health (1 credit)

The learning / teaching process as defined in the Guide to Physical Therapy Practice, is the focus of this course. This course will be divided over three years. During the first winter session students will be presented with the didactic portion of the course. The second winter session (after the students have had a clinical experience) they will make a required presentation to the class. Additionally, students will develop education programming based on the outcomes of their service learning projects in summer of year 3.

PHYT 632: Applied Physiology I (3 credits)

In-depth analysis of the physiological mechanisms of the cardio-pulmonary system. Lectures in normal and abnormal function of this system. Emphasis on cardiopulmonary testing and rehabilitation techniques including stress tests and pulmonary function tests.

PHYT 830: Introduction to Clinical Education (2 credits, pass / fail)

This course is designed to prepare students for academic progression into their clinical affiliations. Prior to a student starting a clinical affiliation, he/she is required to cover a number of clinically relevant topics. Upon completing this course, students will be given the knowledge and skills necessary to prevent, recognize, and provide care for sudden cardiac or respiratory distress. They will learn the current federal laws in place to protect an individual's privacy in the medical setting. Other topics of interest include understanding how to handle infectious and hazardous materials, and understanding the process of state required background checks to protect the public in positions of sensitivity. The class will consist of lectures and labs to complete the objectives of the course.

PHYT 626: Advanced Regional Anatomy (Elective, 3 credits, pass / fail)

Structural and functional aspects of regions of the body under study are emphasized by means of a dissection of a specific region of the human body.

PHYT 606: Research (3 credits)

An overview of methodological issues in the conduct of physical therapy research. Topics include scientific method, experimental design, statistical procedures and technical writing. Student expected to critically analyze current physical therapy literature.

PHYT 623: Clinical Neuroscience (4 credits)

A study of the structure and function of the human nervous system with major emphasis on the cause-effect relationships between lesions and their symptoms. Emphasis on the neural mechanisms controlling movement.

PHYT 633: Applied Physiology II (3 credits)

Discusses the research on the effects of exercise on the various patient populations (not including cardiopulmonary). Emphasis placed on the musculoskeletal system and on exercise prescription and progression.

PHYT 634: Electrotherapy (4 credits)

Provides an understanding of the physiological basis for the use of physical agents and electrotherapy. Emphasis placed on patient evaluation and clinical applications of modalities used in physical therapy clinics.

PHYT 608: Musculoskeletal Evaluation (4 credits)

Emphasizes research on the physiological basis of immobilization and remobilization. The diagnoses, prognosis, treatment, consultation and basis for referral of orthopedic and musculoskeletal disorders is examined.

PHYT 802: Medical Sciences II – Orthopedics & Musculoskeletal Imaging (4 credits)

Orthopedic pathology, medical and surgical management of musculoskeletal conditions across the lifespan with implications for physical therapy intervention. Includes radiology.

PHYT 803: Medical Science III - Neurology (3 credits)

Lectures of basic principles of neurology throughout the lifespan. Emphasis placed on medical principles related to diseases most frequently encountered in physical therapy practice.

PHYT 804: Neurophysiologic Evaluation & Treatment (4 credits)

Basic evaluation and treatment methods for managing patients with neurological dysfunctions. Analysis of these methods in light of current issues and theories of motor control, motor learning and neurobehavioral plasticity. Emphasis on learning strategies for treatment rather than through details of specific approaches.

PHYT 805: Rehabilitation (4 credits)

Rehab 805 presents the theory and skills needed for the management of patients commonly seen in inpatient and outpatient rehabilitation settings. Instructors and guest lecturers are experts in the evaluation and program planning of patients in their area of interest. This course involves lecture and lab components. Site visits and direct interaction with patients is included. This is a team taught course. As such, instructors and lecturers have freedom to organize their sections to best fit their expertise and the clinical environment as they view it. Students should anticipate different teaching styles and slightly different levels of expectations from each section. Students are highly encouraged to ask questions and engage in discussion.

PHYT 806: Geriatrics (3 credits)

A comprehensive view of the geriatric physical therapy patient will be presented. To that end this course has two basic components: a psychosocial component and a physical therapy practice component. The psychosocial component will provide an in depth discussion of the demographics of the elderly in the United States, theories of aging, transition to old age, dementia, sexuality, and falls. It will also address the perceptions clinicians and society has on aging and the elderly. Ageism will be also be addressed in some depth. The physical therapy practice component of the course will address those medical conditions commonly found in the elderly that require physical therapy intervention. At the conclusion of the course, the student will be expected to be able to discuss the necessary current practice management strategies for geriatric physical therapy patients, taking into account the psychosocial and physical aspects of his/her geriatric patient.

PHYT 809: Psychosocial Aspects of Health and Disease (3 credits)

Discusses the psychosocial characteristics of patient populations and therapists that impact on the rehabilitation process. Death and dying, social implications of illness diagnosis and other topics are discussed.

PHYT 808: Spine Management (4 credits)

Discusses the biomechanics, pathophysiology and disability associated with spine pain and dysfunction. Includes an understanding of the role of physical therapy evaluation in the determination and implementation of physical therapy interventions.

PHYT 810: Clinical Management and Administration (2 credits)

Discusses concepts of administration and issues in the management of hospital clinics, private practice and consultative ventures. Students introduced to current trends in billing and reimbursement strategies being used by clinicians.

PHYT 811: Pediatrics (4 credits)

Instruction in the theory, research and clinical skills necessary for the comprehensive management of pediatric clients and their families. Emphasis on the incorporation of modern developmental science into evidenced-based program plans.

PHYT 807: Emergency Responder & Advanced Seminar (5 credits)

Lectures pursue various topics in greater depth and develop advanced clinical skills. Topics include wound care, health informatics, women's health issues, oncology, aquatic therapy, and emergency responder training.

PHYT 614: Sports and Orthopaedics (Elective, 3 credits, pass / fail)

This course is an advanced orthopedics course with emphasis in sports related injuries. We will discuss evaluation and intervention of the athlete in the various major joints of the body, as well as, other related topics in sports and orthopedics.

Part-time Integrated Clinical Experiences

PHYT 821: Orthopaedic Integrated Clinical Experience (3 credits)

This is one of three part-time clinical experiences which will integrate course content taught in the DPT curriculum. PHYT 821 is a semester long, part-time clinical experience conducted under the supervision of qualified physical therapists in the University of Delaware Physical Therapy Sports and Orthopedic Clinic to provide a wide range of professional learning opportunities and clinical training.

PHYT 822: Neurologic/Older Adult Integrated Clinical Experience (3 credits)

This is one of three part-time clinical experiences which will integrate course content taught in the DPT curriculum. PHYT 822 is conducted under the supervision of qualified physical therapists in the University of Delaware Neurologic and Older Adult Therapy Clinic to provide a wide range of professional learning opportunities and clinical training.

PHYT 812: Pediatric Integrated Clinical Experience (1 credit)

Mentored clinical experience in pediatric healthcare facilities.

Full-time Clinical Experiences

PHYT 831: Clinical Experience: Medically Complex (4 credits)

A ten-week, full-time clinical experience wherein students will participate in the PT management of patients with acute health and/or multisystem complexity needs. Preference will be given inpatient hospital placement, though consideration will be given to settings with patients with multisystem and fluctuant health needs.

PHYT 833: Clinical Experience: Rehabilitation (4 credits)

A ten-week, full-time clinical experience in a rehabilitation setting. Students participate in direct patient care under the supervision of a licensed physical therapist. Students involved in all aspects of patient care including, but not limited to, evaluation, treatment, patient and family education, charting, billing, team conferences with related disciplines, and discharge planning.

PHYT 834: Clinical Experience: Elective (4 credits)

A ten-week, full-time clinical experience under the supervision of a licensed physical therapist. Students may choose the type of experience they desire. Types available include acute care, orthopedics, rehabilitation or specialty area.

XIII. SIGNATURE PAGE

I, _____, have received and reviewed the *Clinical Education Manual* (Updated 4/23/15) for the Doctor of Physical Therapy Program.

By my attendance in the Program and by this signed statement, I agree to conform to the requirements and procedures in this *Manual*.

Signature _____ Date _____