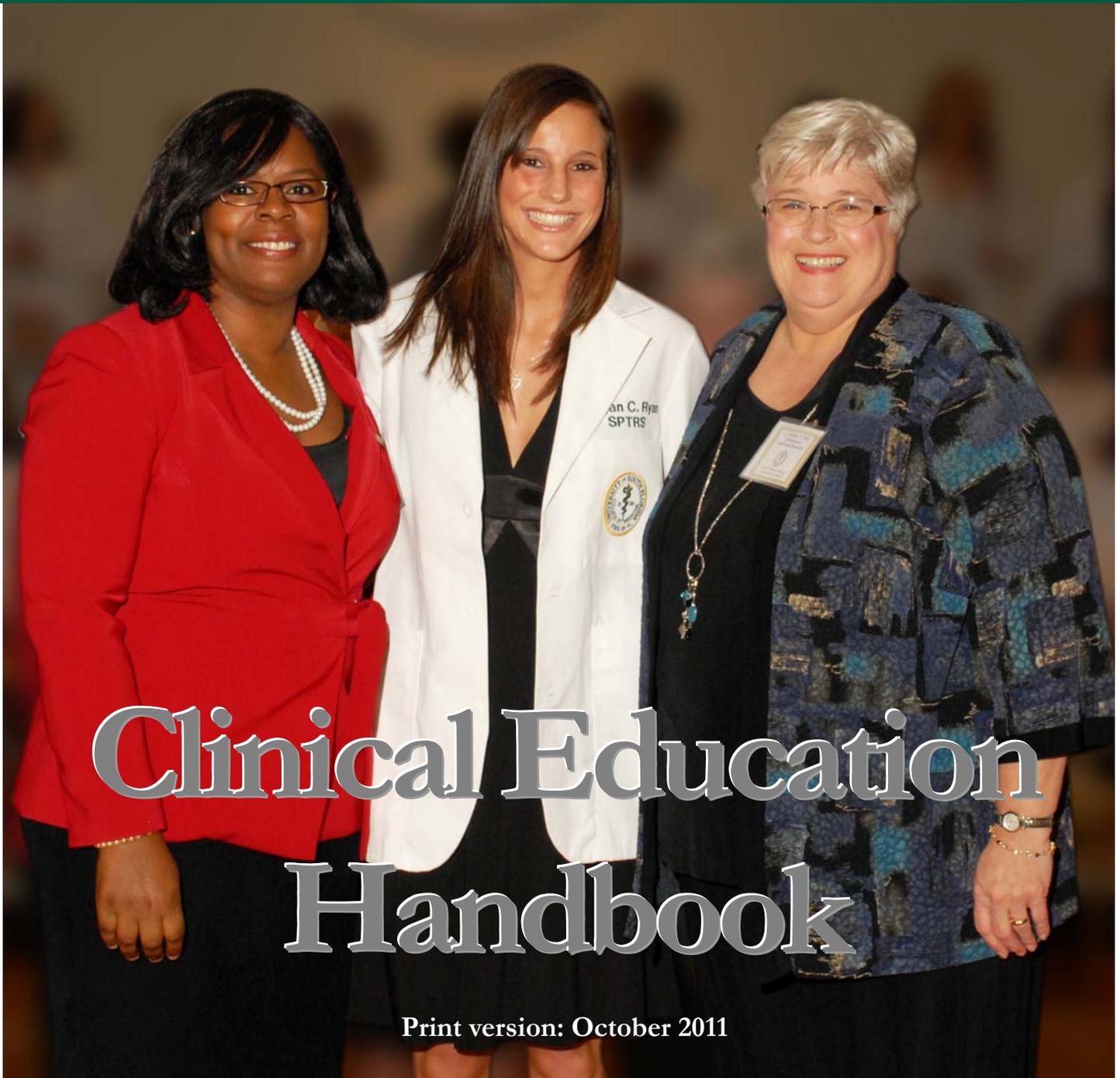


UNIVERSITY OF SOUTH FLORIDA



Clinical Education Handbook

Print version: October 2011



School of Physical Therapy
& Rehabilitation Sciences

<http://health.usf.edu/medicine/dpt/index.htm>

DPT Clinical Education Handbook

This Handbook is intended to provide guidelines, procedures and processes as information. It is not a contract between the University and DPT student. It is recognized that this document may not contravene the constitutions and laws of the state of Florida; rules, regulations, and policies of the Florida Board of Governors; rules, regulations, and policies of the University of South Florida; and any applicable collective bargaining agreement or legislatively-mandated management right. The foregoing authorities will govern in the event that any provision of a local governance document is inconsistent with or in conflict with them.

Equal Opportunity Message

The University of South Florida is committed to the principles of equal education and employment opportunities without regard to race, color, marital status, gender, sexual orientation, religion, national origin, disability, age, Vietnam or disabled veteran status as provided by law and in accordance with the University's respect for personal dignity. These principles are applied in the conduct of University programs and activities and the provision of facilities and services.

SACS Accreditation Statement

The University of South Florida is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award degrees at the baccalaureate, master's, specialist, and doctoral levels, including the Doctor of Medicine.

CAPTE Accreditation Statement

The Doctor of Physical Therapy (DPT) program at the University of South Florida School of Physical Therapy and Rehabilitation Sciences College of Medicine is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA). CAPTE may be contacted at 1111 North Fairfax Street, Alexandria, VA 22314; 703-706-3245; accreditation@apta.org; www.capteonline.org.



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Introduction

This handbook provides guidelines for the Clinical Education component of the curriculum of the School of Physical Therapy and Rehabilitation Sciences (SPTRS). This handbook is a reference to be used by the School's faculty, the School's Coordinator of Clinical Education (CCE), Center Coordinators of Education (CCCEs), Clinical Instructors (CIs) and students/interns in the development of learning experiences for our students/interns and the evaluation of their clinical performance. Information is also included regarding rights, responsibilities, and risk management, such as: orientation of CIs and students/interns, communication requirements, confidentiality of student/intern records, and occurrence reports. The handbook is reviewed annually by the School's CCE, who seeks approval for revisions from the School's Curriculum Committee. Recommendations for action on the handbook are made by the Curriculum Committee to the School faculty as a whole.

All students are subject to the policies of the University as delineated in the University of South Florida Student Rights and Responsibilities web page. It is recognized that this document may not contravene the constitutions and laws of the state of Florida; rules, regulations, and policies of the Florida Board of Governors; rules, regulations, and policies of the University of South Florida. The foregoing authorities will govern in the event that any provision of a local governance document is inconsistent with or in conflict with them.

If clarification on any procedure is needed, please contact the School CCE.

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Tenets of the School

Mission, Vision, Philosophy, and Goals

As part of the USF College of Medicine, the School of Physical Therapy & Rehabilitation Sciences fully embraces the College's Mission, Vision and Values (http://health.usf.edu/medicine/com_mission.html). In support of those ambitions, we have developed the aspirations listed below for our School; they clearly possess congruence with the mission and vision of the College of Medicine and the University of South Florida. The SPTRS mission, vision, philosophy, and values are reviewed and updated annually by the collective faculty. They are based on a foundation of **professionalism**, defined by the School as the demonstration of the values, attitudes, and behaviors consistent with expectations of the public and the profession. For the profession of physical therapy, these values and behaviors are delineated in the American Physical Therapy Associations' [Code of Ethics](#), [Guide for Professional Conduct](#), and the [Core Values of Professionalism](#) (www.apta.org).

Mission Statement

The Mission of the University of South Florida School of Physical Therapy & Rehabilitation Sciences is to prepare doctors of physical therapy who have a strong foundation in the basic and clinical sciences, and who demonstrate excellence in patient/client management, critical thinking, and professionalism.

Vision Statement

The University of South Florida, School of Physical Therapy & Rehabilitation Sciences, through its collaborative initiatives, will be nationally recognized for its:

- Innovative, integrated, and interprofessional curriculum.
- Highly responsible, self-directed, capable, and caring graduates who advocate for their patients and the profession in a changing health care environment.
- Faculty who advance knowledge in physical therapy through scholarly activity.
- Leadership in the profession of physical therapy.
- Physical therapy center that is an integral component of the academic program.

Educational Philosophy

Interprofessional experiences enhance the future collegiality of healthcare professionals.

Respect for individual and cultural differences is necessary for professional effectiveness in a global society.

Excellence in physical therapy professional education is best achieved through the partnership of academic faculty, clinical faculty, students, and the healthcare community.

An active learning environment is essential for the development of life-long learning, self-assessment, critical thinking, mutual respect, and intellectual curiosity.

Community, institutional, and faculty standards, values and expertise guide professional education including:

- The evolving knowledge base of physical therapy practice and education
- Documents of the American Physical Therapy Association (www.apta.org), including:
 - Guide to Physical Therapist Practice
 - Code of Ethics and the Guide for Professional Conduct
 - Normative Model for Physical Therapist Professional Education
 - Statement on Professionalism in Physical Therapy: Core Values
- State statutes regulating health care delivery
- The APTA web Clinical Performance Instrument
- The Commission on Accreditation of Physical Therapy Education's Evaluative Criteria for Educational Programs for Preparation of Physical Therapists

Faculty members contribute to the body of knowledge and advance the profession through scholarly work which may include basic and applied research, published works, and creation of innovative teaching and clinical materials or procedures.

Evaluating and using evidence for decision making, advocating for patients, and fulfilling responsibilities inherent in professional life demonstrates accountability to patients, peers, the profession and society.

Active involvement in the APTA and other professional organizations enhances professional development.

Student and faculty demonstrate commitment to service through participation

- on USF committees and task forces
- in the APTA and other professional organizations
- in other organizations, businesses and schools

Expected Outcomes and Program Goals

The major objective of the Doctor of Physical Therapy Degree Program is to graduate entry-level physical therapist practitioners who excel in clinical decision-making skills, demonstrate patient/client management functions, and exhibit a high level of professionalism.

Patient/Client Management Functions

- Excel in patient/client management, including the ability to screen patients/clients to determine the need for further examination or consultation by a physical therapist or referral to another health care professional.
- Excel in patient/client management, including the ability to examine and re-examine patients/clients by obtaining a history, performing systems reviews, and selecting and administering appropriate tests and measures.
- Excel in patient/client management, including the ability to evaluate examination data to make clinical judgments.
- Excel in patient/client management, including the ability to determine a physical therapy diagnosis and prognosis to guide patient/client management.
- Excel in patient/client management, including the ability to establish and implement a patient-/client-centered plan of care that is safe, effective, and fiscally responsible to meet the physical therapy related biological, psychological, and social needs of the patient/client from first contact through discharge planning across a variety of settings.
- Excel in patient/client management, including the ability to select and perform physical therapy interventions as designated in the current version of the Guide to Physical Therapist Practice.
- Excel in patient/client management, including the ability to complete thorough, accurate, analytically sound, concise, timely and legible documentation that follows guidelines required by the practice setting.
- Excel in patient/client management, including the ability to assess and analyze individual and group patient/client outcomes using valid and reliable measures.
- Provide physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities to positively influence the health of society.

Clinical Decision-Making Skills

- Integrate and apply new knowledge and evidence to the patient/client management process.
- Excel in patient/client management, including the ability to demonstrate clinical decision-making skills including clinical reasoning, clinical judgment, and reflective practice.
- Exhibit the ability to integrate new knowledge and evidence into the patient/client management process.

Professionalism

- Demonstrate accountability to patients/clients, legal standards, ethical guidelines, organizations, and society.
- Demonstrate social and professional responsibility through mentoring, participation in professional and community organizations and activities, patient/client advocacy, and provision of pro bono services.
- Exhibit caring, compassion, and empathy in providing services to patients/clients.
- Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
- Communicate effectively with patients, colleagues and other constituents.
- Identify, respect, and act with consideration for individual and cultural differences in all professional activities.
- Effectively educate others based on the needs of the learner.
- Participate in practice management including delegation and supervision of support personnel, management planning, marketing, budgeting, and reimbursement activities.
- Provide consultation to individuals, groups, and organizations.
- Engage in lifelong personal and professional development through self-assessment, reflection, education, and feedback from others.
- Assess individual professionalism, identify areas for professional growth, and develop a plan for professional development in those areas.
- Participate in collaborative work relationships with members of the healthcare team from other professions.

DPT Curriculum

Curriculum Philosophy

Health professionals must be responsive to social needs and demands. In response to this challenge, the faculty of the College of Medicine and School of Physical Therapy & Rehabilitation Sciences emphasize ongoing review and adaptation of educational programs to meet the needs of society for today and tomorrow.

The professional curricula (MD and DPT) of the College of Medicine are designed to instill in the student an attitude of caring. By presenting the students with clinical

problems and sufficient basic science data to understand organic malfunctions, it is hoped the learning process will assume a lifelong significance.

Curriculum Plan

The physical therapy program is a full-time professional program leading to the Doctor of Physical Therapy degree. It is completed over the course of 8 terms (37 months) of study. The curriculum includes 36 weeks of full-time clinical education.

The curriculum model is a hybrid model with six integrated tracks:

- Foundational (Basic) Sciences,
- Clinical Problem Solving & Physical Therapy Sciences,
- Movement Science,
- Social Sciences & Professionalism,
- Critical Inquiry, and
- Clinical Education.

Although elements of each of the tracks are addressed in the first year, the focus is providing a strong scientific foundation during which DPT students share courses with medical students. During the second and third years, the focus shifts toward the Clinical Problem Solving and Physical Therapy Sciences and Social Science Track. In contrast to the traditional and scientific focus of the first year, the clinical case-based Clinical Problem Solving courses are the centerpiece for the second and third years of the curriculum. Indeed, the Clinical Problem Solving courses provide a kind of “curricular backbone” around which other courses integrate. CPS uses a variety of instructional strategies to support case-based learning. Within this progression, the cases in the Clinical Problem Solving sequence become more complex with regard to patient diagnoses, multi-system involvement, social and contextual factors, and the role of the physical therapist. The other tracks undergo a similar increase in complexity of roles, modes of analysis, or types of decision-making.

Course content in each track becomes progressively more integrated with content from all other tracks. For example, professional and cultural issues raised by the Clinical Problem Solving cases are discussed in the Professional Issues Track, and learning in the Critical Inquiry Track is integrated and coordinated with the Clinical Problem Solving course. It is our belief that learning is more effective when the presentation of content is reinforced through concurrent application of information with students participating as active learners. We believe that this educational design fosters lifelong endeavors of excellence in practice, professional growth and scholarly activity. For a graphic representation of the USF DPT curriculum, please see Appendix 2, SPTRS DPT Curriculum Plan.

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Clinical Education in the DPT Curriculum

The clinical education component of the Doctor of Physical Therapy degree program includes three full-time clinical education internships of progressing length over three years. During these internships of clinical practice, each student has experiences with patients/clients across the lifespan in a variety of settings that encompass a range of conditions. As much as possible, learning opportunities address a wide range of patients, reflecting the practice patterns in the *Guide to Physical Therapist Practice*. As students progress through increasingly complex decision making during these courses, learning opportunities should occur in available levels of patient care:

Primary care—Integrated, accessible health care by clinicians accountable for:

1. addressing a large majority of personal health care needs,
2. developing a sustained partnership with patients, and
3. practicing within the context of family and community.

Examples include: acute trauma triage and examination, early intervention, a collaborative primary care team that addresses loss of physical function, community-based organizations for patients with chronic disorders, occupational health services in the workplace.

Secondary care—Care of patients with musculoskeletal, neuromuscular, cardiopulmonary, integumentary, or other conditions.

Tertiary care—Highly specialized, complex, and technology-based care (heart-lung transplants, burn units) or specialized service in response to requests for consultation made by other health care practitioners (for example, patients with spinal cord injury or closed head trauma).

Clinical Education Internships

Full-time clinical education internships are completed at the end of years 2 and 3 in the curriculum. Students/interns are expected to meet progressively higher and more complex objectives as they progress through the individual affiliations. These objectives are specified in Appendix 1, Clinical Affiliation Objectives.

Clinical Internship	Time Frame	Performance Level Expected
Clinical Education Internship 1 Required	8 weeks full-time, 320 clinical hr equivalent Summer Year 2	APTA webCPI Beginning↔Intermediate
Clinical Education Internship 2 Required	12 weeks full-time, 480 clinical hr equivalent Spring Year 3	APTA webCPI Adv. Beginner↔Adv. Intermediate
Clinical Education Internship 3 Required	16 weeks full-time 640 clinical hr equivalent Summer Year 3	APTA webCPI Entry Level↔Beyond Entry Level
Total CE: 36 wks full-time, 1480 clinical hrs equivalent		

To assure entry level competencies as DPT generalists, students/interns complete clinical education internships in the following areas:

- Either: Acute, Rural, or Geriatrics
- Orthopedics
- Neurologic (Adult or Pediatric)

Student assignments are structured in a variety of ways during the internships for Year 3. Examples include:

- Providing in-depth evaluation and treatments in one area of care with increasing complexities to beyond entry level.
- Having a student rotate among units within a large multipurpose health care center.
- Having the student rotate among the different centers through which services are provided by one contracting company (for example, a small community where one PT organization provides service to the hospital, school system, and has an outpatient center).
- Having the student identify a clinical practice area of focus in one or more centers (Examples: wound care, manual therapy, pediatrics).
- Providing opportunities to participate in community health education, administration/management, and Evidence-Based Practice in-services, etc.

Affiliation Agreements with Clinical Facilities

Any facility providing physical therapy services may initiate the affiliation agreement process with the University of South Florida School of Physical Therapy and Rehabilitation Sciences by contacting the School CCE. The School CCE also may approach a facility to explore the possibility of an affiliation agreement with USF. Contact Donna Clegg, Administrative Specialist, for more information (dclegg@health.usf.edu).

Every effort is made to ensure that the center has the potential to meet DPT students' learning needs. These efforts may include:

- direct communication with center staff,
- review of center mission, philosophy, and self-assessments, and
- site visits to the center to gather first-hand impressions of the care provided.

The following factors are given significant consideration:

- Congruence with School Mission, Vision, and Educational Philosophy.
- Variety of learning experiences to be offered.
- Needs of the School for particular types of learning experiences.
- Experience in providing clinical experiences for other PT and PTA programs.
- Number of staff who have served as clinical instructors for students in other educational programs.
- Specialized programs and/or number of ABPTS specialists on staff.
- Potential for strong professional role models in the center.
- Evidence of continuing professional development by the staff.
- The facility's physical plant (cleanliness, equipment/space available, etc).

Upon collection of this information and in consultation with the School Curriculum Committee, the School CCE may take the following actions:

- Initiate an affiliation agreement.
- Consult with the CCCE to determine potential for improvement of weaknesses identified. The CCE and CCCE must agree on a plan for improvement before proceeding with the affiliation agreement process.
- Determine that the center does not have potential to meet the criteria for learning opportunities. (In this case, the affiliation agreement process would not be initiated.)

The CCE, with the Administrative Specialist, remains in contact with the clinical facility throughout the legal process of affiliation; contract negotiations average six months, and some are unsuccessful for a variety reasons. Clinical education affiliation sites must complete an affiliation agreement *and* provide an APTA Clinical Site Information Form (CSIF) to the School before a student/intern may be assigned to the site for a clinical experience, via APTA webCSIF.

Student/Intern Placement

Students/intern assignments are based on coordination of learning opportunities that provide a variety of experiences in primary, secondary, and tertiary physical therapy care. Clinical internships must enable students to meet all the clinical objectives outlined by the School, and must contribute to the achievement of the outcomes required for the initial practice of physical therapy. The potential of the center's staff to model professional behaviors and provide opportunities with patients

Students/Interns may not contact facilities to arrange clinical learning experiences, at the risk of disciplinary action. Student contact with a facility should occur *after* receipt of a placement confirmation letter from the CCE.

representative of current evidence-based practice across the life phases and stages are also considered.

Students/interns are required to meet the clinical education requirement types indicated on page 11. These considerations are of paramount importance. While students/interns are permitted to indicate their *preferences* for placement, the clinical objectives will receive highest priority in the assignment process; convenience factors (such as geographic location of the facility) will be given **lowest** priority. Actual assignment is made by the School CCE for each clinical education course. It is contingent on the availability of a center(s) to meet the learning needs of the student/intern, the School's criteria for clinical centers, and timely completion of the agreement process. Clinical Education bids are sent out one year in advance for the coming clinical education year, corresponding with the national bid dates.

USF is an Equal Opportunity/Equal Access/Affirmative Action institution. Clinical education assignments are made without regard for race, color, marital status, gender, sexual orientation, religion, national origin, disability, age, Vietnam or disabled veteran status, as provided by law and in accordance with the University's respect for personal dignity. **The University of South Florida School of Physical Therapy and Rehabilitation Sciences expects the clinical center's policies and procedures for student/intern assignment to reflect this commitment.**

Students/Interns **may not** contact facilities to discuss or arrange clinical learning experiences to meet their personal needs. Because of the importance and complexity of the processes for evaluating clinical facilities and determining student/intern readiness for clinical education, any student efforts to bypass the selection and assignment process may result in disciplinary action by the Academic Performance Review Sub-Committee. Students/Interns may initiate contact with a clinical center only after receiving a placement confirmation letter from the School CCE.

Students cannot be assigned to a facility if they have held employment at that same facility. They may not be employed in any capacity by the clinical education center. In order to ensure that extracurricular activities do not interfere with academic and/or clinical performance, **no physical therapy student may accept outside employment of any kind without prior approval of the School Director.** Students may, however, be awarded an honorarium or stipend to cover incidental expenses.

Student Reassignment

While the voluntary commitment by the clinical site is generally a firm commitment, occasionally it becomes necessary for the site or School to cancel, reassign, or extend the length of a student/intern's assignment (most often because of staff or corporate changes that are outside the control of the CCE and CCCE). Regardless of the reason, the CCCE shall contact the CCE immediately so that alternate arrangements may be made as quickly as possible for student/intern placement. An unfortunate consequence of such changes is that options for re-assignment are limited. Neither the School nor the CCE is able to make

guarantees about clinical education placements, but the CCE will attempt to locate a replacement internship of a similar type. **Students/Interns must be flexible regarding time and location of internship** so that other appropriate learning experiences can be identified.

Students/Interns may not cancel internships. USF SPTRS student placements for Clinical Education are firm commitments.

Clinical Education Sequencing

All didactic and clinical education is completed in sequence. Clinical education bids are submitted by the CCCEs and CIs for students/interns who can demonstrate a specific skill set through the successful completion of particular didactic, clinical, and academic coursework. **Students/interns who have not successfully completed such preparation will be referred to the APRSC to determine the appropriate action.** Those individuals are not permitted to participate in a clinical affiliation until and unless School administrators are confident of their ability to successfully perform those skills in the clinic setting. ***This may change the timing of the clinical affiliation from the planned clinical education calendar.***

Throughout the three-year curriculum, any student/intern who has a deficiency (U or I grade) in any clinical education course will be required to successfully remediate the course, following the procedures established by the APRSC. The student/intern, **if approved by the APRSC and School administration will be given only one opportunity for remediation of a clinical education course**, which must be completed before the student/intern will be allowed to advance to the next year or clinical education course of the curriculum. Recommendations for remediation may include (but are not limited to), additional study time, repeating all or part of the clinical education course, or repeating the entire academic year (including clinical education internships).



 **Failure to successfully complete didactic, clinical, and academic coursework may require a change in timing of a student's clinical affiliation from the planned clinical education calendar. Successful completion of each clinical education course is required before the student is allowed to advance to the next stage of the DPT curriculum.**

Failure to successfully remediate the clinical education course may result in the requirement that the student/intern repeat the entire year or face dismissal from the DPT program. (Please refer to the School DPT Student Handbook for information regarding APRSC rules on two or more deficiencies. The DPT Student Handbook also has information about counseling, tutoring, and study skills services, as well as an outline of the process for grade appeals.)

CCE Responsibilities



Just as the CCCE has management responsibilities for clinical education, the School CCE manages the academic side of the clinical education enterprise. The responsibilities of the CCE include the following:

- Serving as the point of contact in agreement initiation and processing.
- Guiding maintenance of a timely, accurate database of clinical centers.
- Communicating with clinical centers in a timely fashion to determine the site's ability to accept students/interns.
- Developing clinical education bids on an annual basis.
- Supervising and coordinating the student/intern bid selection process.
- Collating summative data from students and CIs about internship experiences for reports to the faculty through the School Curriculum Committee.
- Collecting data needed for accreditation, as needed.
- Orienting students/interns in preparation for all components of clinical education.
- Reviewing (on an annual basis) this handbook for updates and changes; seeking approval of such revisions from the School Curriculum Committee, and endorsement by the faculty.
- Reporting to the School faculty the status of student progress and the clinical education program in general.
- Supervising staff in completion of clinical education duties.
- Consulting with faculty during clinical education for problem solving.
- Reviewing the goals students/interns establish for clinical education, in conjunction with professional development milestones.
- Orienting CIs to this handbook, the APTA CPI, and clinical education in general.
- Maintaining contact with students/interns and their CIs during clinical education experiences, according to established timetables.
- Documenting all communication with centers and students/interns during clinical education experiences.
- Reviewing and discussing student/intern performance at mid-term and final evaluation.
- Identifying and solving problems that interfere with student/intern learning experiences.
- Assigning course grades for students/interns.
- Conducting clinical center site visits.
- Providing APTA Clinical Instructor Education and Credentialing Programs (APTA CIECP), both beginning and advanced.
- Actively participating in the Florida Consortium of Clinical Educators (FCCE).

The CCE is an *ex officio*, voting member of the School Curriculum Committee. Active participation of the CCE in this committee is indicative of the important role that clinical education plays in the DPT curriculum as a whole, and helps ensure on-going communication between the academic/professional and clinical components of the curriculum. The CCE reports to the Curriculum Committee the effectiveness of the processes for selecting clinical centers, the assignment of students/interns, and any other related clinical education issues that arise or require modification. The

Curriculum Committee will make recommendations on any changes in the clinical education structure to the faculty as a whole for timely consideration and endorsement (the same process as is used for changes to didactic portions of the curriculum).

Technical Standards and Essential Functions

The College and School acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and PL 101-336, the Americans with Disabilities Act (ADA), but asserts that certain minimum technical standards must be present in prospective candidates for admission, progression, and graduation. The School has identified certain standards that students must meet in order to function in a broad variety of clinical situations and render a wide spectrum of patient care. Student readiness for clinical education is based not only on scholastic ability, but also on the physical and emotional capacity of the student/intern to be the best possible physical therapist with the requisite skills, professional attitudes, and behavior.

Candidates for the DPT degree must have aptitude, abilities, and skills in five areas: observation and other senses; communication; motor; conceptual, integrative and quantitative; and behavioral/social. Reasonable accommodation, including technological compensation, can be made for some disabilities, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary would mean that a candidate's judgment is mediated by someone else's power of selection and observation. Therefore, third parties cannot be used to assist students in accomplishing curricular requirements in the five skill areas specified above.

Observation and the Other Senses

Candidates must be able to observe demonstrations and participate in experiments in the basic sciences, including, but not limited to, physiologic and pharmacologic demonstrations in animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. All candidates must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and other sensory modalities. It is enhanced by the functional use of the sense of smell.

Candidates for the DPT degree must have somatic sensation and the functional use of the senses of vision and hearing. Candidates' diagnostic skills will be lessened without the functional use of the senses of equilibrium, smell, and taste. They must have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis and vibratory), and sufficient motor function to permit them to carry out the activities described in this entire section.

They must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

Communication

All candidates should be able to speak, to hear and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team. A candidate must possess reading skills at a level to be able to accomplish curricular requirements independently and provide clinical care for patients.

Motor Coordination or Function

All candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. All candidates should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

Physical Therapy candidates should be able to perform basic examination and evaluation procedures, design and carry out a physical therapy plan of care that addresses the patient's impairments/functional limitations, perform contemporary physical therapy interventions safely and effectively, and evaluate the response to those interventions.

Examples of emergency treatment reasonably required of physical therapist candidates include cardiopulmonary resuscitation, prevention of falls, application of pressure to stop bleeding, application of bandages, the opening of obstructed airways and the performance of patient transfer/transport maneuvers.

Intellectual, Conceptual, Integrative and Quantitative Abilities

All candidates should exhibit the ability to perform measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of professionals, requires all of these intellectual abilities. In addition, candidates should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

Behavioral and Social Attributes

All candidates must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of all patients, and the development of mature, sensitive and effective relationships with patients.

All candidates must be able to tolerate physically taxing workloads and to function effectively when stressed. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Empathy, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that should be assessed during the admission and educational processes.

Technical Questions

The technical standards presented above are prerequisite for admission to, progression in, and graduation from the College and School. The following questions may help to determine a student/intern's ability to succeed in both didactic and clinical components of the School curriculum.

- Is the student/intern able to observe demonstrations and participate in experiments in the basic sciences?
- Is the student/intern able to analyze, synthesize, extrapolate, solve problems, and reach diagnostic and therapeutic judgments?
- Does the student/intern have sufficient use of the senses of vision and hearing and the somatic sensation necessary to perform a physical examination?
- Can the student/intern perform palpation, auscultation, and percussion?
- Can the student/intern reasonably be expected to relate to patients and establish sensitive, professional relationships with patients?
- Can the student/intern reasonably be expected to communicate the results of the examination to the patient and to his colleagues with accuracy, clarity and efficiency?
- Can the student/intern reasonably be expected to learn and perform routine tests, measurements and physical therapy interventions?
- Can the student/intern reasonably be expected to perform with precise, quick and appropriate actions in emergency situations?
- Can the student/intern reasonably be expected to display good judgment in the assessment and treatment of patients?
- Can the student/intern reasonably be expected to possess the perseverance, diligence, and consistency to complete the curriculum and enter the practice of physical therapy?
- Can the student/intern reasonably be expected to accept criticism and respond by appropriate modification of behavior?

Determination of Student Readiness for Clinical Education

The School faculty is responsible for determining students' progress toward these standards, achievement of course objectives, development of ethical and professional behavior, and safe practice. As such, faculty members are responsible for determining student readiness to engage in clinical education based on these criteria and the rules of the Academic Performance Review Subcommittee (APRSC).

Data used by the faculty to determine readiness and progress toward practice expectations include benchmark exams, projects and laboratory practical examinations each term, USF SPTRS Technical Standards and Essential Functions, and reports from Course Directors. In addition, students must demonstrate safe practice standards in order to pass the lab practical examinations incorporated in many of the physical therapy courses. The Professional Behaviors for the 21st Century, as measured by the Professional Behaviors Assessment Tool (PBAT), and APTA web Clinical Performance Instrument (webCPI), which is the evaluation tool used during clinical education courses, includes several "red flag" items students must complete successfully to receive a grade of "S" (Satisfactory) in a clinical education course.

Finally, students/interns **must attend all required Clinical Education orientation sessions** prior to beginning clinical education courses.

Preparing for Clinical Education

Center Clinical Education Manual

It is strongly recommended that each clinical center have a clinical education manual or have students review the appropriate section of the department's policies and procedures manual upon arrival at the center. Having the student/intern review such a document before beginning the clinical rotation will help him/her develop a feel for the organization and prepare for the experience. (This may also decrease the time required for orientation upon arrival.) In addition, the information **confirms the center's responsibility for preserving the privacy, dignity, and safety of all people involved in the care of patients and the education of students/interns.** Most of this information can be extracted from departmental policies and procedures, and/or HIPAA regulations.

Suggested information to include:

1. Statements of patients' and students' rights (*note:* patients' rights must include the right to refuse treatment provided by a student physical therapist.)
2. Release of information/confidentiality of the medical record Authorization for photographic and other video use of subject
3. Informed consent for care and to participate in demonstrations
4. Procedures for reporting illegal, unethical, and incompetent practice
5. Emergency procedures
6. Departmental philosophy and objectives
7. Organizational chart
8. Criteria for selection of CIs
9. Staff development program
10. Peer/utilization/quality review programs
11. Consumer satisfaction program
12. Support services available to students (parking, meals, library, lockers, information about the area, etc.)
13. Safety rules, hazardous materials, universal precautions
14. Samples of documentation forms
15. Job descriptions
16. Objectives of clinical education program
17. Occurrence reporting
18. Research and human subject policies and procedures

Initial Student Contact with Assigned Clinical Instructor

Students/interns must contact the assigned CI/CCCE at least three months prior to the first assigned day of clinical education, and e-mail or fax to the CI a copy of the completed FCCE Student Data Form (available under Clinical Education at <http://health.usf.edu/medicine/dpt/index.htm>); along with any other required information, such as immunizations, background check, drug screen, etc. **Failure to do so may result in a delay in beginning the assignment, or may necessitate reassignment.** Many centers have specific requirements; because these requirements are subject to change, students/interns must allow ample time to respond. In addition, this ensures that clinical education commitments are unchanged. Many centers also require on-site orientations and paperwork that must be completed before initiating formal clinical education. Failure to complete these requirements results in delayed clinical education.

Orientation of the Student/Intern to the Clinical Center

The CCCE is encouraged to prepare a summary of key information that can be sent to each student prior to his/her arrival at the center. Information should include hours of operation, parking, dress code, CI name, phone number, driving directions, information about meals, etc.

A formal, structured orientation to the center (and department) as early as possible in the clinical rotation relieves many student concerns and often forestalls potential problems that are a result of "no one told me" or "I didn't know." Time needed for orientation is primarily dependent on the size of the center and the student's prior experiences. Nevertheless, a typical orientation should include the following topics:

1. Introduction to key personnel and their job responsibilities, chain of command
2. Tour of the center and review of personal safety concerns
3. Location of equipment and supplies
4. Desk space, office supplies, library and other resources
5. Introduction to documentation, the medical record, filing
6. Introduction to patient scheduling and billing
7. Initial observation of PT patient care
8. Emergency procedures, evacuation routes, safety rules, infection control
9. Calendar of events for department and timetable for student objectives
10. Review of confidentiality and patient/employee/student rights policies (see HIPAA De-Identification and Compliance in the Clinical Education section of <http://health.usf.edu/medicine/dpt/index.htm>.)
11. Review of student credentials
12. Hours of operation
13. Dress code
14. Review of policies and procedures manual
15. Any regulatory updates that apply

Expectations of Clinical Instructors

Each clinical instructor will receive a Certificate of Completion of Continuing Education Unit hours, as appropriate, from the USF School of Physical Therapy & Rehabilitation Sciences at the end of each clinical education affiliation in which they have supervised a student.

Clinical instructors have the **right** to:

- Access and review the DPT curriculum.
- Communicate (either formally or informally) their thoughts and ideas regarding the strengths and weaknesses of any component of the curriculum to the Director or faculty of the School.
- Participate in and contribute to the formal formative and summative evaluation of the clinical education program as part of the DPT curriculum.
- Consult and obtain professional development assistance to improve individual clinical teaching.
- Consult and access professional development opportunities to enhance the patient/client management, administration, critical inquiry, and consultation skills of their center's physical therapy service.

Clinical instructors have the **privilege** of:

- Obtaining approval for center sponsored in-service activities as USF continuing education courses.
- Eligibility to apply for Voluntary Faculty appointment under College of Medicine Appointment, Promotion, and Tenure guidelines.

Clinical instructors are encouraged to use the School of Physical Therapy & Rehabilitation Sciences web site (particularly the link for clinical education-related information) whenever possible:

<http://health.usf.edu/medicine/dpt/index.htm>.

Assignment and Effectiveness of Clinical Instructors

The assignment of clinical instructors by the CCCE should be based on specific criteria for clinical competence determined by each clinical center. These criteria may include in-services and continuing education courses attended, advanced degrees, clinical experience (**no less than one year**), teaching experience (in-services, clinical education, continuing education, formal classroom), and research experience.

CCCEs are encouraged to give thoughtful consideration not only to the potential clinical instructor's clinical skills but also to his/her interest and willingness to teach. CCCEs may consult with the School CCE to develop guidelines and a formal procedure for establishing criteria for clinical instructors appropriate for their centers and consistent with job descriptions.

The effectiveness of clinical instructors as educators is determined by the CCE in collaboration with the CCCEs. Means for determining effectiveness include the review of completed APTA CPIs, Professional Behaviors Assessment Tools, formal feedback from students on the APTA Physical Therapist Student Site Evaluation form, CI self assessment, and direct communication between the CCE and students and the CCCE and CIs. Each center is encouraged to include criteria for clinical instructor responsibilities in job descriptions and performance evaluations. The CCE is available to assist in the development of these documents and relies on the CCCE to take action on any deficiencies according to the center's policies. Ineffectiveness of clinical instructors includes such behaviors as:

- Failure to identify potential "red flags" early in the student performance
- Failure to provide students with on-going feedback on their performance and the CI's expectations
- Failure to complete the APTA webCPI and Professional Behaviors Assessment Tool in a timely manner
- Failure to develop on-going, progressively more challenging learning opportunities for students
- Failure to demonstrate contemporary physical therapy practice consistent with the APTA Code of Ethics, Standards of Practice and Guide to Physical Therapist Practice

Clinical Instructor Development

The USF SPTRS CCE offers both the APTA Basic and Advanced CIECP CEU courses for CI development.

Continuing Education hours are available for Clinical Instructors from USF SPTRS with appropriate verification signatures from the student/intern and the CI as follows:

1 Continuing Education Hour (CEH) for Clinical Education is equivalent to 160 hours of clinical instruction. **No more than 6 CEHs can be earned for a single student rotation, for a maximum of 960 hours of clinical instruction allowed according to FCCE policy, per biennium, for individual license renewal out of the 24 required Florida continuing education hours.** Effective date: January 1, 2008.

USF SPTRS is responsible for authorizing and awarding certificates for CEHs to CIs providing clinical instruction. In order to receive appropriate credit, the student/intern and CI must provide the CEH verification forms (with signatures) at the time of completion, using the following methods:

FAX: 813-974-8915

E-mail Donna Clegg, Administrative Specialist: dclegg@health.usf.edu

USF SPTRS does not monitor or maintain individual CEU information; this is the responsibility of each licensed PT, per Florida Statutes (www.doh.state.fl.us/mga/physical/pt_statutes.html).

Communication

E mail is the official method of communication between the USF College of Medicine faculty and all students. Therefore, it is the students' responsibility to check USF Health accounts daily. Students are held accountable for a timely response to all e-mail transmission requests.

CCE Contact Information

Gina Musolino, PT, MEd, EdD

Coordinator of Clinical Education and Associate Professor

USF School of Physical Therapy & Rehabilitation Sciences

12901 Bruce B. Downs Blvd., MDC 77

Tampa, FL 33612

Office phone: (813)974-2254 Cell phone: (801)259-7007

Fax: (813)974-8915

E-mail: gmusolin@health.usf.edu

Communication Between CI and School CCE

The CCE makes every effort to visit or phone all CIs while they are supervising students/interns. The purpose of the visit is to determine first-hand if students are meeting performance expectations, if the clinical instructors have any concerns about the learning experience, and the general quality of learning opportunities. CIs may also initiate contact at any time.

It is the responsibility of the student to assure that the CCE is notified of any changes in the agreed upon plan (see "Absences" and "Promptness" sections). Because absences have serious implications for the curriculum as a whole, and because every clinical center becomes an extension of the university, it is important that the faculty be notified when any of the following events occur:

- **Change in location or assignment to units within an organization**
We must know where the students are in case of emergency or if an occurrence report is required, assure appropriate agreements, and clinical education hours.
- **Student has unexcused absence(s)**
The CCE and CCCE will then plan for completion of missed hours. This will be determined on an individual basis, with consideration of each student's learning needs.
- **Excessive requests for leave or change in working hours**
Granting requests will be determined on an individual basis to determine if absences would be detrimental to accomplishment of learning objectives.
- **Change or extended absence of CI**
The school may need to assist in any plans necessary to assure supervision of the student.
- **Change in corporate structure**
This may affect the status of the affiliation contract.

Supervision of Students/Interns

Because many students in this program have prior work experience in health care, it is especially important that their objectives and goals be met when patient assignments are made in clinical education.

Students must be **“on-site supervised”** as defined in the rules of the Florida Board of Physical Therapy Practice (fsbpt.org):

State of Florida, Department of Health, Division: Board of Physical Therapy Practice, Chapter: Minimum Standards of Practice

64B17-6.001 Minimum Standards of Physical Therapy Practice.

Available: <http://www.flrules.org/gateway/ruleno.asp?id=64B17-6.001&Section=0> (Effective 06/01/09; Accessed July, 2011)

Section 1(f): General supervision—Physical therapists, when participating in student and/or trainee programs shall assure that the programs are approved or pending approval by the appropriate accrediting agency recognized by the Council on Postsecondary Accreditation (formerly the National Commission on Accreditation and the Federation of Regional Accrediting Commissions of Higher Education) or the United States Department of Education and **provide on-site supervision when students are performing patient care activities.** *[emphasis added]*

 A licensed Physical Therapist must be immediately physically available to directly supervise the student intern's performance of patient care activities.

Section 1(e): Direct Supervision—Supervision of subordinate personnel performing actions subject to licensure pursuant to Chapter 486, Florida Statutes, while the licensed supervisor is **immediately physically available**. On-site Supervision means direct supervision. *[emphasis added]*

Rulemaking Authority 486.025 FS. Law Implemented 483.021(6), (9), (10), (11), 486.123, 486.125(1)(b), (d), (e), (f), (i), (j), 486.135, 486.151(1)(d), 486.161(3), 486.171 FS. History—New 8-6-84, Formerly 21M-9.30, Amended 9-22-87, Formerly 21M-9.030, Amended 9-5-90, 3-5-92, 3-24-93, Formerly 21MM-6.001, 61F11-6.001, Amended 8-16-95, Formerly 59Y-6.001, Amended 1-8-98, 1-11-99, 4-18-04, 6-1-09.

Students assigned to clinical centers in other states (www.fsbpt.org) are responsible to research and become familiar with the applicable state statutes that may affect their clinical education before beginning their clinical education experience. In any case, **no less supervision** than previously described above will be acceptable to the School. **USF physical therapy students are supervised or evaluated by a licensed physical therapist only.** Other learning opportunities (that do not involve direct physical therapy patient care) may occur under the supervision of physical therapist assistants or other healthcare providers.

Students may not be assigned duties to "fill in" for absent employees or vacant positions. **Students should not accept assignments that are not related to their learning objectives and goals.** Clinical instructors are not to relax on-site supervision because students have previously functioned without that level of supervision in previous positions (for example, the student may be a licensed physical therapist assistant).

Students and/or CIs are required to report any problems related to supervision to the School CCE *immediately* so they can be resolved without delay.

Counseling Students/Interns

Clinical instructors are expected to communicate with the School CCE if serious student/intern performance or behavior problems arise. The CI must use his/her professional judgment in distinguishing between advising (recommending, suggesting) in order to improve weaknesses in student performance, and referring for professional counseling when a student has serious problems that disrupt his/her ability to function successfully in the clinical environment.

The USF College of Medicine provides voluntary, confidential counseling services for student emergencies through the **HELPS Program (813-870-0184)**. CIs are encouraged to take immediate action by contacting the School CCE to arrange for intervention if the need arises.

Occurrence Reports

If a USF physical therapy student/intern is involved in any accident/incident with potential injury to self or others during clinical education, he/she must comply with the center's policies and procedures for reporting the incident using the appropriate documents.

In addition, in connection with the professional liability protection provided to students by the USF Health Self-Insurance Program (SIP), incidents must be reported by students to the SIP Administrator via the School CCE who will arrange for this reporting and the HPSO/CNA commercial rider carrier (see Appendix 6).

The final report for the clinical education experience must include an addendum completed by the student to describe these occurrences. Department managers or CCCEs may choose to complete an addendum on their organization's letterhead instead of, or in addition to, the student's report. The purpose of this reporting is to have a record of the incident should any future legal action be taken. Students are advised to complete the addendum at the time they complete the occurrence report so that the information is fresh in their minds. The format for the addendum is as follows:

Addendum To Evaluation Of _____	Student name
Date and time of occurrence.	
Names of people involved.	
Brief description of the occurrence.	
	Signature of person reporting

NOTE: Students are not eligible for worker's compensation benefits.

Evaluation of Student/Intern Performance

The School uses two assessment tools in the evaluation of student performance in the clinic: the **APTA webCPI** (2006) and the **Professional Behaviors Assessment Tool** (PBAT). The APTA CPI has been adopted because of its relationship to the *Guide to Physical Therapist Practice* and the CAPTE criteria for the performance of graduates. Each assessment tool is provided to the CI prior to the scheduled internship, via hard copy and/or web-based service. The APTA webCPI requires students/interns and CIs/CCCEs to complete a one-time, two-hour Continuing Education Unit training session through the APTA learning center (see Appendix 5, APTA CPI Training Quick Guide).

Students and CIs use the APTA webCPI to identify and discuss learning needs and goals during clinical education (see Appendix 5, APTA CPI Training Quick

Guide). This evaluative instrument provides a consistent format to assess professional foundational elements and patient/client management skills.

The Professional Behaviors Assessment Tool is designed to evaluate those abilities that are attributes, characteristics, or behaviors explicitly part of the profession's core of knowledge and technical skills (especially the APTA Code of Ethics and Core Values), and absolutely required for success in the profession of physical therapy. (For more information, see Appendix 4.)

With each new CI assigned, students/interns are expected to discuss the strengths and weaknesses they have identified through self-assessment, as well as those identified in their evaluation by former clinical instructors. Discussing with the new CI those goals already met and those goals remaining to be met will help result in achievement of learning goals without repetition or interruption.

Students/Interns must make continual progress during clinical education. Students must be proactive in this process.

The School CCE has responsibility for the final assignment of grades for clinical education courses. Clinical education courses are graded Satisfactory or Unsatisfactory (S/U). The CCE will determine the course grade based on a review of the student/intern's and CI's completed APTA CPI and PBAT and the professional judgment of the CI regarding the student/intern's strengths, weaknesses, ability to meet entry-level performance expectations, and potential for continued success. The CCE submits grades to the COM DPT Registrar in a timely manner.

APTA CPI Student Performance Expectations

With the adoption of the APTA webCPI (2006), performance criteria of the webCPI are foundational elements of practice, and therefore the student must achieve appropriate performance on all key indicators of each skill by the end of the internship. Review sample behaviors in the webCPI for each criterion (see Appendix 1).

APTA CPI Criteria Red Flag Items: Foundational Elements

-  Safety
-  Professional behavior
-  Accountability
-  Communication
-  Clinical reasoning

Concerns with student performance in **any** of the above criteria must be communicated with the student and the CCE **immediately** by phone:

 (801) 259-7007

and/or e-mail (gusolin@health.usf.edu), or SPTRS office phone (813-974-2254) for appropriate intervention.

 **Red-Flag concerns:**
Safety
Professional Behavior
Accountability
Communication
Clinical Reasoning

If you have questions about any of these aspects of clinical education, please contact the Coordinator of Clinical Education immediately.

Please refer to the APTA webCPI for further instructions on completion of the APTA webCPI and the sample criterion.

Hints for Evaluation of Performance

Evaluation is **professional judgment** about a student's ability to meet the established standards presented on the forms provided. Evaluation of performance—whether self-assessment or evaluation by someone else—is challenging. It is a matter of professional judgment. Each instructor establishes criteria for performance that are influenced by professional expectations and values. **Therefore, the initial discussion between student and clinical instructor about strengths, weaknesses, and goals is critical.** If expectations of both the student and clinical instructor are clarified initially, there will be fewer misunderstandings about evaluation of performance. It is assumed that all *clinical instructors are fair and reasonable* in their expectations and evaluation of students unless proven otherwise. It is also a given that all *students set high expectations for their own performance* and are eager to take on the challenges presented to them. Some recommendations for grading self and the performance of others are:

- Avoid personal biases and interests that have nothing to do with the student's learning goals and performance. In reporting student performance, **stress behaviors** that the student can improve, rather than personal opinions about the student.
- Focus on the goals. Were goals set high enough to challenge the student? Were goals set and modified appropriately throughout the learning experiences?
- Compare initial and final performance. Has the student made **major** gains in performance?
- Tell the student what it takes to be successful. What a student is expected to do to be successful should not be a secret.
- Be confident in your judgment. Students know what they do well and what they do not. Clinical instructors know what good physical therapy is and what is not.
- Utilize weekly planning forms to guide learning and focus on clinical education objectives.
- The APTA CIECP provides additional training in clinical education performance evaluation – ***become credentialed.***

Student/Intern Evaluation of Clinical Education Experiences

Students/interns use the **APTA Physical Therapy Student Site Evaluation Form** to evaluate the overall learning experience at the mid-term and end of each full-time clinical education experience.

Release of Student Information

Information regarding the rights of students in the Family Educational Rights and Privacy Act is provided here for review. Each clinical center is encouraged to have a similar rule regarding the confidentiality of their student records. **CCCEs and CIs may not reveal any information to other parties about the student without the student's written permission.**

Pursuant to the provisions of the Family Educational Rights and Privacy Act (20 USC Par. 1232g), 34 CFR Par. 99.1 et seq, Florida Statutes Sub. Par, 228.093 and 240.237 and USF Rule 6C4-2.0021, Florida Administrative Code, students have the right to:

- Inspect and review their education records
- Privacy in their education records
- Challenge the accuracy of their education records
- Report violations of FERPA to the FERPA Office, Department of Education, 400 Madison Avenue, SW, Washington, D.C. 20202 and/or bring actions in Florida Circuit Court for violations of Rule 6C4-2.001, Florida Administrative Code.

Copies of the University's student records rule, USF Rule 6C4-2.0021, may be obtained from:

University Registrar
SVC 1034
4202 Fowler Ave
Tampa, FL 33620

or USF Agency Clerk
Office of General Counsel
ADM 254
4202 Fowler Ave
Tampa, FL 33620

Student Records Guidelines

Pursuant to requirements of the Family Educational Rights and Privacy Act (FERPA), the following types of information, designated by law as “directory information,” may be released via official media of USF (according to USF guidelines):

Student name, local and permanent addresses, telephone listing, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, full- and

part-time status, and the most recent previous educational agency or institution attended, and other similar information.

The University Directory, published annually by the University, contains only the following information: student name, local and permanent address, telephone listings, classification and major field of study. The Directory and other listings of "directory information" are circulated in the course of University business and therefore, are accessible to the public, as well as to students, faculty, and staff.

Students must inform the USF Office of the Registrar in writing (forms available for that purpose), if they wish directory information to be withheld. Such requests must be received within the first two (2) weeks of the semester and will remain in effect until the student has not been enrolled at USF for three (3) consecutive terms. Notification to the University of refusal to permit release of directory information via the *University Directory* must be received no later than the end of the first week of classes in the Fall Semester.

Student/ Agency Personnel Exposures at USF-Affiliated Practice Sites

The Employee Health Departments at the affiliated practice sites will evaluate students and agency personnel who report significant exposures to blood/body fluids and communicable diseases while on rotation. Significant exposures include needlesticks, sharp injuries, non-intact skin and mucous membrane exposures to blood, body fluids or exposures to airborne communicable diseases. Exposures should be handled as follows:

1. The student/agency personnel should report the exposure to his/her instructor/supervisor immediately.
2. The student/agency personnel fill out the employee section of the affiliated site's Employee Incident Report.
3. The instructor/supervisor fills out the supervisor section of the Employee Incident Report.
4. The student/agency personnel take the completed incident report to Employee Health as soon as possible after the exposure. The student/agency personnel should bring the following information on the source patient: name, medical record, diagnosis and room number.
5. Students/agency personnel reporting a needlestick/sharp injury from a patient must be evaluated within one to two hours for appropriate prophylaxis. In these cases, if Employee Health is closed, the student should contact the site's nursing supervisor.

The student/agency personnel will be provided with the following evaluation:

- First aid treatment as necessary.
- Investigation of the source patient and HIV and hepatitis tests as necessary.
- Baseline lab work. Follow-up tests at 3 months, 6 months and 12 months will be offered. There will be no charge for the required lab tests.
- Employee Health will provide the appropriate prophylaxis.

HIV/AIDS and Other Infectious Diseases

When an HIV-infected individual comes to the attention of the University, whether student, faculty or staff member, confidentiality of the individual as well as the individual's welfare and that of the University community must be respected. Other infectious diseases will be handled appropriately and reported according to State requirements.

Bloodborne Pathogen Exposures and Exposures to Communicable Diseases

Policies and procedures concerning bloodborne pathogen exposures and exposures to communicable diseases (*e.g.*, tuberculosis, chicken pox) are in place at each of the major clinical teaching facilities. During orientation programs an overview of procedures is presented. Students must be familiar with the policies and procedures of each clinical facility and carefully comply with all requirements in case of injury or exposure to communicable disease.

Students must report all needle sticks and other exposures to blood or other potentially infectious body fluids immediately to their supervisors and to the employee health nurse at the facility where the incident occurs (<https://hscf.hsc.usf.edu/heals>).

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Expectations of Students/Interns

Dress Code and Appearance

Students/interns are required to present a professional appearance at all times. The guidelines listed below will help ensure interns meet these standards.

1. **Student identification badges** (both the USF badge and if one is provided by the center) must be worn at all times. Students are to wear a white lab coat unless excused from doing so by the clinical instructor because it interferes with patient interaction or the facility's dress code. (USF badges must be replaced annually at the student's expense.)
2. Men are expected to wear dress shirts, ties and slacks. Women are expected to wear business dress shirts or blouses, skirts or slacks. Clothing is to be pressed and clean. Students should be prepared with a change of clothes should theirs become soiled during the day. Fabrics that do not wrinkle are strongly recommended. All students must wear appropriate underwear, and clothing should be opaque and non-clinging. Clothes must be of a length and style to protect the student's modesty during treatment activity. (For example: deep cut necklines, exposure of the midriff or low back, and short skirts that cause exposure when bending are not acceptable. "Low-rider" pants are not acceptable.)
3. Socks or hosiery are mandatory. Shoes must be closed-toe, clean, and shined. Athletic or running shoes are not permitted unless they are acceptable as work shoes by the center. For sanitary reasons, as well as to maintain the integrity of shoes for support and professional appearance, shoes worn for leisure or sports activities should not be worn as work shoes.
4. Students are to be neat and well-groomed. Any extremes of fashion in dress, hairstyle, etc. should be avoided.
5. For patient and personal safety, students must have hairstyles that will not obstruct vision. Long hair should be pulled back and secured. Short hair should be styled to prevent the hair from falling into the student's eyes. Other considerations are patients grabbing or pulling the student's hair, or hair touching a patient at any time.

6. **NO** artificial fingernails are permitted. USF and its Medical Services Support Corporation direct that patient care providers will not wear artificial fingernails or nail-piercing jewelry. Natural nails should be no longer than ¼ inch past the fingertip, and should not have chipped or cracked polish.
7. Tattoos, body piercing and other body adornments must be covered or removed during clinical practice.
8. For patient and personal safety, students are to keep jewelry at a minimum. Earrings cannot dangle or have loops, to avoid getting caught by, pulled on, or entangled with a patient. Because all jewelry (watches, rings, pins, bracelets, etc.) accumulate dirt and micro-organisms, they should not be worn. In particular, rings and other jewelry with stones should be removed during patient care because of the risk of hurting the patient.

Attendance Requirements

Students/interns must be prepared to begin clinic at the times and on the days agreed upon with the CI. Students follow the hours and pattern of operation of the center or the CI. For example, some students may be assigned five 8-hour days/week, while others are assigned four 10-hour days. This information must be provided to the CCE on the Contact Information form within 24 hours of the first day a student is in a new center. The University, College and School calendars are suspended during Clinical Education 1, 2 and 3. That is, the students follow the holiday and operation hours of the center(s) in which they are assigned, rather than that of the University of South Florida. Although some center circumstances may require longer hours, students are expected to participate in clinical education at least 40 hours/week. Note that many centers may work hours beyond 40 hours per week. Be aware that additional hours (approximately 10-20 per week) are required outside scheduled clinical education time to prepare for patient/client care.

If the center provides weekend services, students are required to follow the guidelines for coverage that the staff follows, at dates and times arranged with the CI. If the clinical center provides coverage on holidays, students may be assigned holiday coverage. The student is to be offered “compensatory time off,” consistent with the staff policies and procedures of the clinical center for any weekend and holiday coverage. We encourage that the time off be used within the week of this extra coverage so the student is not overly taxed. Students may not accumulate the time off and use it to shorten the length of the clinical education experience. All assigned clinical education hours must be completed.

A student must be directly supervised by a licensed physical therapist at all times—either the assigned CI, or a substitute CI (who has been designated by the assigned CI) in all situations when the assigned CI is not present. The student and CI must determine the learning experiences and goals to be achieved during weekend and holiday coverage to reduce the risk of students being used as employees. Guidelines for supervision of students (please refer to the

“Supervision of Students/Interns” section on pages 26-27) must be followed on weekends and holidays.

Other learning experiences may require attendance at non-patient care activities, such as patient rounds, in-services and staff or committee meetings. Students may be assigned by the CI to research or review materials to enhance clinical performance, to gain new knowledge, and for learning opportunities within the communities served. Students may be assigned an in-service or other project to enhance the clinical site. Students are expected to be contributing members of the rehabilitation team.

Absences

Students/interns are expected to attend all hours of instruction, including clinical education. In the event of sudden illness or other need for absence with short notice, the CCE must be notified by e-mail for the purpose of professional liability, in addition to notifying the supervising CI.

Unexpected Absences

During clinical education, the student will telephone and e-mail the CI, CCCE, and School CCE to report his or her absence, indicating the nature of the absence or the emergency. It is the prerogative of the CCE, in consultation with the student, to excuse the absence and to facilitate any needed make-up.

Planned Absences

Students/Interns may request planned absences, yet **are required to make up any missed time in clinical education.** Any planned absences are approved at the discretion of the CI/CCCE and CCE. Students/Interns are discouraged from exercising this option if at all avoidable, due to related CE expectations for the APTA webCPI and Professional Behaviors. Students/Interns with excessive absences (planned or unplanned) place **clinical education success at risk.**

Students who miss scheduled clinical education hours are expected to acquire the same level of competency as other students involved in the clinical education.

Religious Holy Days

All students, faculty and staff at the University of South Florida have a right to expect that the University and clinical centers will reasonably accommodate their religious observances, practices and beliefs. Students are expected to attend instruction, including clinical education, as determined by the University and School. The calendar is announced at the beginning of each academic term. The University, through its faculty and clinical centers, will make every attempt to schedule required clinical education in consideration of the customarily observed religious holidays of those religious groups or communities comprising the

University's constituency, but students are required to follow the hours of the center to which they have been assigned.

No student shall be compelled to attend clinical education at a day or time prohibited by his or her religious belief. The student must include planned time off for holy or specified religious days in the Contact Information form completed **prior** to beginning the clinical education assignment. The plan must be submitted to the CCE for review and acknowledgement.

Students who are absent for religious reasons will be given reasonable opportunities to make up any missed clinical education time. The student must submit a written request to the clinical instructor and a plan for make-up of lost time.

Any student who believes that he or she has been treated unfairly with regard to the above should contact the School Director at 813-974-9863.

Promptness

Tardiness conveys a very negative impression. It suggests a lack of planning and preparedness and is viewed by CIs as rude and disrespectful. Tardiness can disrupt the operation of the physical therapy center. This applies not only to morning reporting but also resuming duties after meals, attending meetings, etc. A student must call the CI as soon as possible upon realizing that tardiness is unavoidable. It is the student's responsibility to initiate discussion about modifying the daily schedule if there are reasons other than personal convenience that are resulting in tardiness. **Student interns are encouraged to arrive early.**

Students/interns who are habitually tardy or attempt to depart early (before patient care and related documentation is completed) are subject to failure on professional indicators, with excessive tardiness or absenteeism putting them in danger of failing the clinical education course. (For more information on these indicators, please refer to the APTA webCPI and PBAT.)

Disruption of Center Operations

The CI may send a student away from the center at any time the student's/intern's behavior or unsafe practice places the student/intern or others at risk. These situations will be addressed immediately. The CI must contact the CCE to determine a course of action, which may include:

- Evidence of remediation, so that the student no longer poses a risk to self or others before returning to the center.
- Termination of the clinical education experience (see "Student Reassignment" section, page 14 of this document).

- Referral to the School APRSC for remedial and/or disciplinary action, which may result in dismissal from the School.

Personal Activities

Preparation for other academic work that interferes with patient care is not permitted during scheduled clinical education time. Students are to complete all campus-based assignments, NPTE preparation, and patient care preparation during their own evening and weekend time.

Students **must** refrain from personal phone calls or other communication during clinical education. Students are not permitted to have personal cellular phones, beepers or other devices activated while in clinical practice, and no texting is allowed.

Health Requirements

On or prior to the first day of clinical education, each student must submit to the CCCE/CI for review records containing the following documentation (which will be updated annually):

1. **CPR/BLS Certification** (obtained through COM)
2. Certification of **HIV/Bloodborne Pathogen Education** (obtained via <https://hscf.hsc.usf.edu/usfheals>)
3. Certification of **HIPAA Orientation** (obtained through COM)
4. Evidence of current personal **Health Insurance**. Proof of current major medical (including hospitalization) health insurance is required for each year of enrollment
5. **Health Information Form** (obtained through COM/SPTRS)
6. **Student Data Form** from the Florida Consortium for Clinical Education
7. Evidence of **Background Check** (note: centers may require an updated report from the one required at program matriculation). Possible resources for background checks include:
Florida: <https://www2.fdle.state.fl.us/cchinet/>
8. **10-panel Drug Screen** (if required by the center and acquired at student's own expense)

The purpose of this procedure is the protection of the public and the student/intern. For planning clinical educational experiences, it is necessary for students to reveal any medical or movement problems that may need to be accommodated or monitored. Disciplinary action may be taken against any student who fails to divulge information that places others or self at risk.

The documentation presented in the student's FCCE data form and health records contain confidential student information. The student's permission must be obtained in order for the center to copy this information.

Student health is ultimately the responsibility of the individual student. The Student Health Committee of the COM facilitates student health by providing programs to assist students in meeting their physical and mental health needs. Specifically, the committee sets guidelines and monitors student medical data at matriculation and during the years of enrollment. The committee formulates and reviews policies and programs and assesses implementation and compliance with institutional and State of Florida requirements and guidelines.

The College of Medicine has the following health related requirements that must be met prior to matriculation:

1. **Students must have personal medical insurance in effect at all times during enrollment at USF COM.** During orientation you will be required to sign a statement certifying you have health insurance coverage. Annual re-certification is required throughout your enrollment. Information on basic health insurance policies will be available at orientation for students who do not have current health insurance.
2. **DPT Student Immunization and Physical Examination records** must be on file with the COM. Specific vaccinations required are listed in Appendix 3, Immunization Requirements. For further assistance with these records, students may contact Linda Lennerth, RN, MSN (974-3163 or llennert@health.usf.edu).

Students are responsible for all costs involved in obtaining physical examinations, immunizations, drug screens, and obtaining copies of all records. **Students must be prepared to present their clinical education requirements to their CI/CCCE prior to the first day of their affiliation at each clinical center.**

Note: Students should retain the original copy of each document in their clinical education portfolio; although some centers may request to see the original documents rather than accept a copy.

Some centers may require students to complete an additional physical examination and have certain additional immunizations following the center's policies and procedures. Students are strongly encouraged to determine this by reviewing center information provided to them as early as possible. The student should contact the CCCE at least three months before the affiliation begins to make arrangements to have any necessary examinations completed before beginning the affiliation. Failure to do so may result in time being taken away from the learning experiences and delayed clinical education. This will be considered an unexcused absence that will have to be made up. Failure to do so may result in delay in beginning an affiliation and successful, timely completion of the educational experience is at risk.

Emergency Care for Students

Each student is **personally responsible for all expenses** that may result from emergency medical care provided during clinical education affiliations, thus the requirement that each student have evidence of personal major medical health insurance coverage, including hospitalization.

Should a minor emergency occur, first aid should be administered as it would for any employee. Should there be a more serious accident, proper emergency action should be taken. The student is responsible for alerting the CI/CCCE to any potential medical problems and action that may be necessary because of an existing condition.

Policies and procedures concerning blood-borne pathogen exposures and exposures to communicable diseases (e.g. tuberculosis, chicken pox) must be in place at each of the clinical centers. Students are to know the policies and procedures of each clinical facility and carefully comply with all requirements in case of injury or exposure to communicable disease. For example, all needle sticks and exposures to blood or other potentially infectious body fluids should be immediately reported to the CCCE and to the occupational health nurse at the facility where the accident occurs. In addition, the USF Director of Health Administration, who is a member of the USF Student Health Committee, must be notified within 24 hours (813-974-3163).

Student Illness

Students with an illness or medical condition that may be communicable to patients or staff should not have contact with patients. If students are unsure whether they should be in patient contact areas, they should seek medical advice for evaluation of their internship status.

Students are to comply with the clinical center's policies and procedures for evidence of medical release to return to work. Persons with the following medical conditions should not be allowed patient contact without **medical clearance**:

- Active chicken pox, measles, German measles, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, tuberculosis.
- Diarrhea lasting more than three days or accompanied by fever or bloody stools.
- Conjunctivitis.
- Group A streptococcal disease (i.e. strep throat) until 24 hours of treatment has occurred.
- Draining or infected skin lesions.
- Oral herpes with draining lesions.

Background Checks and Drug Screens

Each physical therapy student is required to complete three clinical education affiliations at various healthcare facilities during the course of the three year Doctor of Physical Therapy degree program. Many of these facilities require a current background check and drug screening before accepting the assignment of the student to their facility. In addition, the application for licensure as a physical therapist involves review of the applicant's criminal background.

All clinical facilities have the right to refuse the placement of students based upon the results of their background checks. This action may also result in the inability to assign students for their clinical education internship courses.

Some affiliating clinical centers may require a current background check before the student is permitted to begin a clinical education affiliation. Costs associated with background checks are the responsibility of the student. Students may be requested to complete additional federal/state background checks in the future or may be required to repeat the background check annually. Students are strongly encouraged to determine if an additional background check will be a requirement of the center as soon as possible to avoid delays in initiating their learning experiences. Possible resource for background checks (Florida): <https://www2.fdle.state.fl.us/cchinet/>.

Drug screens may also be required by certain facilities. These drug screens are not a University requirement and so, each student will be asked to coordinate obtaining such screens with the requesting clinical facility. The College of Medicine, Office of Student Affairs has made arrangements for students to obtain drug screenings (Panel-10 drug screening) through the Doctor's Walk-In Clinic (DWIC) located near campus, which will be completed at each student's own expense. Students must pay for the testing at the time of service and results will be made available within 24 – 48 hours. The student is the owner of the results and should make it a part of their clinical education credentials.

Students must be aware that many clinical sites list conviction of a felony or other misdemeanor convictions as grounds not to accept a student for clinical or administrative training. (See Florida Statutes Section 456.0635, given below, for further information.) This is done solely at the discretion of the clinical education affiliate. **USF STPRS does not accept responsibility for any student's eligibility for continued progression to a clinical program or eligibility for licensure as a health care professional after failure to pass a criminal background check or drug screen. Clinical sites may also deny students as students/interns due to non-compliance with the health requirements (*i.e.*, immunizations) or lack of expected professional behaviors (*e.g.*, USF**

SPTRS Affiliation Agreement (Section 1.2e), PBAT, APTA CPI criteria, APTA Code of Ethics).

The student has a continual obligation to report any criminal conviction that may impact the student's continued ability to participate in the clinical education program to the School Director and Coordinator of Clinical Education within 15 days of its occurrence. A positive drug test and/or criminal background check may exclude a student from clinical placement and make it impossible for that student to complete the clinical competencies required for graduation from SPTRS. The Coordinator of Clinical Education will make no more than 2 attempts to place a student having a positive criminal background check and/or positive drug test; or other variances (*e.g.*, non-compliance with health care requirements, remediation).

Florida Statutes as of July 1, 2009.

Important Notice for Initial Licensure Applicants:

Pursuant to Section 456.0635

(http://www.flsenate.gov/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch0456/SEC0635.HTM&Title=-%3E2009-%3ECh0456-%3ESection%200635), Florida Statutes, you are being notified that effective July 1, 2009, health care boards or the department shall refuse to renew a license, certificate or registration, issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been:

1. Convicted or plead guilty or nolo contendere, regardless of adjudication, to a felony violation of: chapters
 - 409 (http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0409/titl0409.htm),
 - 817 (http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch0817/PART01.HTM), or
 - 893 (http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0893/titl0893.htm&StatuteYear=2008&Title=-%3E2008-%3EChapter%20893), Florida Statutes; or
 - 21 U.S.C. ss. 801-970 (<http://uscode.house.gov/search/criteria.shtml>) or
 - 42 U.S.C. ss 1395-1396 (<http://uscode.house.gov/search/criteria.shtml>), unless the sentence and any probation or pleas ended more than 15 years prior to the application.
2. Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent 5 years).
3. Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent 5 years).

Housing, Meals, and Transportation

Students/Interns are responsible for all expenses related to clinical education including the location of their own housing. Students may be eligible for stipends, meal tickets or housing assistance provided by the clinical center; however, students must be prepared to meet all their financial and housing needs during clinical education. **Students are also responsible for all related travel costs to and from their clinical centers.** Geographic location of clinical education sites remains a low-priority for USF SPTRS: students/interns shall expect to travel and frequently will be required to go outside their “home” locations.

Student Liability Insurance

Students/Interns are provided protection against general and professional liability claims (limits of \$100,000 per incident and \$200,000 in aggregate for students) by the University of South Florida Health Sciences Center Self-Insurance Program, a self-insurance program created by the Florida Board of Regents pursuant to Chapter 240.213, Florida Statutes. An HPSO/CNA rider is also provided within \$2M/\$5M limits. A certificate of this protection is submitted to each Center with the agreement for affiliation. (See Appendix 6.)

Should a center require evidence of insurance for an individual student, the student is responsible for providing such documentation. Information on liability insurance policies is available in the School of Physical Therapy & Rehabilitation Sciences clinical education office. The Certificate of Insurance is included in Appendix 6, and updates are available at the Clinical Education section of the SPTRS website (<http://health.usf.edu/medicine/dpt/index.htm>).

Appendix 1: SPTRS Clinical Affiliation Objectives

Course	Student Self-Evaluation	Student Evaluation of Internship	CI Evaluation of Student	Performance Level Expected
Clinical Education 1 Required	APTA CPI & PBAT	APTA Physical Therapist Student Site Evaluation	APTA CPI & GAs	Beginning ← → Intermediate
Clinical Education 2 Required	APTA CPI	APTA Physical Therapist Student Site Evaluation	APTA CPI & GAs	Adv. Beginner ← → Adv. Intermediate
Clinical Education 3 Required	APTA CPI	APTA Physical Therapist Student Site Evaluation	APTA CPI & GAs	Entry Level ← → Beyond Entry Level

Clinical Education 1 (8 weeks, full-time)

Under the direct supervision of a licensed physical therapist, serving as a Clinical Instructor (CI), students are expected to:

1. Perform and document, with frequent cues and guidance, the examination, evaluation, diagnosis, prognosis, intervention, and outcome components of the patient/client management process for patients with uncomplicated conditions.
2. Self-assess progress towards identified goals and learning needs for Clinical Education on items 1-18 of the APTA CPI and PBAT.
3. Complete all required communication reports (contact information form, student data form and update e-mails).
4. Complete an evaluation of the clinical internship (including evaluation of the CCE) identifying the major strengths and weaknesses in learning opportunities. (See Appendix 6, APTA Physical Therapist Student Site Evaluation.)
5. Complete all required certifications, mandatory continuing education, and other required credentials and assignments.

Clinical Education 2 (12 weeks, full-time)

Under the direct supervision of a licensed physical therapist, serving as a Clinical Instructor (CI), students are expected to:

1. Perform and document, with occasional cues and guidance, the examination, evaluation, diagnosis, prognosis, intervention, and outcome components of the patient/client management process for patients who are increasingly complex.
2. With occasional cues and guidance, effectively make and defend clinical decisions and conclusions for patients with more familiar diagnoses.
3. Self-assess progress towards identified goals and learning needs for Clinical Education on items 1-18 of the APTA CPI and PBAT.
4. Demonstrate active, reflective practice.
5. Complete all required certifications, mandatory continuing education and other required credentials and assignment.
6. Complete all required communication reports (contact information form, student data form and update e-mails).
7. Complete an evaluation of the clinical experience (including the CCE) identifying the major strengths and weaknesses in learning opportunities. (See Appendix 6, APTA Physical Therapist Student Site Evaluation.)

Clinical Education 3 (16 weeks, full-time)

Under the direct supervision of a licensed physical therapist, serving as a Clinical Instructor (CI), students are expected to:

1. Manage all aspects of the care of patients with any condition and/or psychosocial problem at entry level performance with consultation only.

2. Demonstrate high quality clinical decision making at entry level performance with consultation only.
3. Self-assess completion of identified goals and learning needs for Clinical Education, based on a review of goals and learning needs using the APTA CPI and PBAT, achieving entry-level performance on **all criteria**.
4. Perform, at entry-level status, the examination, evaluation, diagnosis, prognosis, intervention and outcome components of the patient/client management process on assigned patients who are increasingly complex.
5. Demonstrate active, reflective practice.
6. Complete all required certifications, mandatory continuing education and other required credentials and assignments.
7. Complete all required communication reports (contact information form, student data form and update e-mails).
8. Consult with the center manager/CI about identified strengths and weaknesses of the learning opportunities and present a plan for improvement.
9. Participate in the quality assurance plans of the center's PT services and prepare a report that relates to patient outcomes or perform an in-service on an approved topic by CI.
10. Complete an evaluation of the clinical internship (including the CCE) identifying the major strengths and weaknesses in learning opportunities. (See Appendix 6, APTA Physical Therapist Student Site Evaluation.)

For all Clinical Education 1, 2, and 3 internships, the student intern is evaluated on all APTA CPI items related to professional practice (items 1-6) and physical therapy management (items 7-18). **“Red flag” items that require special attention are: safety, professional behavior, accountability, communication, and clinical reasoning.** If concerns in any of these areas should arise, please contact the CCE *immediately*. See the APTA webCPI for additional information.

According to the “dimensions of performance,” students at entry level are expected to perform (for all criteria) as follows:

- Quality: Highly skilled with high level of efficiency and effectiveness
- Supervision/Guidance: Independent performance with consultation
- Consistency: Quality performance is routine
- Complexity of tasks/environment: Very few tasks are controlled by the CI
- Efficiency: Economical and timely effort

At the end of Clinical Education 3, students are expected to be at entry level for *all* APTA CPI performance criteria. **Learning experiences must be available for all APTA CPI criteria during Clinical Education 3.**

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	Level and extent of assistance required by the student to achieve entry-level performance. <input type="checkbox"/> 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.
Quality	Degree of knowledge and skill proficiency demonstrated. <input type="checkbox"/> As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	Number of elements that must be considered relative to the task, patient, and/or environment. <input type="checkbox"/> 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.
Consistency	Frequency of occurrences of desired behaviors related to the performance criterion. <input type="checkbox"/> As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Efficiency	<p>Ability to perform in a cost-effective and timely manner.</p> <p><input type="checkbox"/> 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>
<i>Rating Scale Anchors</i>	
Beginning performance	<p><input type="checkbox"/> 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><input type="checkbox"/> At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</p> <p><input type="checkbox"/> Performance reflects little or no experience.</p> <p><input type="checkbox"/> The student does not carry a caseload.</p>
Advanced beginner performance	<p><input type="checkbox"/> 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><input type="checkbox"/> At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.</p> <p><input type="checkbox"/> The student may begin to share a caseload with the clinical instructor.</p>
Intermediate performance	<p><input type="checkbox"/> 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><input type="checkbox"/> 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><input type="checkbox"/> The student is capable of maintaining 50% of a full-time physical therapist's caseload.</p>
Advanced intermediate performance	<p><input type="checkbox"/> A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.</p> <p><input type="checkbox"/> 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><input type="checkbox"/> The student is capable of maintaining 75% of a full-time physical therapist's caseload.</p>
Entry-level performance	<p><input type="checkbox"/> A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.</p> <p><input type="checkbox"/> At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</p> <p><input type="checkbox"/> Consults with others and resolves unfamiliar or ambiguous situations.</p> <p><input type="checkbox"/> The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.</p>
Beyond entry-level performance	<p><input type="checkbox"/> 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><input type="checkbox"/> At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.</p> <p><input type="checkbox"/> The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.</p> <p><input type="checkbox"/> The student is capable of supervising others.</p> <p><input type="checkbox"/> The student willingly assumes a leadership role for managing patients with more difficult or complex conditions.</p> <p><input type="checkbox"/> Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.</p>

Appendix 2: DPT Curriculum Plan for Class of 2013

Course #	Course Name	Credit	Contact
DPT Year 1 (19 weeks + 17 weeks = 36 weeks)			
BMS 6640	Core Principles of Medical Science/Musculoskeletal System	6	116
BMS 6641	Communications: Neuroscience & Endocrinology	6	120
BMS 6633	Cardiovascular & Pulmonary Systems	6	120
BMS 6639	Excretory & Reproductive Systems	6	120
BMS 6836	Evidence Based Clinical Reasoning (Pass/Fail)	1	28
PHT 6205	Doctoring for Physical Therapists (Pass/Fail)	6	170
PHT 6174	Movement Science 1 (total lab hours including enhanced anatomy=30)	2	45
PHT 6284	Scientific & Professional Foundations of Physical Therapy 1 (lab=60 hrs)	5	105
		38	824
DPT Year 2 (19 weeks+15 weeks + 8 weeks = 42 weeks)			
Fall 2		<i>Contact hours @ 19 weeks = 22.1</i>	
PHT 6285	Scientific & Professional Foundations of Physical Therapy 2 (15lect/60lab)	3	75
PHT 6352	Pharmacology for Healthcare Professionals	4	60
PHT 7264	Neuromuscular Clinical Problem Solving	3	90
PHT 7265	Cardiopulmonary & Integumentary Clinical Problem Solving (concludes in Spring)	0	45
PHT 7402	Psychosocial Aspects of Physical Therapy Practice (year-long, concludes in Spring)	0	30
PHT 7421	Professional Issues 1	2	45
PHT 7540	Principles of Patient/Client Management Seminar (year-long, concludes in Spring)	0	30
PHT 7640	Biostatistics 1	3	45
Spring 2		<i>Contact hours @ 15 weeks = 28</i>	
PHT 6178	Movement Science 2	3	60
PHT 7151	Health Promotion and Wellness	2	45
PHT 7265	Cardiopulmonary & Integumentary Clinical Problem Solving (year-long)	3	45
PHT 7777	Musculoskeletal Clinical Problem Solving	3	90
PHT 7328	Pediatric Physical Therapy	3	45
PHT 7402	Psychosocial Aspects of Physical Therapy Practice (year-long)	3	30
PHT 7531	Professional Issues 2	3	45
PHT 7540	Principles of Patient/Client Management Seminar (year-long)	3	30
PHT 7607	Critical Inquiry 1	2	30
*	Optional Elective—may be taken in Year 2 or Year 3		
Summer 2		<i>Contact hours @ 8 weeks = 40</i>	
PHT 6841	Clinical Education 1	4	320
		44	1160
DPT Year 3 (15 weeks + 12 weeks + 16 weeks = 43 weeks)			
Fall 3		<i>Contact hours @ 15 weeks = 26.5</i>	
PHT 7626	Critical Inquiry 2	3	45
PHT 8179	Movement Science 3	3	45
PHT 8266	Advanced Clinical Problem Solving	5	113
PHT 8532	Managing Quality in Healthcare (on-line course)	2	45
PHT 8550	Professional Issues 3	3	60
PHT 8702	Prosthetics and Orthotics	3	45
*	Optional Elective	3	45
Spring/Summer 3		<i>Contact hours @ 16 weeks = 39.8</i>	
PHT 7842	Clinical Education 2 (12 weeks @ 40 hours)	6	480
PHT 8843	Clinical Education 3 (16 weeks @ 40 hours)	8	640
Graduation in August of Year 3			

DPT Curriculum Plan for Class of 2014

Course #	Course Name	Credit Hours	Contact Hours
DPT Year 1 (19 weeks + 17 weeks = 36 weeks)			
BMS 6640	Core Principles of Medical Science/Musculoskeletal System	6	116
BMS 6641	Communications: Neuroscience & Endocrinology	6	120
BMS 6633	Cardiovascular & Pulmonary Systems	6	120
BMS 6639	Excretory & Reproductive Systems	6	120
BMS 6836	Evidence Based Clinical Reasoning (Pass/Fail)—CPS sessions only	1	28
PHT 6205	Doctoring for Physical Therapists (Pass/Fail)—including EBP sessions	6	170
PHT 6174	Movement Science 1 (total lab hours including enhanced anatomy=30)	2	45
PHT 6284	Scientific & Professional Foundations of Physical Therapy 1 (lab=60 hrs)	5	105
		38	824
DPT Year 2 (19 weeks+15 weeks + 8 weeks = 42 weeks)			
Fall 2		<i>Contact hours @ 19 weeks = 22.9</i>	
PHT 6285	Scientific & Professional Foundations of Physical Therapy 2 (15lect/60lab)	3	75
PHT 6352	Pharmacology for Healthcare Professionals	4	60
PHT 7264	Neuromuscular Clinical Problem Solving	3	90
PHT 7265	Cardiopulmonary & Integumentary Clinical Problem Solving (year-long, concludes in	0	45
PHT 7402	Psychosocial Aspects of Physical Therapy Practice (year-long, concludes in Spring)	0	30
PHT 7421	Professional Issues 1	2	45
PHT 7540	Principles of Patient/Client Management Seminar (year-long, concludes in Spring)	0	30
PHT 7607	Critical Inquiry 1	2	30
Spring 2		<i>Contact hours @ 15 weeks = 28</i>	
PHT 6178	Movement Science 2	3	60
PHT 7151	Health Promotion and Wellness	2	45
PHT 7265	Cardiopulmonary & Integumentary Clinical Problem Solving (year-long)	3	45
PHT 7777	Musculoskeletal Clinical Problem Solving	3	90
PHT 7328	Pediatric Physical Therapy	3	45
PHT 7402	Psychosocial Aspects of Physical Therapy Practice (year-long)	3	30
PHT 7531	Professional Issues 2	3	45
PHT 7540	Principles of Patient/Client Management Seminar (year-long)	3	30
PHT 7626	Critical Inquiry 2	2	30
*	Optional Elective—may be taken in Year 2 or Year 3		
Summer 2		<i>Contact hours @ 8 weeks = 40</i>	
PHT 6841	Clinical Education 1	4	320
		43	1145
DPT Year 3 (15 weeks + 12 weeks + 16 weeks = 43 weeks)			
Fall 3		<i>Contact hours @ 15 weeks = 26.5</i>	
PHT 7618	Critical Inquiry 3	2	45
PHT 8179	Movement Science 3	3	45
PHT 8266	Advanced Clinical Problem Solving	5	113
PHT 8532	Managing Quality in Healthcare (on-line course)	2	45
PHT 8550	Professional Issues 3	3	60
PHT 8702	Prosthetics and Orthotics	3	45
*	Optional Elective	3	45
Spring/Summer 3		<i>Contact hours @ 16 weeks = 39.8</i>	
PHT 7842	Clinical Education 2 (12 weeks @ 40 hours)	6	480
PHT 8843	Clinical Education 3 (16 weeks @ 40 hours)	8	640
		116	3487
Graduation in August of Year 3			

Appendix 3: Immunization Requirements



Medical Health Administration

Division of Infectious Diseases and International Medicine

DATE: March 18, 2011
TO: Medical and Physical Therapy Students Entering the University of South Florida College of Medicine Programs, **Academic Year 2011/2012**
FROM: Linda R. Lennert, RN, MSN Assoc. Director, Medical Health Administration
SUBJECT: **Communicable Disease Prevention Certification & Physical Examination Verification Forms**

Prior to beginning training at the University of South Florida and its affiliated institutions, you must complete and return the attached Communicable Disease Prevention Certification Form and supportive documentation by July 15, 2011. The Physical Examination Verification Form must be completed and signed by your Healthcare Provider prior to submitting. Patient contact will not be permitted until the forms and documentation are complete. All documentation must be in ENGLISH.

TB Screening: USF Health utilizes the tuberculin skin test (TST) to determine if a healthcare worker is infected with M. tuberculosis. All new healthcare employees and students must submit documentation of an initial "Two-Step" TST to minimize the possibility of a "booster effect" with the subsequent annual testing that will be required during their employment/training. The "Two-Step" TST method requires the TST to be repeated at least 1-3 weeks after a "Negative" initial test.
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e

- To meet the USF requirement, you must submit documentation of at least 2 prior "Negative" TB skin test results administered within a 12 month period of time.
- Documentation of a current "Negative" TST **within 6 months** of training start date is also required (this can serve as the 2nd step if administered within 12 months of the previous test date).
- If you have a history of a Positive TB skin test in the past, you must submit a completed copy of a Screening Questionnaire along with a Negative Chest X-ray report completed within 12 months of your start date at USF. A Questionnaire can be found and downloaded from the USF Medical Health Administration website at:
<http://hsc.usf.edu/medicine/internalmedicine/infectious/medicalhealthadmin/Forms.htm>

The College of Medicine added a requirement for evidence of **Pertussis** immunization for all Medical and DPT Students in 2006. A combination tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) **Adacel™** vaccine was licensed in June, 2005 for use in persons aged 11-64 years and (Tdap) **BOOSTRIX®** vaccine was licensed in December, 2008 for use in persons aged 10-64 years as a single dose booster vaccination (ie. to be given in place of **one** tetanus diphtheria (Td) booster for adolescents and adults). **Make sure you receive the adult Tdap booster (contains the pertussis component) and not just a Td booster!**

In order to register for classes, USF requires all incoming students to either submit evidence of Meningitis immunization **or** a signed declination form. The immunization is required **ONLY** if you will be living in student housing. If you decide to decline the vaccination, you must print off a copy of the USF Student Health Immunization form. The form is available for download at <http://www.shs.usf.edu/userfiles/files/Medical%20History%20Immunization%20Compliance.pdf>, check the declination box in Block B and sign the form then attach it to the Communicable Disease Prevention Certification Form. If you do not submit this documentation, you **will be blocked** from registering for classes.

Annual Influenza vaccination and Tuberculin Skin Testing (TST/PPD) will be required during your training and will be provided for you at no cost through the USF College of Medicine and/or our Medical Affiliates.

The completed Communicable Disease Prevention Certification form along with the required, supportive documentation specified should be mailed or faxed to:

Linda Lennert, RN, MSN, Medical/Health Administration, USF College of Medicine, MDC Box 19
12901 Bruce B. Downs Blvd. Tampa, FL 33612-4799 Fax: 813-974-3415

The University of South Florida College of Medicine is unable to provide the vaccines and laboratory titers required for starting your training program. These immunizations and/or laboratory tests must be completed prior to beginning your program. If you are not able to receive certain immunizations e.g., they are contraindicated, please contact us directly to discuss your situation. All required vaccines are readily available through your local Health Department.

If you have any questions regarding the communicable disease prevention certification process, please contact us by email, phone or fax:

Phone: (813) 974-3163
Email: llennert@health.usf.edu
Fax: (813) 974-3415



College of Medicine
 Medical Health Administration
 University of South Florida

12901 Bruce B. Downs Blvd., MDC 19
 Tampa, FL 33612-4799
 Phone: (813) 974-3163
 Fax: (813) 974-3415

**Communicable Disease Prevention Certification:
 Medical and Physical Therapy Students**

Prior to beginning training at the University of South Florida and its affiliated institutions, this form **must** be completed and submitted with **all required documentation attached by July 15, 2011**. Patient contact will not be permitted until the form and documentation are complete. **All documentation must be in English.**

PRINTED NAME: _____ DATE: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER(S): _____ EMAIL: _____

DATE OF BIRTH: ___/___/___ USF STUDENT NUMBER: _____ (ex. UXXXXXXXX)

COMPLETE ITEMS A-H

A. TUBERCULOSIS: Documentation of an initial "2-Step" Tuberculin Skin Test (TST/PPD). The 2nd Test must be at least 1 week and no longer than 12 months from the initial testing. A current "Negative" TST within **6 months** of visit to USF is also required. This current test result can serve as the 2nd Step if administered within 12 months of the previous test date (See MEMO).

TST Step 1	Date	Result	TST Step 2	Date	Result
		___mm induration			___mm induration

If 2nd step of 2-step Tuberculin Skin Test is not within 6 months of start date at USF, you will need to have another TST done and complete the following:

TST	Date (Must be within 6 months of start date)	Result
		___mm induration

Individuals with a history of a positive TST/PPD skin test must submit documentation of a negative chest x-ray within **12 months** of visit to USF **and** a current Screening Questionnaire for signs/symptoms of TB (see memo)*

CXR (if required)	Date:	Result (ATTACHED):
* Current Screening Questionnaire (if required) History of INH for treatment of Latent TB Infection: From ___/___/___ To ___/___/___ Received BCG vaccine Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>Required Documentation</u> Completed Questionnaire Copy

B. RUBELLA (German Measles): Serologic documentation of a positive Rubella immune titer **OR** immunization with at least **one dose of live Rubella or MMR vaccine after 12 months of age.**

Rubella Titer (IgG Blood Test)	Result	Date	Required Documentation
Pos <input type="checkbox"/> Neg <input type="checkbox"/>		___/___/___	Lab Report Copy
Or One live Rubella or MMR vaccine after 1/1/80	#1	___/___/___	Vaccine Documentation Copy

C. RUBEOLA: (10 Day Measles): Serologic documentation of a positive Rubeola immune titer **OR** immunization with **two doses of live Rubeola or MMR vaccine administered after 12 months of age and separated by 28 days or more.**

Rubeola Titer (IgG Blood Test)	Result	Date	Required Documentation
Pos <input type="checkbox"/> Neg <input type="checkbox"/>		___/___/___	Lab Report Copy
Or Two live Rubeola or Two MMR vaccines after 1/1/80	#1	___/___/___	Vaccine Documentation Copy
		#2	___/___/___

D. MUMPS: Serologic documentation of a positive Mumps immune titer **OR** immunization with at least **two doses of live Mumps or MMR vaccine after 12 month of age.**

Mumps Titer (IgG Blood Test)	Result	Date	Required Documentation
Pos <input type="checkbox"/> Neg <input type="checkbox"/>		___/___/___	Lab Report Copy
Or Two live Mumps or Two MMR vaccines after 1/1/80	#1	___/___/___	Vaccine Documentation Copy
		#2	___/___/___

E. VARICELLA (Chicken Pox): Serologic documentation of a positive Varicella titer **OR** two Varicella immunizations (given 4 to 8 weeks apart). This requirement is satisfied only by a positive titer or the vaccine series.
**** A history of chicken pox does NOT satisfy this requirement ****

Varicella Titer (IgG Blood Test)	Result	Date	Required Documentation
Pos <input type="checkbox"/> Neg <input type="checkbox"/>		___/___/___	Lab Report Copy
Or Varicella vaccine series	#1	___/___/___	Vaccine Documentation Copy
		#2	___/___/___

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 Medical Health Administration
 University of South Florida

12901 Bruce B. Downs Blvd., MDC 19
 Tampa, FL 33612-4799
 Phone: (813) 974-3163
 Fax: (813) 974-3415

**Communicable Disease Prevention Certification:
 Medical and Physical Therapy Students (page 2)**

F. Adacel™ or BOOSTRIX® Vaccine Booster: Documentation of an Adult TETANUS/diphtheria/acellular pertussis (Tdap) vaccine booster is required. Tdap was licensed in June, 2005 for use as a single dose booster vaccination (ie. not for subsequent booster doses). The current CDC recommendation states "Healthcare personnel, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose". After receiving Tdap, personnel should receive routine booster shots against tetanus and diphtheria by existing guidelines (every 10 years).

Tdap (Adacel™ or BOOSTRIX®) vaccine	<u>Date</u> _ / _ / _	<u>Required Documentation</u> Vaccine Documentation Copy
-------------------------------------	--------------------------	---

G. HEPATITIS B: Serologic documentation of a Positive (QUANTITATIVE) Hepatitis B surface antibody titer following completion of the Hepatitis B vaccination series of 3 injections. You must provide documentation of the Vaccine series AND the Positive Antibody Titer to meet this requirement.

Hepatitis B Surface Antibody Titer (IgG) (Quantitative) Pos <input type="checkbox"/> Neg <input type="checkbox"/>	<u>Result</u> _ / _ / _	<u>Date</u> _ / _ / _	<u>Required Documentation</u> Lab Report Copy
AND Hepatitis B vaccine series #1_ / _ / _ #2_ / _ / _ #3_ / _ / _			Vaccine Documentation Copy

H. MENINGITIS: Documentation of immunization with **one dose** of Meningitis vaccine **OR** a completed and signed USF Student Health Services Immunization Health History Form (Block B #4, checkbox, signature) declining receipt of the Meningitis vaccine. The form is available at <http://www.shs.usf.edu/userfiles/files/Medical%20History%20Immunization%20Compliance.pdf> (**Note: Vaccination required only if living in USF Housing.)

Meningitis vaccine (**Required if living in USF Housing)	<u>Date:</u> _ / _ / _	<u>Required Documentation</u> Vaccine Documentation Copy
<u>Or</u> Completed and signed USF SHS Immunization Health History Form (Block B #4, checkbox and signature)	_ / _ / _	USF SHS Immunization Health History Form

**** Annual Tuberculin Skin Testing (TST) will be required during your entire program. Individuals with negative skin tests on admission will be offered the annual TST at no cost through the Medical Health Administration office or from our clinical affiliates. Individuals with a history of a positive skin test must complete a screening questionnaire annually in lieu of the skin testing.**

**** Influenza Vaccination will be required each year. This vaccine will be provided for you at no cost beginning in October of each year through the USF Medical Clinic/Medical Health Administration office or from our clinical affiliates.**

Note: Several affiliated hospitals require drug and alcohol screening with and without advanced notice.

Please return completed form and supportive documents to:
 Linda R. Lennert, RN, MSN, Assoc. Director
 Medical Health Administration - Employee/Student Health & Wellness
 USF College of Medicine, MDC 19
 12901 Bruce B. Downs Blvd.
 Tampa, FL 33612-4799

Phone: 813-974-3163
 FAX: 813-974-3415
 Email: llennert@health.usf.edu



College of Medicine
Medical Health Administration
University of South Florida

12901 Bruce B. Downs Blvd., MDC 19
Tampa, FL 33612-4799
Phone: (813) 974-3163
Fax: (813) 974-3415

PHYSICAL EXAMINATION VERIFICATION

To be completed by student (please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

USF STUDENT NUMBER (UXXXXXXXX) _____ BIRTHDATE (mm/dd/year) _____

Do you have any health problems or concerns of which USF Student Health Services should be aware?
 Yes No

If you wish to receive care for the above problems or concerns at USF Student Health services, it is your responsibility to make a follow-up appointment and to provide copies of pertinent medical records as necessary.

Student Signature _____ Date _____

To be completed by physician

A thorough history and physical examination were completed on the above named individual, with the following results:

All findings were within normal limits
 Follow-up care is required; patient was advised

Comments: _____

Physician Signature _____ Printed Name _____ Date _____

Facility Name (please print) _____ office phone number _____

Address _____
Address _____

Please return completed form to:

Linda R. Lennerth, RN, MSN, Assoc. Director
Medical Health Administration - Employee/Student Health & Wellness
USF College of Medicine, MDC 19
12901 Bruce B. Downs Blvd.
Tampa, FL 33612-4799

Phone: 813-974-3163
FAX: 813-974-3415
Email: llennerth@health.usf.edu

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Appendix 4: Professional Behaviors Assessment Tool (PBAT) Instrument

Professional Behaviors Assessment Tool

Student Name _____

Clinical Experience: 1st 2nd 3rd

Clinical Facility _____

Clinical Instructor _____

- Directions:
1. Read the description of each professional behavior.
 2. Become familiar with the behavioral criteria described in each of the levels.
 3. Self-assess your performance continually, relative to the professional behaviors, using the behavioral criteria.
 4. At the end of the clinical experience, complete this form.
 - a. Using a Highlighter pen, highlight all criteria that describes behaviors you demonstrate in Beginning Level (column 1), Intermediate Level (column 2), or Entry Level (column 3).
 - b. Give at least one specific example of a time when you demonstrated a behavior from the highest level highlighted.
 - c. Place an "x" along the visual analog scale to indicate the level (B, I, or E) at which you primarily function in each ability. This should be based on your highlighted areas, the specific example, and feedback from your CI.
 5. Share your self assessment with your clinical instructor, specifically seeking his/her feedback.
 6. Sign and return to the DCE.

<p>1. <u>Critical Thinking:</u> The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.</p>		
<p><i>Beginning Level:</i> Raises relevant questions; Considers all available information; Articulates ideas; Understands the scientific method; States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion); Recognizes holes in knowledge base; Demonstrates acceptance of limited knowledge and experience</p>	<p><i>Intermediate Level:</i> Feels challenged to examine ideas; Critically analyzes the literature and applies it to patient management; Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas; Seeks alternative ideas; Formulates alternative hypotheses; Critiques hypotheses and ideas at a level consistent with knowledge base; Acknowledges presence of contradictions</p>	<p><i>Entry Level:</i> Distinguishes relevant from irrelevant patient data; Readily formulates and critiques alternative hypotheses and ideas; Infers applicability of information across populations; Exhibits openness to contradictory ideas; Identifies appropriate measures and determines effectiveness of applied solutions efficiently; Justifies solutions selected</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>2. <u>Communication:</u> The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</p>		
<p><i>Beginning Level:</i> Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting; Recognizes impact of non-verbal communication in self and others; Recognizes the verbal and non-verbal characteristics that portray confidence; Utilizes electronic communication appropriately</p>	<p><i>Intermediate Level:</i> Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences; Restates, reflects and clarifies message(s); Communicates collaboratively with both individuals and groups; Collects necessary information from all pertinent individuals in the patient/client management process; Provides effective education (verbal, non-verbal, written and electronic)</p>	<p><i>Entry Level:</i> Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups ; Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing; Maintains open and constructive communication; Utilizes communication technology effectively and efficiently</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>3. <u>Problem Solving:</u> The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</p>		
<p><i>Beginning Level:</i> Recognizes problems; States problems clearly; Describes known solutions to problems; Identifies resources needed to develop solutions; Uses technology to search for and locate resources; Identifies possible solutions and probable outcomes</p>	<p><i>Intermediate Level:</i> Prioritizes problems; Identifies contributors to problems; Consults with others to clarify problems; Appropriately seeks input or guidance; Prioritizes resources (analysis and critique of resources); Considers consequences of possible solutions</p>	<p><i>Entry Level:</i> Independently locates, prioritizes and uses resources to solve problems; Accepts responsibility for implementing solutions; Implements solutions; Reassesses solutions; Evaluates outcomes; Modifies solutions based on the outcome and current evidence; Evaluates generalizability of current evidence to a particular problem</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>4. <u>Interpersonal Skills:</u> The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</p>		
<p><i>Beginning Level:</i> Maintains professional demeanor in all interactions; Demonstrates interest in patients as individuals; Communicates with others in a respectful and confident manner; Respects differences in personality, lifestyle and learning styles during interactions with all persons; Maintains confidentiality in all interactions; Recognizes the emotions and bias that one brings to all professional interactions</p>	<p><i>Intermediate Level:</i> Recognizes the non-verbal communication and emotions that others bring to professional interactions; Establishes trust; Seeks to gain input from others ; Respects role of others; Accommodates differences in learning styles as appropriate</p>	<p><i>Entry Level:</i> Demonstrates active listening skills and reflects back to original concern to determine course of action; Responds effectively to unexpected situations; Demonstrates ability to build partnerships; Applies conflict management strategies when dealing with challenging interactions; Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>5. Responsibility: The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.</p>		
<p>Beginning Level: Demonstrates punctuality; Provides a safe and secure environment for patients; Assumes responsibility for actions; Follows through on commitments; Articulates limitations and readiness to learn; Abides by all policies of academic program and clinical facility</p>	<p>Intermediate Level: Displays awareness of and sensitivity to diverse populations; Completes projects without prompting; Delegates tasks as needed; Collaborates with team members, patients and families; Provides evidence-based patient care</p>	<p>Entry Level: Educates patients as consumers of health care services; Encourages patient accountability; Directs patients to other health care professionals as needed; Acts as a patient advocate; Promotes evidence-based practice in health care settings; Accepts responsibility for implementing solutions; Demonstrates accountability for all decisions and behaviors in academic and clinical settings</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>6. Professionalism: The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.</p>		
<p>Beginning Level: Abides by all aspects of the academic program honor code and the APTA Code of Ethics; Demonstrates awareness of state licensure regulations; Projects professional image; Attends professional meetings; Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</p>	<p>Intermediate Level: Identifies positive professional role models within the academic and clinical settings; Acts on moral commitment during all academic and clinical activities; Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making; Discusses societal expectations of the profession</p>	<p>Entry Level: Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary; Provides patient & family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity; Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development; Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices; Discusses role of physical therapy within the healthcare system and in population health; Demonstrates leadership in collaboration with both individuals and groups</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>9. <u>Stress Management:</u> The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.</p>		
<p><i>Beginning Level:</i> Recognizes own stressors; Recognizes distress or problems in others; Seeks assistance as needed; Maintains professional demeanor in all situations</p>	<p><i>Intermediate Level:</i> Actively employs stress management techniques; Reconciles inconsistencies in the educational process; Maintains balance between professional and personal life; Accepts constructive feedback and clarifies expectations; Establishes outlets to cope with stressors</p>	<p><i>Entry Level:</i> Demonstrates appropriate affective responses in all situations; Responds calmly to urgent situations with reflection and debriefing as needed; Prioritizes multiple commitments; Reconciles inconsistencies within professional, personal and work/life environments; Demonstrates ability to defuse potential stressors with self and others</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>10. <u>Commitment to Learning:</u> The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.</p>		
<p><i>Beginning Level:</i> Prioritizes information needs; Analyzes and subdivides large questions into components; Identifies own learning needs based on previous experiences; Welcomes and/or seeks new learning opportunities; Seeks out professional literature; Plans and presents an in-service, research or cases studies</p>	<p><i>Intermediate Level:</i> Researches and studies areas where own knowledge base is lacking in order to augment learning and practice; Applies new information and re-evaluates performance; Accepts that there may be more than one answer to a problem; Recognizes the need to and is able to verify solutions to problems; Reads articles critically and understands limits of application to professional practice</p>	<p><i>Entry Level:</i> Respectfully questions conventional wisdom; Formulates and re-evaluates position based on available evidence; Demonstrates confidence in sharing new knowledge with all staff levels; Modifies programs and treatments based on newly-learned skills and considerations; Consults with other health professionals and physical therapists for treatment ideas</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

Based on my Professional Behaviors Assessment, I am setting the following Goals:

To accomplish these goals, I will take the following specific actions:

Student Signature: _____

Date: _____

**Getting Started With the APTA Learning Center
for PT CPI Course Participants**

**Getting Started With the APTA Learning Center
for PT CPI Course Participants**

The instructions can also be viewed online via this password protected URL: www.apta.org/ptcpievaluation
password: **ptcpiweb08** (that's web"zero"8)

APTA Members/Current APTA Customers

1. Login to www.apta.org

- Enter your username and password and select "click here to continue:" (<http://www.apta.org/login>)
- Under <http://www.apta.org/myAPTA> make note of the email address associated with your apta.org account you will need to use the same address to verify your training completion in PT CPI Web.

2. Set up your computer

- Enable pop-ups for <http://www.apta.org> and <http://learningcenter.apta.org>. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: <http://learningcenter.apta.org/oht.aspx#q1>).

3. "Purchase" the free PT CPI online course

- Access the PT CPI online course: http://learningcenter.apta.org/ptcpi_aptalearningcenter.aspx in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. Take the PT CPI online course

- After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

5. Print CEU certificate

- Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

6. Access the PT CPI Web site

- To access PT CPI Web 2.0, please click: <https://cpi2.amsapps.com>.

The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the 'I forgot or do not have a password' link to establish a password. The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the PT CPI online training.

New Customers

1. Create an account at www.apta.org

- Register at **apta.org**: <http://www.apta.org/login>. Complete the required information and write down your username and password.
- Please make a note of the e-mail address that you use when completing this registration information as you will need to use the same email address to verify your training completion in PT CPI Web.

2. Set up your computer

- Enable pop-ups for <http://www.apta.org> and <http://learningcenter.apta.org>. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: <http://learningcenter.apta.org/oht.aspx#q1>).

3. "Purchase" the free PT CPI online course

- Access the PT CPI online course: http://learningcenter.apta.org/ptcpi_aptalearningcenter.aspx in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. Take the PT CPI online course

- After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

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- Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

6. Access the PT CPI Web site

- To access PT CPI Web 2.0, please click: <https://cpi2.amsapps.com>.

The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the 'I forgot or do not have a password' link to establish a password. The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the PT CPI online training.

Appendix 6: Certificate of Insurance



HEALTHCARE PROVIDERS SERVICE
 ORGANIZATION PURCHASING GROUP

Certificate of Insurance
 OCCURENCE POLICY FORM

Print Date: 6/16/2011



Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0127293485	from 05/01/11 to 05/01/12 at 12:01 AM Standard Time

Named Insured and Address:
 University of South Florida School of Physical
 Therapy & Rehabilitation Sci
 12901 Bruce B Downs Blvd Mdc77
 Tampa, FL 33612-4742

Program Administered by:
 Healthcare Providers Service Organization
 159 E. County Line Road
 Hatboro, PA 19040-1218
 1-800-986-4627
 www.hpsso.com

Medical Specialty:	Code:	Insurance is provided by:
		American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604

Professional Liability	\$2,000,000 each claim	\$ 5,000,000 aggregate
-------------------------------	------------------------	------------------------

Your professional liability limits shown above include the following:
 * Personal Injury Liability

Coverage Extensions

Grievance Proceedings	\$ 1,000	per proceeding	\$ 10,000	aggregate
Defendant Expense Benefit			\$ 10,000	aggregate
Deposition Representation	\$ 1,000	per deposition	\$ 5,000	aggregate
Assault	\$ 1,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 2,000	per person	\$100,000	aggregate
First Aid	\$ 500	per incident	\$ 25,000	aggregate
Damage to the Property of Others	\$ 250	per incident	\$ 10,000	aggregate

Total: \$ 1,746.14

Base Premium \$ 1728.00 FIGA Regular 2009 \$ 18.14

Policy Forms & Endorsements(Please see attached list for the general description of policy forms that may or may not apply to this policy)

G-144918-A G-144931-A09 G-145184-A G-147292-A

Chairman of the Board

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Master Policy # 188711433
 Endorsement Change Date:

G-141241-B (03/2010)

Coverage Change Date:

POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. **Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period.** All products and services may not be available in all states and may be subject to change without notice.

Think Green –expanded definitions and copies of these policy forms and endorsements are available online at www.hpso.com/policyforms

COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-144918-A	School Blanket Occurrence Form
G-144931-A09	Cancellation & Non-Renewal Endorsement
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica, Mold & Asbestos Disclosure

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

- For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.
- For KY residents: The surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax.
- For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.
- For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association.

Form#: G-141241-B (03/2010)
Master Policy#: 188711433

Named Insured: University of South Flo
Policy#: 0127293485



CERTIFICATE OF LIABILITY PROTECTION

This certificate shall provide a summary of the liability protection of the Florida Board of Governors (FBOG) and/or the University of South Florida Board of Trustees (UBOT), as provided by law, for claims and actions which arise from the acts or omissions of health care faculty and other professional employees, residents and students of the University of South Florida Health Sciences Center.

The FBOG and/or UBOT as provided by law, is a State agency, and to the extent the State of Florida has partially waived its immunity to tort claims as described in Section §768.28, Florida Statutes, the FBOG and/or UBOT as provided by law, is protected for a claim or judgment by any one person in a sum not exceeding ONE HUNDRED THOUSAND (\$100,000) and for total claims or judgments arising out of the same incident or occurrence in a total amount not exceeding TWO HUNDRED THOUSAND (\$200,000), such protection being provided on an occurrence basis by the University of South Florida Health Sciences Center Self-Insurance Program (USF SIP).^{*} In the event the legislature awards an amount greater than \$200,000^{*} in the form of a claims bill or as otherwise set forth in §768.28, additional protection may be available. If available, this protection will be on a claims made basis and the specific terms of the coverage may vary depending upon the policy year in which the claim is reported. This protection will be available only in the event of affirmative action by the legislature.

Medical, nursing, public health, physical therapy, and pharmacy students participating in approved clinical activities are provided liability protection of \$100,000/\$200,000.^{*}

Professional liability action filed against the FBOG and/or UBOT as provided by law, pursuant to Section §768.28 F. S., are subject to §766.112(2), F. S., which provides that any judgment shall be on the basis of comparative fault and not on the basis of the doctrine of joint and several liability and that the sole remedy available to a claimant to collect damages allocated to the FBOG and/or UBOT as provided by law, shall be pursuant to §768.28, F. S. Further, it is the opinion of the General Counsel of the USF that USF SIP is legally prohibited from adding as "insureds" or "protected entities" any individual or entity not described in §1004.24, or other statute specifically authorizing protection as indemnity or save-and-hold-harmless or similar agreements.

This certificate is issued for credentialing purposes only and is issued only as a matter of information and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies described herein. This certificate shall remain in effect until such time as it is modified in the future by the Self-Insurance Programs.



John P. Liston, Director
USF Health Sciences Center Self-Insurance Programs

^{*}For incidents occurring on or after October 1, 2011, the sovereign immunity limits of \$200,000/\$300,000 are applicable.

SELF-INSURANCE PROGRAM • USF HEALTH
University of South Florida • 12901 Bruce B. Downs Boulevard MDC43 • Tampa, FL 33612-4799
(813) 974-8008 • Fax (813) 974-8114 • USFSIP@health.usf.edu

Appendix 7: Sample Clinical Education Affiliation Agreement

This Clinical Education Affiliation Agreement is made effective on _____, 201_, by and between the University of South Florida Board of Trustees (“USF”), a public body corporate, for the USF College of Medicine, School of Physical Therapy, & Rehabilitation Sciences and _____ (the “Agency”).

INTRODUCTION

1. USF has established a School of Physical Therapy & Rehabilitation Sciences (the “School”) which desires to affiliate with certain institutions in order to provide clinical education opportunities for students of the School.
2. Agency is willing to affiliate with the School and allow its facilities designated in Exhibit A to serve as clinical education site(s) for students of the School upon the terms and conditions set forth herein.

In consideration of the foregoing premises and the mutual covenants herein, USF and the Agency agree as follows:

1.0 Tenets of Affiliation.

1.1 Purposes and Objectives. The purposes of this Agreement are to establish collaboration between the parties to accomplish the parties’ mutual goals and objectives as follows:

- a. Assisting the School in the education and preparation of graduates to be effective contemporary practitioners of physical therapy and to be prepared as clinical generalists to provide services throughout the broad spectrum of patient care.
- b. Providing students of the School with patient care experiences under the supervision of licensed physical therapists which experiences will enable the students to (i) demonstrate respect for individuals from a variety of ethnic, cultural, language, socioeconomic, and age backgrounds; (ii) have compassion for the client as a whole person; (iii) be a problem solver and creative member of the primary health care team; (iv) demonstrate strong communication skills; and (v) develop clinical expertise in patient assessment and intervention in a variety of clinical settings.
- c. Facilitating open communication between the parties relative to their mutual purposes and objectives and respective rights and responsibilities under this Agreement.

1.2 Rights and Responsibilities of the School and the Agency.

- a. The Agency agrees to support the educational programs of the School by designating certain resources, staff and facilities, as agreed upon and identified in the APTA Clinical Site Information Form, to be available for clinical education programs for students of the School.
- b. The School shall have authority and responsibility for the appointment and reappointment, in accordance with the School's policies and procedures, of qualified licensed physical therapists as members of the voluntary clinical faculty of the School responsible for supervising and instructing students who are assigned to clinical education programs at the Agency.
- c. The School shall have authority and responsibility for the selection and assignment of students to clinical education programs at the Agency, subject to the reasonable approval of the Agency. The number of students to be assigned and the days, hours, and duration of clinical education experiences will be determined by mutual agreement of the Agency and the School.
- d. The School's designated faculty and Agency's designated staff shall cooperate in the planning, coordination, and evaluation of clinical education experiences for students. The School will provide its Clinical Education Manual (the "Manual") available: <http://dpt.health.usf.edu> to Agency's designated staff, who conduct clinical education experiences in accordance with the policies and procedures set forth in the Manual.
- e. The School shall have the right and, upon written request of the Agency, the responsibility to remove students from assignment to clinical education programs at the Agency. The Agency may request the School to remove any student from assignment at the Agency whose conduct or work with patients or personnel is not, in the opinion of Agency administration, in accordance with acceptable standards of performance, Agency policies and procedures, or the requirements of this Agreement. The Agency may demand a student immediately leave the premises at any time the conduct of the student would be detrimental to patients or others.
- f. The Agency shall, upon reasonable advance request, permit the inspection of its designated facilities and resources pertinent to the clinical education program by the School and accreditation agency representatives.
- g. The parties are committed to the principles of equal opportunity without regard to race, color, marital status, sex, religion, national origin, disability, or age, as provided by law. It is the goal of the parties to create and maintain a work and study environment that is positive and free of unlawful discrimination.

- h. The Agency agrees to arrange for first aid emergency care to students of the School who are injured on the Agency's premises, provided that the Agency shall have no responsibility for any follow-up care, hospitalization, or the cost of any medical services provided to such students including the first aid care.

1.3 Rights and Responsibilities of Students.

- a. Students of the School are expected to conduct themselves as professionals and interact with patients, families, and co-workers in a constructive and congenial manner. The responsibilities of students include:
 - (i) developing a personal program of self-assessment and professional growth with guidance from the School's faculty;
 - (ii) participating in safe, compassionate, and cost effective patient care under supervision commensurate with their level of advancement and responsibility, and advising all patients at an appropriate time of their status as students of the School;
 - (iii) participating in all required orientations, seminars, and other educational activities of the program; and
 - (iv) adhering to applicable policies, procedures, practices, and directives of the School and the Agency.
- b. Students of the School have no right to any compensation, or to any vacation or sick pay, health, disability, or life insurance benefits, retirement benefits, workers compensation, unemployment compensation, or any other employment benefits from either USF/School or the Agency in connection with the students' participation in clinical education programs at the Agency.
- c. Students of the School who are selected for assignment to the Agency will be instructed by USF of their responsibility, as a condition of such assignment, to comply, at their personal expense, with the health status and uniform policies of the Agency.
- d. Students of the School are required to, at their personal expense, obtain and maintain health insurance coverage.

2.0 General Provisions.

2.1 Insurance.

- 2.1.1 Students. The students of the School who are assigned to the Agency for clinical education programs pursuant to this Agreement are provided protection against professional liability claims by the University of South Florida Health Sciences Center Self-Insurance Program and a Student Blanket Professional Liability Insurance Policy. Certificates evidencing such liability protection are attached hereto as Exhibits B and C.

- 2.1.2 Agency. During the term of this Agreement, and at its sole expense, Agency will maintain comprehensive general liability insurance, including professional liability insurance, insuring against claims for bodily injury, personal injury, and property damage arising out of the acts, conduct, or omissions of Agency, its employees, officers, and agents. The limits of such insurance shall not be less than the limits required by law. Agency shall provide College with a certificate evidencing such insurance.
- 2.2 Term, Review, and Termination. This Agreement is a limited affiliation for the purposes herein described for unlimited duration. However, the parties will review the affiliation created by this Agreement on an annual basis to determine whether to continue, terminate, or modify this Agreement. Either USF or the Agency may terminate this Agreement without cause by delivering written notice to the other party at least sixty (60) days prior to the date on which termination is to be effective. Either party may immediately terminate this Agreement, requiring the School to remove its students from assignment to clinical education programs hereunder, in the event of any material violation of the Agreement by the other party.
- 2.3 Status of Parties. USF and the Agency are independent contractors and nothing in this Agreement shall be deemed or construed to create an employment, agency, or partnership relationship between them. The School's full-time faculty members and students shall not be deemed to be employees or agents of the Agency for any reason, nor shall any employee, agent or medical staff member of the Agency, including those granted a volunteer clinical faculty appointment in the School, be deemed an employee or agent of USF or the School. The School's full-time faculty members and students shall not be responsible for the supervision or control of the patient care activities of any Agency employee or staff member.
- 2.4 Institutional Names. Notwithstanding this Agreement, USF and the Agency shall not be entitled to use and shall not use the name or logo of the other party in any advertising, promotion or literature, without the advance written approval of such other party.
- 2.5 Notices. Any notice called for under this Agreement shall be effective if mailed by certified or registered mail, postage prepaid, or hand delivered with evidence thereof to the parties at their following addresses:
- To Agency: _____

- To USF: Vice President, USF Health
Dean of the College of Medicine
University of South Florida
12901 Bruce B. Downs Boulevard, MDC Box 2
Tampa, Florida 33612

With Copies to: Director, School of Physical Therapy & Rehabilitation Sciences
University of South Florida
12901 Bruce B. Downs Boulevard, MDC 77
Tampa, Florida 33612

and Office of the General Counsel
University of South Florida
4202 East Fowler Avenue, ADM 250
Tampa, Florida 33620

- 2.6 Modifications. This Agreement may be modified only by written instrument signed by the authorized representative of the parties. Following the execution of this Agreement and consistent with the intent and terms hereof, the authorized representatives of the parties may develop memoranda of understanding and other mutually approved documents to formalize operational details of the clinical education program.
- 2.7 Governing Law. This Agreement has been entered into in the State of Florida and shall be construed in accordance with the laws of the State of Florida.
- 2.8 Authority. The individuals signing this Agreement on behalf of USF and the Agency are each a duly authorized representative of such party with full power and authority to execute this Agreement.

SIGNATURE PAGE IMMEDIATELY FOLLOWS

In witness whereof, USF and the Agency have caused this Agreement to be executed.

AGENCY

By: _____
Name:
Title:

USF BOARD OF TRUSTEES

By: _____
Name: Stephen K. Klasko, MD, MBA
Title: CEO & Senior Vice President of USF Health
Dean of the College of Medicine

Approved by:

By: _____
Name: William S. Quillen, PT, PhD, FACSM
Title: Associate Dean
Professor & Director School of Physical
Therapy & Rehabilitation Sciences
USF College of Medicine

.....

AGENCY CONTACT INFORMATION

Type/Print Contact Person: _____

Address: _____

Telephone #: _____

Fax #: _____

E-mail address: _____

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SAMPLE

Appendix 8: USF SPTRS Technical Standards/Essential Functions

I. Introduction

USF SPTRS complies with Section 504 of the 1973 Vocational Rehabilitation Act, as amended, and the Americans with Disabilities Act of 1990, in providing opportunities for qualified individuals with disabilities. At the same time, prospective candidates and current **DPT students/interns** must be capable of meeting certain technical standards. The following technical standards specify those attributes the faculty considers to be essential in ***successfully completing clinical education internships, didactic and practical training and in practicing physical therapy safely and responsibly***. These standards describe the essential functions that **DPT students/interns** must demonstrate in the requirements of professional clinical education, and thus, are pre-requisites to entrance, continuation, and completion of training in the **School of Physical Therapy and Rehabilitation Sciences**. Requests for reasonable accommodation are evaluated on an individual basis, as per **COM USF SPTRS Student Handbook**.

II. Technical Standards

The **DPT student/intern** must possess abilities and skills in five areas:

- a. **Observation.** The **DPT student/intern** must be able to:
 - i. Observe a patient/client accurately at a distance and close at hand, noting non-verbal as well as verbal signals
 - ii. Visualize and discriminate findings on imaging and other studies
 - iii. Interpret digital or analog representations of physiologic phenomena, such as EKG's
 - iv. Acquire information from written documents, films, slides, videos, or other media
 - v. Observe and differentiate changes in body movement
 - vi. Observe anatomic structures, skin integrity including skin color, texture, odors, bony landmarks, anatomical/pathological structures
 - vii. Efficiently read written and illustrated materials
 - viii. Observe and detect the various signs and symptoms of the disease processes and movement dysfunction
 - ix. Obtain and effectively gather auscultation and auditory data, such as heart and breath sounds, pulses, joint noises, blood pressure, gait, and prosthetic sounds
 - x. Discriminate numbers and findings associated with diagnostic instruments and tests and measures
- b. **Communication.** The **DPT student/intern** must be able to:
 - i. Communicate in a culturally competent manner with patient/clients
 - ii. Communicate effectively and efficiently with all members of the health care team in oral and written English
 - iii. Communicate clearly with and observe patient/clients and families in order to elicit information including a thorough history from patient/clients, families, caregivers, and other sources

- iv. Accurately describe changes in mood, activity, posture, and biomechanics
 - v. Perceive verbal as well as non-verbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
 - vi. Communicate complex findings in appropriate and understandable terms to patient/clients and their families, and caregivers
 - vii. Adjust form and content of communications to the patient/client's functional level or mental state
 - viii. Engage in a collaborative relationship with patient/clients and families/caregivers
 - ix. Record observations and plans legibly, efficiently, and accurately
 - x. Prepare and communicate precise but complete summaries of individual encounters
 - xi. Possess sufficient hearing for required diagnostic functions (e.g., use of stethoscope to assess breath sounds, heart sounds, etc.)
 - xii. Complete documentation forms according to directions, in a timely manner, including manual, electronic, and other recording methods
 - xiii. Demonstrate effective communication skills to provide patient/client/client education and with families/caregivers and support personnel
 - xiv. Receive, write, and interpret verbal and non-verbal communication in both academic and clinical settings
 - xv. Demonstrate appropriate interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty and development of appropriate therapist to patient/client relationships
 - xvi. Demonstrate appropriate therapeutic interpersonal communications such as attending, clarifying, motivating, coaching, facilitating, and touching
 - xvii. In emergency and potentially unsafe situations, understand and convey information for the safe and effective care of patient/clients in a clear, unambiguous, and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence
- c. **Motor.** The **DPT student/intern** must be able to:
- i. Stand and walk independently while providing care in practice and internship settings; frequently lift 10 pounds, occasionally lift 10-50 pounds, and more than 50 pounds; with frequent twisting, squatting, and reaching, pushing/pulling, grasping and crawling
 - ii. Climb stairs and negotiate uneven surfaces including varying terrains/ramps
 - iii. Perform palpation, percussion, auscultation, and other diagnostic maneuvers while manipulating devices, e.g. goniometer, reflex hammer, IV poles, catheter bags, walkers, crutches, et al
 - iv. Provide general care and emergency medical care such as airway management, handling of catheters, perform cardiopulmonary resuscitation, and application of pressure to control bleeding, maintaining appropriate infection control procedures
 - v. Respond promptly to medical emergencies within the training facility and within the DPT scope of practice
 - vi. Not hinder the ability of co-workers to provide prompt care

- vii. Perform diagnostic and therapeutic procedures (e.g. APTA Guide to PT Practice Tests and Measures and Interventions.)
- d. **Cognitive.** The **DPT student/intern** must be able to:
- i. Demonstrate clinical reasoning and problem solving
 - ii. Identify significant findings from history, physical exam, and laboratory data, test and measures, and other sources
 - iii. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
 - iv. Determine appropriate and reasonable tests and measures
 - v. Provide a reasoned explanation for likely diagnoses
 - vi. Construct an appropriate plan of care
 - vii. Prescribe appropriate therapeutic interventions
 - viii. Recall and retain information
 - ix. Deal with several tasks or problems simultaneously
 - x. Identify and communicate the limits of knowledge to others
 - xi. Incorporate new information from peers, teachers, and the peer-reviewed medical literature in formulating diagnoses and plans
 - xii. Show good judgment in patient/client assessment, diagnostic, and therapeutic planning
- e. **Social and Behavioral.** The **DPT student/intern** must be able to:
- i. Maintain a professional demeanor
 - ii. Maintain appropriate professional and ethical conduct (e.g. APTA Code of Ethics)
 - iii. Be able to function at a high level in the face of long hours and a high stress environment
 - iv. Develop empathic relationships with patient/clients and families while establishing professional boundaries
 - v. Provide comfort and reassurance where appropriate
 - vi. Protect patient/client confidentiality and the confidentiality of written and electronic records
 - vii. Possess adequate endurance to tolerate physically taxing workloads
 - viii. Flexibly adapt to changing environments
 - ix. Function in the face of uncertainties inherent in the clinical problems of patient/clients
 - x. Accept appropriate suggestions and criticisms and modify behavior
 - xi. Give and accept criticism appropriately and without prejudice
 - xii. Work effectively under stress and as a part of an interdisciplinary team
 - xiii. Delegate responsibility appropriately
 - xiv. Develop and maintain respectful working relationships with peers, faculty, professional colleagues, patients/clients, family members and the general public.