

Dear Clinical Instructor:

Thank you for participating in the clinical education process with UNC students. This packet of materials is designed to provide you with the information you need to work with this student. The following is a list of items included in this packet. The items that are **BOLD** need to be returned to the university at the end of the rotation. Please do not hesitate to contact us at any time with questions or concerns. We will plan to contact you sometime around midterm to check on the student's progress.

Thank you,
Jennifer Cooke & Lisa Johnston

PACKET LIST

1. Contact Information
2. Benefits for being a CI
3. CI Responsibilities
4. Syllabus for Clinical Education Courses
5. Policies and Guidelines for Clinical Education (includes time-off policies)
6. DPT Curriculum snapshot
7. Overview of Curriculum sequence (content areas covered)
8. Summary of Clinical Education Assignments
9. Weekly Planning Form
10. Definitions of Performance Dimensions and Rating Scale Anchors
11. **SCCE/CI POST-CLINICAL FEEDBACK FORM/ENVELOPE** – please mail to Jennifer Cooke
12. **JUDY CAPPS BESWICK NOMINATION FORM/ENVELOPE** - (If you choose to nominate the student for this award) – please mail to Calvin Wang

**DIVISION OF PHYSICAL THERAPY
DEPARTMENT OF ALLIED HEALTH SCIENCES
SCHOOL OF MEDICINE
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

DOCTORAL PROGRAM IN PHYSICAL THERAPY**

CONTACT INFORMATION

Address: The University of North Carolina at Chapel Hill
The Division of Physical Therapy
Bondurant Hall Suite 3000
Campus Box 7135
Chapel Hill NC 27599-7135

Fax #: 919-966-3678

Web Site: <https://www.med.unc.edu/ahs/physical/clinical-education/>

DCE: Jennifer Cooke, PT, DPT
Phone: 919-843-8696 (work)
252-349-3871 (mobile)
Email: UNCDPTClinEd@med.unc.edu

Co-DCE: Lisa Johnston, PT, MS, DPT
Phone: 919-843-5723 (work)
919-389-4581 (mobile)
Email: Lisa_johnston@med.unc.edu

ClinEd Asst: Kayla Gardner
Phone: 919-962-4344
Email: Kayla_gardner@med.unc.edu

Contracts: Jamont Beatty
Phone: 919-843-3795
Email: Jamont_Beatty@med.unc.edu

Benefits for Being a CI for UNC Chapel Hill

Physical Therapy students could not become practicing clinicians without the help of excellent clinicians in the field. They need rich learning environments and dedicated, caring mentors to evolve in their clinical skills and in their role as a professional. We would like to thank you for all you do in support of physical therapy and UNC. Here are a few things that we can offer to you as a way to say thanks:

- **AHEC Digital Library access.** This will allow you to search using PubMed Medline, Cochrane and other databases. You can access UNC's electronic journals including *Physical Therapy*. Please fill out the information below and return to us in order to get your access established.

EMAIL to Jennifer Cooke: UNCDPTClinEd@med.unc.edu

NAME _____

EMAIL ADDRESS _____

EMPLOYER _____

MAILING ADDRESS _____

- **APTA CI Credentialing.** UNC hosts CI credentialing workshops on a regular basis. Please contact Jennifer Cooke at UNCDPTClinEd@med.unc.edu for additional information or to register for the next workshop.
- **Clinical Educational workshops.** The faculty at UNC are willing to come to your facility to provide inservices on topics that relate to your clinical practice and clinical education. Please contact us for more information or to set up a custom program.
- **Continuing Education workshops.** Please watch the Division website for current information about upcoming programs. On occasion we are able to offer CI's registration at reduced rates, so please watch the website and let us know if you would like to attend a workshop. <http://www.med.unc.edu/ahs/physical/>
- **Preference for admissions.** Admission preference into the on-line transitional DPT program if offered. For more information about the tDPT program, please visit our web page at: <http://www.med.unc.edu/ahs/physical/>
- **Mentor program.** You also have the opportunity to become a professional mentor. Please email Jennifer Cooke at UNCDPTClinEd@med.unc.edu if you are interested in being a mentor for entry-level physical therapy students or post-professional students.

**DIVISION OF PHYSICAL THERAPY
DEPARTMENT OF ALLIED HEALTH SCIENCES
SCHOOL OF MEDICINE
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL**

DOCTORAL PROGRAM IN PHYSICAL THERAPY

CI RESPONSIBILITIES

PRIOR TO ROTATION

1. Review materials sent about the student. Pay special attention to individual goals and objectives the student has written.
2. Review materials about the program as needed.
3. Plan clinical experience. Consider advanced scheduling of learning activities that may require additional lead-time like observing other disciplines.
4. Complete Web CPI training if you have not already done so.

DURING ROTATION

1. Provide regular informal feedback to the student about how they are doing. Most students need lots of reassurance that they are doing as you would expect. So don't forget to include the positive things as well as things they need to be working on.
2. Communicate with the DCE sometime near midterm. The purpose of this conversation is to report about the student's progress, clarify the academic program's expectations and help generate additional ideas about how to work with the student.
3. Provide written feedback at midterm and final using the Web CPI. The student should complete their own self-assessment using the Web CPI prior to your meeting. This will give you both the opportunity to review both CI and student ratings of performance during the meeting.

FOLLOWING ROTATION

1. You will be asked by the student to complete a review of the curriculum and report about the student's academic preparation for the clinical rotation. This feedback is used to help identify curricular areas for improvement.
2. You will also be asked to provide feedback about the clinical education process at UNC. This will include questions about the placement process, the effectiveness of the DCEs, and management of the clinical contract. This will be used for overall program improvements.
3. You may complete a nomination form for the Judy Capps Beswick Award for student excellence in the clinical setting if appropriate.

If you have questions about these responsibilities, please contact the DCE's for clarification.

Quick Start Guide for the CPI Web Training Modules and Assessment

FOR NEW USERS

Access to PT and PTA CPI Web will only be provided if you complete the training session and complete the PT and PTA CPI/WEB Assessment (*CPI Assessment*). You will only have to complete the CPI Assessment once. However, you are encouraged to review the freely-available training modules prior to each supervised student.

This document contains instructions on how to access the required:

- I. *CPI New User Training Modules (Training Modules)* on the Clinical Assessment Suite Help Center (hosted by Liaison International)
- II. *CPI Assessment* on the APTA Learning Center

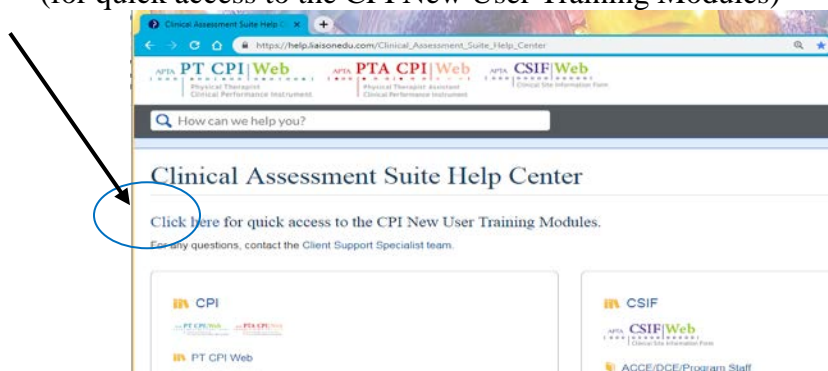
PT and PTA CPI New User Training Modules

- The self-guided training includes PowerPoint modules to help you successfully use the CPI Web.
- You can complete the training module-by-module or all at once.
- They are accessible anytime and the training is FREE.

The *Training Modules* can be accessed in 2 ways:

1. From the Home Page of the Clinical Assessment Suite Help Center

- a. Navigate to the Clinical Assessment Suite Help Center at:
https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center
- b. Click on the “**Click here**”
(for quick access to the CPI New User Training Modules)

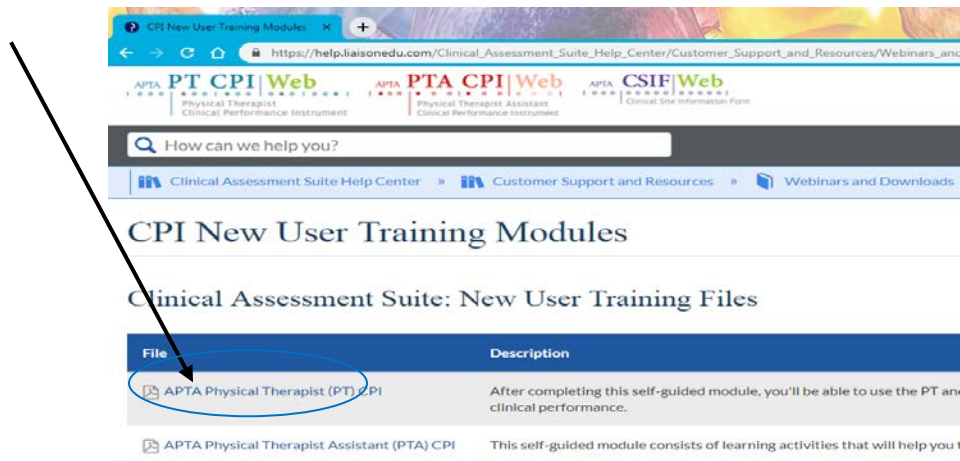


2. From the CPI New User Training Modules webpage:

- a. Navigate to the CPI New User Training Modules at:
https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/Customer_Support_and_Resources/Webinars_and_Downloads/CPI_Training_Files

Quick Start Guide for the CPI Web Training Modules and Assessment

- b. To access the PT Web CPI Training Module, click on the “APTA Physical Therapist (PT) CPI” link.



- c. To access the PTA Web CPI Training Module, click on the “APTA Physical Therapist Assistant (PTA) CPI” link.



After clicking any of the access links described above, you will be taken to the first slide of the pdf file of the *Training Modules* where you can scroll to advance the slides.

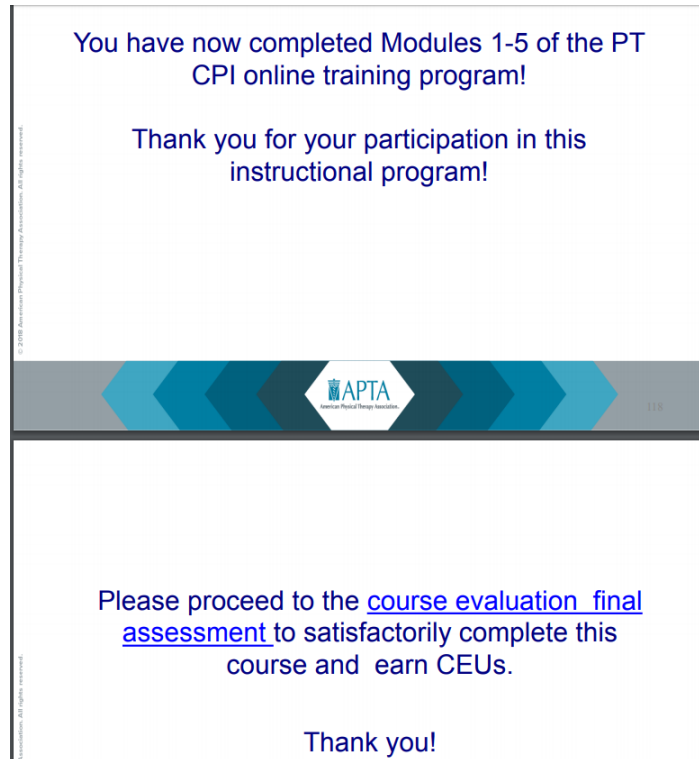


Quick Start Guide for the CPI Web Training Modules and Assessment

Accessing the PT-CPI/WEB or PTA-CPI/WEB Assessment (Assessment)

The Assessment can be accessed in 2 ways:

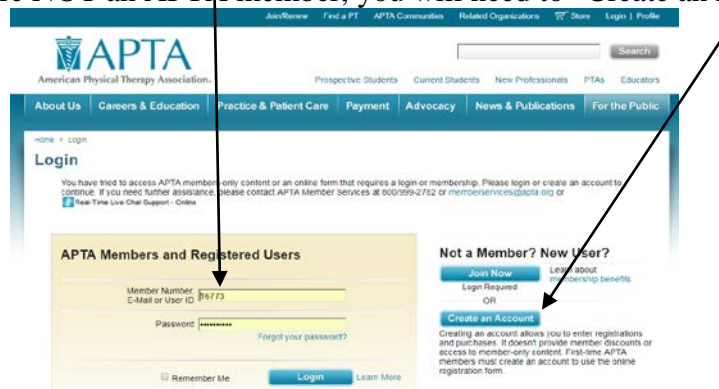
1. Once you have completed the Training *Module*, the link on the last slide will direct you to the Post-test on the APTA Learning Center.



OR

You can access directly at the APTA Learning Center

1. To be able to access the *CPI Assessment* on the Learning Center, :
 - a. Ensure that you are logged in (with APTA member #) **OR**
 - b. If you are NOT an APTA member, you will need to "Create an Account"

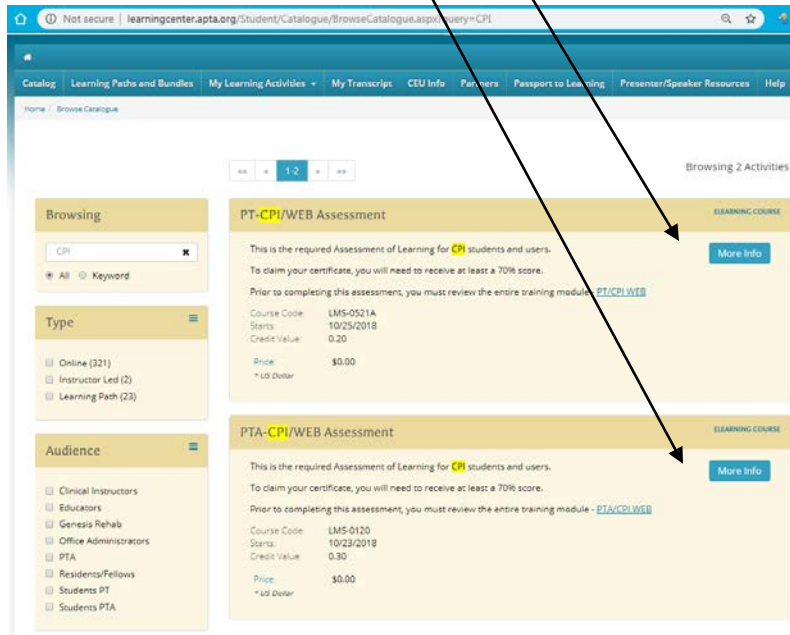


Quick Start Guide for the CPI Web Training Modules and Assessment

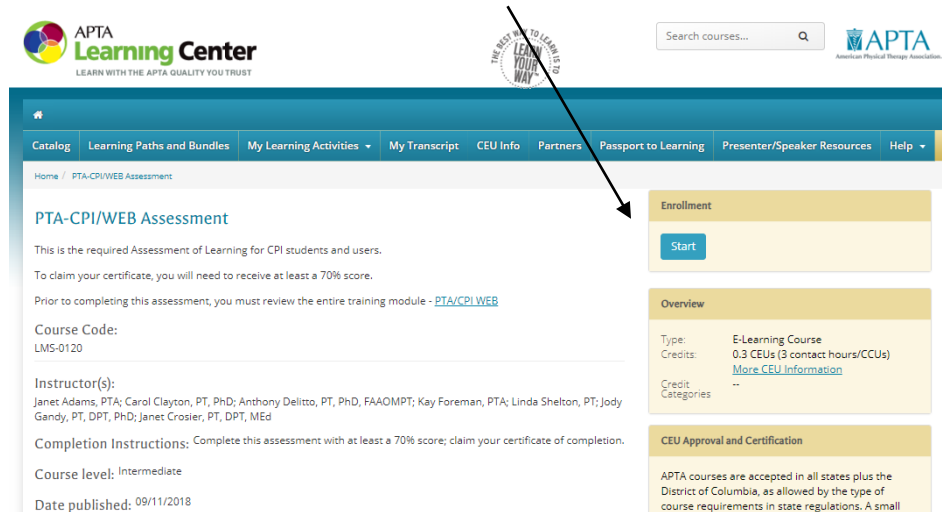
2. Navigate to:

<http://learningcenter.apta.org/Student/Catalogue/BrowseCatalogue.aspx?query=CPI>

3. Choose the appropriate *CPI Assessment* (PTA or PT) by clicking “More Info”



4. To enroll in *CPI Assessment*, click on “Start”

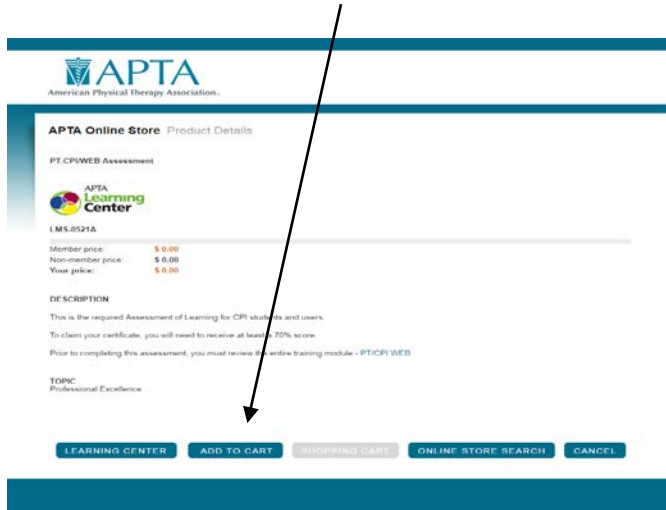


5. You will be led to a webpage to “Purchase” the course.

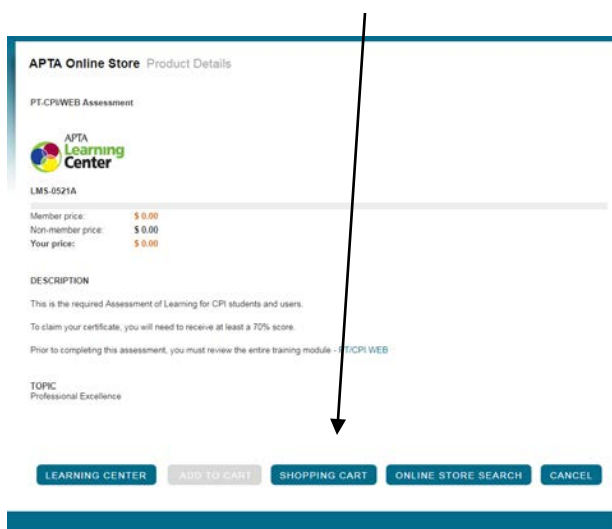
***The course is free. You are not required to be an APTA member to complete the training.**

Quick Start Guide for the CPI Web Training Modules and Assessment

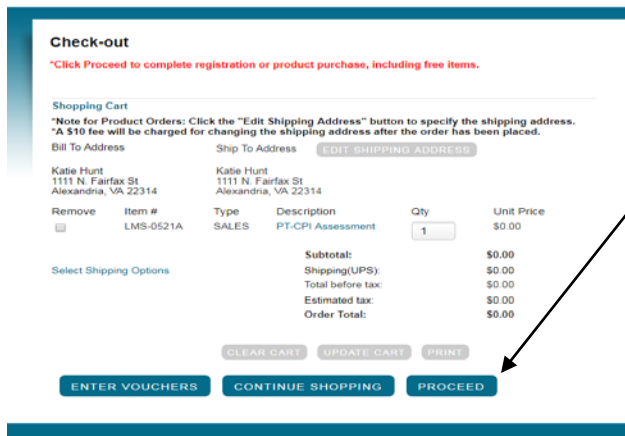
6. Click on “ADD TO CART”



7. Then Click on “SHOPPING CART”

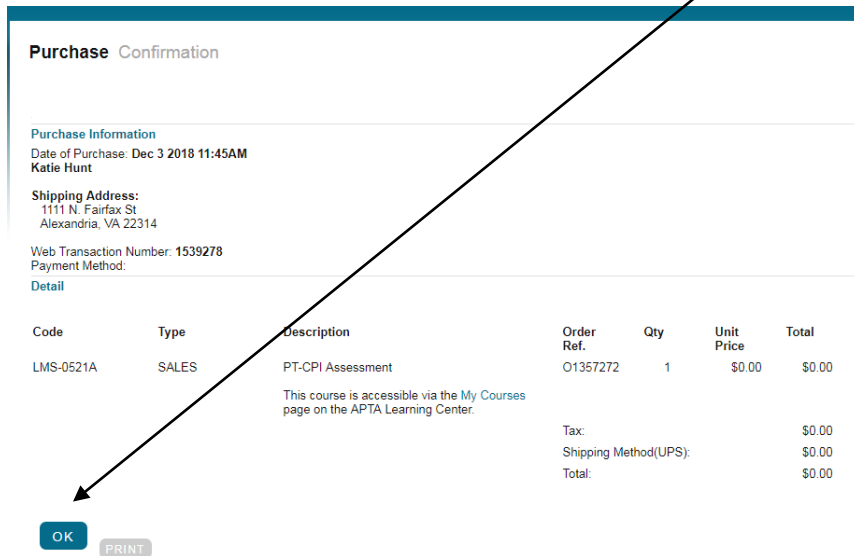


8. You will now be in the Check-out Screen. Click “Proceed”.



Quick Start Guide for the CPI Web Training Modules and Assessment

9. From the Confirmation Screen, click on the “OK” button



Purchase Confirmation

Purchase Information
Date of Purchase: Dec 3 2018 11:45AM
Katie Hunt

Shipping Address:
1111 N. Fairfax St
Alexandria, VA 22314

Web Transaction Number: 1539278
Payment Method:

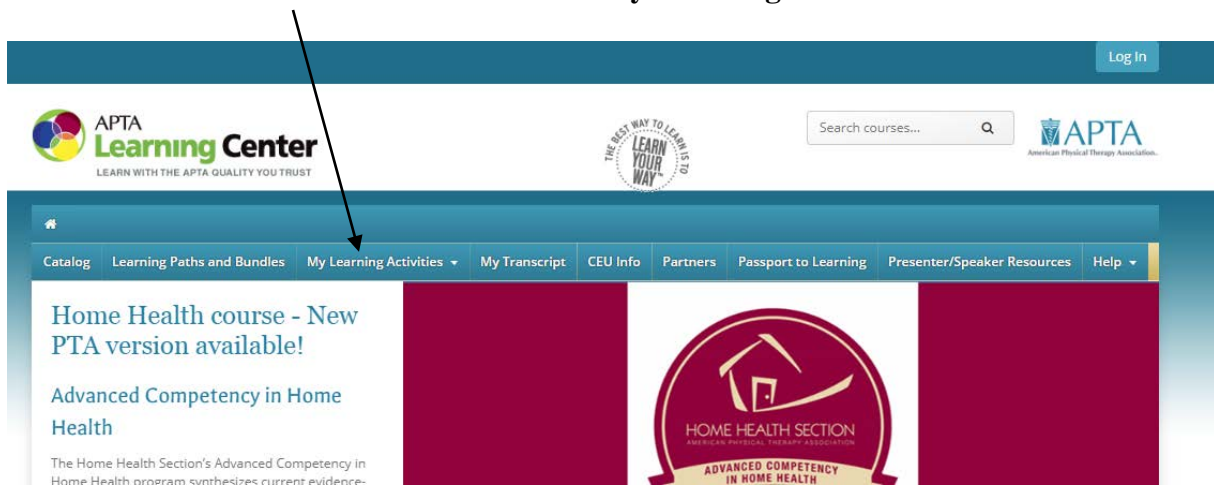
Detail

Code	Type	Description	Order Ref.	Qty	Unit Price	Total
LMS-0521A	SALES	PT-CPI Assessment <small>This course is accessible via the My Courses page on the APTA Learning Center.</small>	01357272	1	\$0.00	\$0.00
Tax:						\$0.00
Shipping Method(UPS):						\$0.00
Total:						\$0.00

OK **PRINT**

10. After clicking on the “OK” command, you will be redirected to the APTA homepage.

11. You can now return to the APTA Learning Center at: <http://learningcenter.apta.org/> to access the *CPI Assessment*. Click on “**My Learning Activities**”.



Log In

APTA Learning Center
LEARN WITH THE APTA QUALITY YOU TRUST

THE BEST WAY TO LEARN IS TO LEARN YOUR WAY

Search courses...

APTA
American Physical Therapy Association

My Learning Activities ▾

Home Health course - New PTA version available!

Advanced Competency in Home Health

The Home Health Section's Advanced Competency in Home Health program synthesizes current evidence-

HOME HEALTH SECTION
AMERICAN PHYSICAL THERAPY ASSOCIATION
ADVANCED COMPETENCY IN HOME HEALTH

Quick Start Guide for the CPI Web Training Modules and Assessment

12. Click on “My Courses”

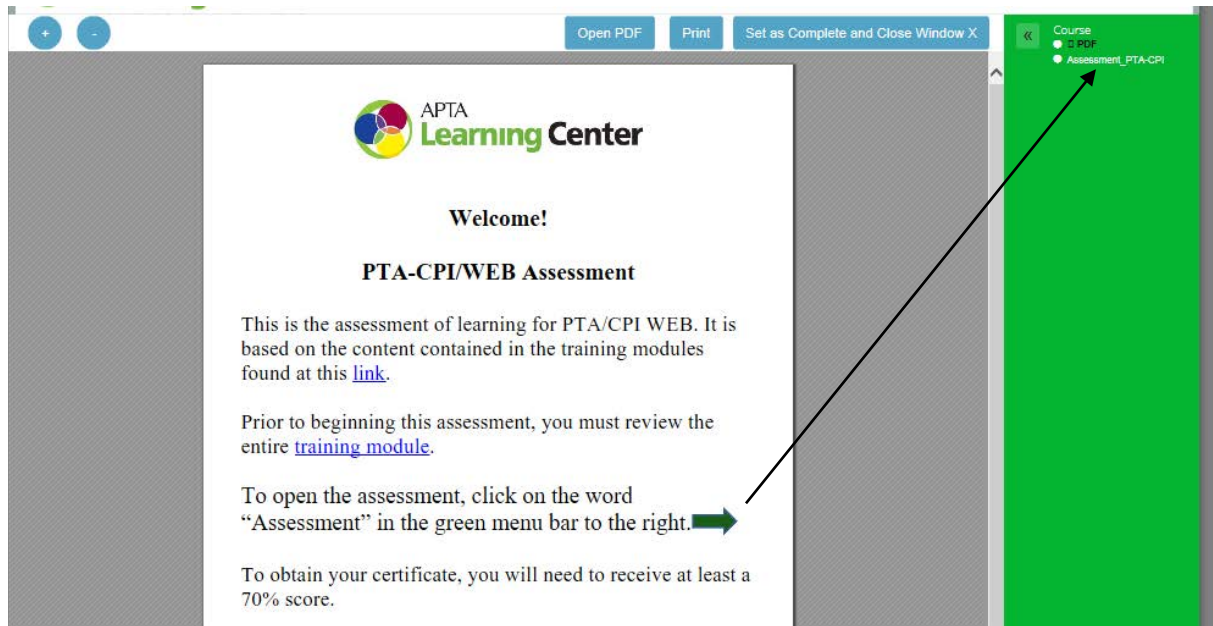
The screenshot shows the APTA Learning Center interface. At the top left is the APTA Learning Center logo with the tagline 'LEARN WITH THE APTA QUALITY YOU TRUST'. To the right is a search bar labeled 'Search courses...'. Below the header is a navigation menu with tabs: Catalog, Learning Paths and Bundles, My Learning Activities (selected), My Transcript, CEU Info, Partners, Passport to Learning, and Presenter/Speaker. The main content area is titled 'My Learning Activities' and includes a sub-header 'Find courses that you have purchased, access your CEU certificates, and more.' There are six widget boxes: 'My Courses' (with a button and description), 'My Learning Paths and Kits' (with a button and description), 'My Schedule' (with a button and description), 'My Forums' (with a button and description), and 'My Chats' (with a button and description). A black arrow points from the text '12. Click on “My Courses”' to the 'My Courses' button in the first widget.

13. Select the CPI Web Assessment

The screenshot shows a list of courses under the 'Active' tab. The first course is 'Eliminate Uncertainty: Integrating Cash-Based Services into Your Practice' (new, E-LEARNING COURSE) with course code LMS-673, delivery method Webinar, and instructor Aaron LeBauer. The second course is 'Physical Therapy and the Future of Regenerative Medicine' (new, E-LEARNING COURSE) with course code LMS-426, delivery method Audio, and presenters Fabrisia Ambrosio, PT, MPT, PhD. The third course is 'PTA-CPI/WEB Assessment' (new, E-LEARNING COURSE) with course code LMS-0120, delivery method Online, and instructors Janet Adams, PTA; Carol Clayton, PT, PhD; Anthony Delitto, PT, PhD, FAAOMPT; Kay Foreman, PTA; Linda Shelton, PT; Jody Gandy, PT, DPT, PhD; and Janet Crosier, PT, DPT, MEd. A black arrow points from the text '13. Select the CPI Web Assessment' to the 'Start' button of the 'PTA-CPI/WEB Assessment' course.

Quick Start Guide for the CPI Web Training Modules and Assessment

14. Click on “Assessment” in the green menu bar to right (per instructions):



Step 15. Complete the post-test
(a score of at least 70% is required to receive a course completion certificate)

Step 16. **Print and save a copy of your course completion certificate**

Difficulty in Accessing the CPI Assessment?

If you run into any problems with the CPI Assessment on the APTA Learning Center, please contact the APTA at 1-800-999-2782 x 3395 or send email to learningcenter@apta.org.

**Now that you have completed the Training Session,
you can access the PT or PTA CPI Web at: <https://cpi2.amsapps.com/>**

Quick Start Guide for the CPI Web Training Modules and Assessment

Logging in to CPI Web



1. To log in to the site, navigate to <https://cpi2.amsapps.com>.
2. Enter your username and password.
 - o Your username is your email address.
 - o If you don't know your password, click **I forgot or do not have a password** then **Reset/Create New Password**. Enter your email address to receive an email with further instructions. Note: The link included in the email expires after 24 hours. Prior to using the link, close out of the site from your internet browser. If your email expires, repeat the steps above to receive another email.

– Table of contents
No headers

Welcome

Log In

Enter your user name and password to log into this site.

User Name

[Forgot Username ?](#)

Password

[I forgot or do not have a password](#)

Changing PT CPI Web Password:

- *It is highly-recommended that you change your password after you log in.*
- Note that your password is case sensitive and must be typed in exactly as it appears in the information box.

Welcome

Log In

Enter your user name and password to log into this site.

User Name

[Forgot Username ?](#)

Password

Password Hints

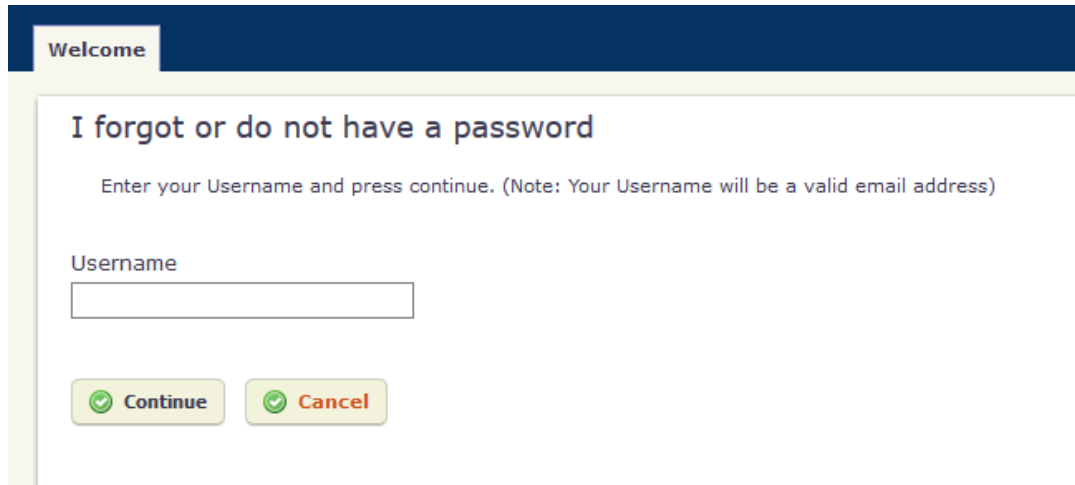
* Your password must be at least six (6) characters long.
* It should have at least one character from each of the following categories:
Alpha - Uppercase (A-Z)
Alpha - Lowercase (a-z)
Number (0-9)

If you are unable to recall your password or if you are creating a password for the first time, please click on the [Reset/Create New Password](#) link below and follow the prompts to reset your password.

Liaison International is responsible for the design, implementation, and support of CPI Web and CSIF Web. Our typical customer support hours are Monday thru Friday from 9:00am - 5:00pm ET.

[Reset/Create New Password](#)

Quick Start Guide for the CPI Web Training Modules and Assessment



The screenshot shows a web interface with a dark blue header bar containing the word "Welcome" in white. Below the header, the main content area has a light beige background. At the top of this area, the text "I forgot or do not have a password" is displayed in a bold, dark font. Below this, a smaller line of text reads "Enter your Username and press continue. (Note: Your Username will be a valid email address)". A text input field labeled "Username" is positioned below the instructions. At the bottom of the form, there are two buttons: "Continue" and "Cancel", both featuring a green checkmark icon on the left and the respective text on the right.

Problems with Accessing PT or PTA CPI Web?

If you are having difficulty logging into PT CPI Web after completing the training, please send an e-mail to ptcpiwebsupport@liaisonedu.com or ptacpiwebsupport@liaisonedu.com and include your name, e-mail address used to complete the training and the approximate date when the training was completed so that the help desk can look to grant you manual access to login to CPI Web.

Doctor of Physical Therapy

Year 1

Fall			Spring			Summer		
Block 1	(8 weeks)	CR			CR	Summer 1		CR
CBIO 791	Gross Anatomy	4	PHYT 701	Motor Dev. & Human Mvmt. Across the Lifespan	3	PHYT 710	Cardiopulmonary & Other Organ Systems	3
PHYT 742	Pathology and Pharmacology	2	CBIO 793	Functional Neuroanatomy	3	PHYT 760	Clinical Education Seminar I	1
PHYT 750	Psychosocial Aspects of Disability and Illness	1	PHYT 722	Selected PT Modalities Theory and Applications	3			Total 4
Block 2	(8 weeks)	CR	PHYT 732	Musculoskeletal I-PT Intervention	4	Summer 2	(8 weeks)	CR
PHYT 751	Evidence-Based Practice I	2	PHYT 726	Exercise Foundations and Prescription	2	PHYT 761	Clinical Practicum I	5
PHYT 720	Intro to PT Intervention	3			Total 15			Total 5
PHYT 730	Kinesiology and Biomechanics	2						
	Total	14						

Year 2

Fall			Spring			Summer		
		CR	Block 1	(8 weeks)	CR	Summer 1	(8 weeks)	CR
PHYT 705	Managing Contemporary Practice	3	PHYT 736	Physical Therapy for Older Adults	2	PHYT 768	Clinical Practicum III	5
PHYT 724	Measurement and Functional Assessment	2	PHYT 785	Neuromuscular II - PT Intervention	3			
PHYT 734	Musculoskeletal II-PT Intervention	4	PHYT 798	Differential Diagnosis and Advanced Cases	2			Total 5
PHYT 784	Neuromuscular I-PT Intervention	4	Block 2	(8 weeks)	CR	Summer 2		CR
PHYT 727	Motor Control	1	PHYT 764	Clinical Practicum II	5	PHYT 739	Practice Issues	2
	Total	14	PHYT 765/767	Clinical Education Seminar II	2	PHYT 723	Applied Manual Therapy	1
					Total 14			Total 3

Year 3

Fall			Spring			Summer		
		CR			CR	Summer 1 & 2 Combined (12 weeks)		CR
PHYT 820	Advanced Patient Management I	4	PHYT 822	Advanced Patient Management II	4	PHYT 770	Clinical Practicum IV	7
PHYT 752	Evidence-Based Practice II	4	PHYT 839	Advanced Practice Issues	2	PHYT 769	Clinical Education Seminar IV	1
PHYT 824	Topics in Health and Wellness	3	PHYT 823	Topics in Chronic Disability	2			Total 8
	ELECTIVE I (see below)	3		ELECTIVE II (see below)	3			
			PHYT 854	Capstone Project	3			
	Total	14			Total 12			

FALL ELECTIVES (in Division)			SPRING ELECTIVES (in Division)		
PHYT 880	Child and Family Assessment and Intervention	3	PHYT 885	Advanced Neuromuscular Intervention	3
PHYT 875	Advanced Orthopedic Assessment	3	PHYT 890	Advanced Geriatrics	3
PHYT 754	Research Experience	1 to 3	PHYT 754	Research Experience	1 to 3
PHYT 862	Developmental Disabilities Across the Lifespan	2	PHYT 864	Developmental Disabilities Across the Lifespan	2
PHYT 870	Integrated Clinical Experience	1 to 3	PHYT 895	Interdisciplinary Service Learning Trip	1
PHYT 800	Independent Study	3	PHYT 870	Integrated Clinical Experience	1 to 3
PHYT 738	Selected Topics	1 to 3	PHYT 800	Independent Study	3
			PHYT 738	Selected Topics	1 to 3

TOTAL CREDITS = 108

TOTAL FULL-TIME CLINICAL = 36 WEEKS

Division of Physical Therapy
 Department of Allied Health Sciences
 School of Medicine
 University of North Carolina at Chapel Hill

DOCTORAL PROGRAM IN PHYSICAL THERAPY

OVERVIEW OF CURRICULUM SEQUENCE

Clinical rotation	Timing in curriculum	Coursework occurring prior to rotation	Targeted settings/patient populations for clinical experience
PHYT 761 8 weeks	Middle of June through middle of August (after first two semesters and 1 st summer session of coursework)	Full year of academic coursework including: <ul style="list-style-type: none"> • Anatomy • Neuroanatomy • Lifespan development • Kinesiology • Professional skills • Psychosocial aspects of disability • MMT • Goniometry • Basic exercise • Transfers • Gait training • Modalities • Soft tissue work/massage • Electrotherapy • Functional assessment • Intervention for musculoskeletal dysfunction of spine (back and neck) and shoulder • Cardiopulmonary care • Oncology • Obstetric/gynecologic PT • Psychiatric issues • Exercise prescription • Scientific basis of practice • Pharmacology • Pathology 	<ul style="list-style-type: none"> • Outpatient musculoskeletal • General acute hospital • Skilled nursing, subacute, extended care facilities • Home health <p style="text-align: right;">Continued next page</p>

Clinical rotation	Timing in curriculum	Coursework occurring prior to rotation	Targeted settings/patient populations for clinical experience
PHYT 764 8 weeks PHYT 768 8 weeks	March through April (after fall and spring semester of 2 nd year) Late April or early May through most of June (after PHYT 764, 2 nd year)	<ul style="list-style-type: none"> • See previous page • Intervention with musculoskeletal dysfunction of the lower extremity and upper extremity joints distal to the shoulder • Intervention for neuromuscular dysfunctions that include brain injury, CVA and cerebral palsy • Neurologic evaluation • Balance and coordination assessment • Motor learning and motor control • Management of practice environments • Research • Issues in health care delivery • Differential diagnosis and advanced case seminar • Required physical therapy for older adults course 	<ul style="list-style-type: none"> • Outpatient musculoskeletal • General acute hospital • Skilled nursing, subacute, extended care facilities • Home health • Rehabilitation settings • Pediatric settings
PHYT 770 12 weeks	Summer, 3 rd year	<ul style="list-style-type: none"> • Completed Evidence Based Practice requirement • Completed advanced patient management (2 semesters) • Completed coursework in Health and Wellness • Completed coursework in Chronic Disability • Completed at least 2 electives which could be in any of the following areas: <ul style="list-style-type: none"> • Orthopedics • Neuromuscular • Child and Family • Research • Geriatrics • Public Health • Education 	Any practice setting is appropriate for these rotations, although students often target rehabilitation settings, specialty rotations, or systems rotations

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
DOCTORAL PROGRAM IN PHYSICAL THERAPY**

SUMMARY OF CLINICAL EDUCATION ASSIGNMENTS

Students are required to participate in a series of on-line courses that occur in conjunction with PHYT 764 (Clinical 2), PHYT 768 (Clinical 3), and PHYT 770 (Clinical 4). Please find below a list of modular content that is expected to be completed as part of these courses. As a clinical instructor you are not responsible for grading assignments. Your assistance in identifying resources and offering feedback is greatly appreciated when appropriate. The student will bring with them more detailed descriptions of these assignments with due dates for specific projects included.

PHYT 761 - Clinical Practicum I

Since this is the first full-time clinical experience for the student, there are no additional assignments and no additional course work outside of the clinical environment and what is assigned by the clinical instructor. You may ask that the student work on a special project or provide an in-service if your facility prefers this. Please keep in mind that the student has not yet completed their academic preparation regarding teaching and learning and presentation skills.

PHYT 764 & 768 - Clinical Practicum II & III

Modules include:

- Communication and Professional Development
- Patient/Caregiver Instruction
- Peer/Professional Education
- Quality Assurance/Peer Review
- Time and Stress Management
- Evidence Based Practice

PHYT 770 - Clinical Practicum IV

Modules include:

- Communication
- Interdisciplinary Care
- Licensure Exam Preparation
- Clinical Education
- Ethics in Practice

WEEKLY PLANNING FORM

Student _____ CI Name(s) _____

Rotation # /	Week # /	Date:
Things I did really well:		
Things I could have done a better job with:		
Things my CI could do to help me:		
My goals and plans		
For next week	For the end of the rotation	
CI Comments		

Student Signature _____

CI Signature _____

APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> ▪ 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	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> ▪ 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	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> ▪ 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> <ul style="list-style-type: none"> ▪ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i>Rating Scale Anchors</i>	
Beginning performance	<ul style="list-style-type: none"> • A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. • Performance reflects little or no experience. • The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> • 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. • 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. • The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> • 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. • At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 50% of a full-time physical therapist's caseload.
Advanced intermediate performance	<ul style="list-style-type: none"> • 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. • At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 75% of a full-time physical therapist's caseload.
Entry-level performance	<ul style="list-style-type: none"> • A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. • At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. • Consults with others and resolves unfamiliar or ambiguous situations. • The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.
Beyond entry-level performance	<ul style="list-style-type: none"> • 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. • 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. • The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. • The student is capable of supervising others. • The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
DIVISION OF PHYSICAL THERAPY

SCCE/CI POST-CLINICAL FEEDBACK

Clinical site: _____ City/State: _____
 Name of person competing this form: _____ Circle one: SCCE CI
 Date: _____ Student's Name _____

Primary type of experience:

_____ Acute care _____ SNF/Sub-acute _____ IP Rehab _____ Home Health
 _____ Out-patient ortho _____ Out-patient neuro _____ Pediatric _____ School system
 _____ Federal _____ Other (explain) _____

Part 1: Evaluation of Curriculum

The following information will be used by the UNC-CH Division of Physical Therapy Professional Education Committee as part of the evaluation and revision of the curriculum. This is intended to be an evaluation of the academic program, not a rating of the actual performance of the student. Please comment on your perceptions of the student's academic preparation for each area identified:

AREA	Very well prepared	Adequately prepared	Not prepared adequately	No opinion
Professional behavior				
Verbal communication				
Written communication and documentation				
Safety				
General Examination				
General Intervention				
Assessment/evaluation including clinical problem solving				
Plan of care including discharge planning				
Spine orthopedics				
Extremity orthopedics				
Orthopedic manual therapy				
Neuromuscular				
Cardiopulmonary				
Integumentary				
Therapeutic exercise				
Modalities				
Geriatrics				
Pediatrics				
Patient/family education				
Evidence based practice				
Prevention, health promotion and wellness				
Practice management				
Please comment on the overall preparation of the student.				

Please comment on any specific areas in which the academic preparation could be improved.

Part 2: Clinical Site Feedback

UNC-CH is very interested in improving the process of clinical education for both our students and our affiliating clinical sites. Your honest feedback is greatly appreciated. Please check the appropriate box for each question and provide additional comments as appropriate. Thank you.

SA = Strongly agree
A = Agree
D = Disagree
SD = Strongly disagree
NA = Not applicable or don't know

ITEM	SA	A	D	SD	NA
The process of assigning UNC students to our facility has gone smoothly.					
Information regarding students (immunizations, goals etc) has been complete and timely.					
Communication with UNC regarding the clinical affiliation contract has been appropriate.					
The clinical affiliation process with UNC has been completed smoothly.					
Information about the goals and expectations for students from UNC while on rotation is readily available.					
Information about the curriculum at UNC is readily available.					
Communication with the UNC ACCE regarding student performance has been appropriate in timing and amount.					
The ACCE at UNC is an effective resource with issues related to students.					
The CPI is an effective tool to evaluate student performance.					
The CPI is an effective tool to provide student feedback.					
The length of clinical rotations at UNC is appropriate for this setting.					
The timing of clinical rotations at UNC works well for this facility.					
UNC students are generally well prepared academically for their clinical rotations.					
Overall, we find working with UNC to be an easy process.					
We plan to continue to work with UNC physical therapy students.					

How can we improve the clinical experience for students from UNC?

How can we best support you in your role as SCCE or CI working with UNC students?



**SCHOOL OF
MEDICINE**

Dear Clinical Instructor:

The enclosed information relates to a distinguished award for entry-level Doctor of Physical Therapy students at the University of North Carolina at Chapel Hill. The Judy Capps Beswick Certificate of Merit for Clinical Performance acknowledges excellence in the clinical setting. Feedback from clinical instructors serves as our only measure of the students' clinical performance.

A description of the award's history is on the reverse side and an evaluation form is enclosed. At the end of the student's clinical affiliation, please complete the evaluation and return it with the student's final evaluation. Please rate the student's performance based on his/her current level of clinical experience. Thank you for helping us identify the most deserving student for the Judy Capps Beswick Award. Also, on the reverse side is a release form for your use if you wish to complete and retain for your records. Please do not return the form with your evaluation.

Sincerely,

Calvin Wang, PT

Judy Capps Beswick Award
Committee Chairpersons

BRIEF HISTORY OF THE JUDY CAPPS BESWICK
CERTIFICATE OF MERIT
FOR CLINICAL PERFORMANCE

Judith (Judy) Capps Beswick was a 1963 graduate of the Physical Therapy program at the University of North Carolina. She returned to work at the North Carolina Memorial Hospital in October 1965 and was Assistant Director at the time of her death in May 1975. Judy had a broad range of physical therapy interests, knowledge, and skills; however, her greatest enthusiasm was for clinical education. She worked hard to become a physical therapist and instilled this desire in her students. In addition, she recognized outstanding performances in the clinical setting and felt it was important to acknowledge these achievements.

In 1976, the first Judy Capps Beswick Certificate of Merit for Clinical Performance was awarded to the senior physical therapy student at the University of North Carolina who best exemplified superior clinical attributes. Beginning in 1995, the Certificate of Merit was awarded to the most deserving entry-level Doctor of Physical Therapy student based on the enclosed evaluation form.

CONSENT FOR RELEASE OF INFORMATION FROM EDUCATION RECORD TO
JUDY CAPPS BESWICK AWARD COMMITTEE

I hereby authorize (_____ clinical instructor) to release information from my clinical education records in furnishing oral or written recommendations and/or references for me to the JCB Committee for the purposes of determining award recipients.

Date:

Signature:

NOTE: Clinical Instructor/Faculty retains release form for their records.

Student: _____

Date:

Clinical Instructor: _____

Judy Capps Beswick Certificate of Merit Evaluation Form

Scoring:

1 = Seldom

2 = Occasionally

3 = Frequently

4 = Consistently

5 = Always

*Please rate based on student's current level

Compassion: Expresses verbal and non-verbal empathy towards patients	1	2	3	4	5
Enthusiasm: Demonstrates a positive attitude toward the Physical Therapy profession	1	2	3	4	5
Desire to Learn: Is inquisitive, asks pertinent questions, and takes initiative to expand learning experience	1	2	3	4	5
Knowledge: Demonstrates competent academic background and applies it to clinical setting	1	2	3	4	5
Evaluations: Gathers appropriate data, chooses appropriate procedures, recognizes changes and need for re-evaluations and executes evaluative procedures skillfully	1	2	3	4	5
Planning: Sets appropriate goals, devises a realistic plan to meet goals and modifies plan when appropriate	1	2	3	4	5
Treatment: Safely and competently performs treatments and creatively employs a variety of techniques	1	2	3	4	5
Teaching Skills: Effectively instructs patients, family, and staff	1	2	3	4	5
Note Writing: Documents comprehensive information in a concise, timely manner	1	2	3	4	5
Professionalism: Confident, tactful, ethical, respectful, and maintains confidentiality	1	2	3	4	5
Time Management: Completes evaluations and treatments within time constraints	1	2	3	4	5

***COMMENTS:** (Very important during selection process)

DIVISION OF PHYSICAL THERAPY
DEPARTMENT OF ALLIED HEALTH SCIENCES
SCHOOL OF MEDICINE
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Course Title: Clinical Practicum I
Course Number: PHYT 761
Clock Hours: 320 – 8 weeks full-time
Credit Hours:
Day/time of Course: Second Summer Session, 1st year

Course Title: Clinical Practicum II
Course Number: PHYT 764
Clock Hours: 320 – 8 weeks full-time
Credit Hours:
Day/time of Course: Spring Semester, 2nd year

Course Title: Clinical Practicum III
Course Number: PHYT 768
Clock Hours: 320 – 8 weeks full-time
Credit Hours:
Day/time of Course: First Summer Session, 2nd year

Course Title: Clinical Practicum IV
Course Number: PHYT 770
Clock Hours: 480 – 12 weeks full-time
Credit Hours:
Day/time of Course Sessions: Summer Sessions I and II, 3rd year

Pre-requisites:

This course is restricted to students enrolled in the Doctor of Physical Therapy Program.

Faculty: Jennifer Cooke, PT, DPT (DCE)
Lisa Johnston, PT, MS, DPT (Co-DCE)
Center Coordinators of Clinical Education and Clinical Instructors

Phone Numbers: Jennifer Cooke (919) 843-8696 (day); (252) 349-3871 (mobile)
UNCDPTClinEd@med.unc.edu

Lisa Johnston (919) 843-5723 (day); (919) 389-4581 (mobile);
Lisa_Johnston@med.unc.edu

Course Description:

In general, or specialized clinical settings, students are able to practice appropriate examination, evaluation, intervention, technical, and communicative skills. Safe, ethical, and legal physical therapy practice occurs under the supervision of clinical instructor(s). Rotations for PHYT 761 are commonly outpatient orthopedic or general hospital to emphasize application of musculoskeletal, cardiopulmonary, and basic care skills learned in the first year. Rotation sites for PHYT 764 and 768 may also include rehabilitation, home health, specialty acute care, or school-based settings to allow further application of musculoskeletal, neuromuscular content. Rotation sites for PHYT 770 are often include rehabilitation settings (inpatient or outpatient), pediatric settings, specialized treatment settings for musculoskeletal dysfunction, but could include any physical therapy setting offering clinical education to our students. During the second, third and fourth Clinical Practicum, students are also

enrolled in Clinical Education Seminar courses on-line. These courses provide structure to application of academic content to relevant clinical practice situations.

Course Objectives:

At the successful completion of **PHYT 761**, the student will be able to demonstrate **Advanced Beginner** performance, defined as requiring clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions and demonstrating consistency in developing proficiency with simple tasks related to the following skill sets:

At the successful completion of **PHYT 764 and 768**, the student will be able to demonstrate **Intermediate** performance, defined as requiring less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions and demonstrating proficiency with simple tasks and ability to consistently perform skilled examinations, interventions, and clinical reasoning related to the following skill sets:

At the successful completion of **PHYT 770**, the student will be able to demonstrate **Entry-level** performance, defined as capability of functioning without guidance or clinical supervision managing patients with simple or complex conditions and consistent proficiency and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning related to the following skill sets:

*(Objectives in **bold type** are considered “red flag” items)*

*(Objective with ** indicate objectives related to interprofessional education)*

1. **Safety:** The student will practice in a safe manner that minimizes the risk to patient, self, and others as indicated by the following behaviors:
 - a. Establishes and maintains safe working environment.
 - b. Recognizes physiological and psychological changes in patients and adjusts patient interventions accordingly.
 - c. Demonstrates awareness of contraindications and precautions of patient intervention.
 - d. Ensures the safety of self, patient, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc).
 - e. Requests assistance when necessary.
 - f. Uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance, etc.).
 - g. Demonstrates knowledge of facility safety policies and procedures.
2. **Professional Behavior:** The student will demonstrate professional behavior in all situations.
 - a. Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities).
 - b. Is punctual and dependable.
 - c. Wears attire consistent with expectations of the practice setting.
 - d. Demonstrates integrity in all interactions.
 - e. Exhibits caring, compassion, and empathy in providing services to patients.
 - f. Maintains productive working relationships with patients, families, CI, and others.
 - g. Demonstrates behaviors that contribute to a positive work environment.
 - h. Accepts feedback without defensiveness.
 - i. Manages conflict in constructive ways.
 - j. Maintains patient privacy and modesty.
 - k. Values the dignity of patients as individuals.
 - l. Seeks feedback from clinical instructor related to clinical performance.
 - m. Provides effective feedback to CI related to clinical/teaching mentoring.
3. **Accountability:** The student will practice in a manner consistent with established legal and professional standards and ethical guidelines.
 - a. Places patient’s needs above self-interests.
 - b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
 - c. Takes steps to remedy errors in a timely manner.
 - d. Abides by policies and procedures of the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada], etc.)

- e. Maintains patient confidentiality.
 - f. Adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.
 - g. Identifies ethical or legal concerns and initiates action to address the concerns.
 - h. Displays generosity as evidenced in the use of time and effort to meet patient needs.
 - i. Recognize the need for physical therapy services to underserved and underrepresented populations.
 - j. Strive to provide patient/client services that go beyond expected standards of practice.
4. **Communication:** The student will communicate in ways that are congruent with situational needs.
- a. Communicates, verbally and nonverbally, in a professional and timely manner.
 - b. Initiates communication in difficult situations.
 - c. Selects the most appropriate person(s) with whom to communicate.
 - d. Communicates respect for the roles and contributions of all participants in patient care.
 - e. Listens actively and attentively to understand what is being communicated by others.
 - f. Demonstrates professionally and technically correct written and verbal communication without jargon.
 - g. Communicates using nonverbal messages that are consistent with intended message.
 - h. Engages in ongoing dialogue with professional peers or team members.
 - i. Interprets and responds to the nonverbal communication of others.
 - j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
 - k. Seeks and responds to feedback from multiple sources in providing patient care.
 - l. Adjust style of communication based on target audience.
 - m. Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education, cognitive impairment, etc)
5. **Cultural Competence:** The student will adapt delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
- a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
 - b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
 - c. Provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system.
 - d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
 - e. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
 - f. Is aware of and suspends own social and cultural biases.
6. **Professional Development:** The student will participate in self-assessment to improve clinical and professional performance.
- a. Identifies strengths and limitations in clinical performance.
 - b. Seeks guidance as necessary to address limitations.
 - c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.
 - d. Acknowledges and accepts responsibility for and consequences of his or her actions.
 - e. Establishes realistic short and long-term goals in a plan for professional development.
 - f. Seeks out additional learning experiences to enhance clinical and professional performance. **
 - g. Discusses progress of clinical and professional growth.
 - h. Accepts responsibility for continuous professional learning.
 - i. Discusses professional issues related to physical therapy practice.
 - j. Participates in professional activities beyond the practice environment. **
 - k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
 - l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc) to achieve optimal patient care.
7. **Clinical Reasoning:** The student will apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
 - b. Makes clinical decisions within the context of ethical practice.
 - c. Utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers, health care professionals, hooked on evidence, databases, medical records).

- d. Seeks disconfirming evidence in the process of making clinical decisions.
 - e. Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
 - f. Critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
 - g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
 - h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
 - i. Assesses patient response to interventions using credible measures.
 - j. Integrates patient needs and values in making decisions in developing the plan of care.
 - k. Clinical decisions focus on the whole person rather than the disease.
 - l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.
8. Screening: The student will determine with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
- a. Utilizes test and measures sensitive to indications for physical therapy intervention.
 - b. Advises practitioner about indications for intervention. **
 - c. Reviews medical history from patients and other sources (eg, medical records, family, other health care staff).
 - d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
 - e. Selects the appropriate screening tests and measurements.
 - f. Conducts tests and measurements appropriately.
 - g. Interprets tests and measurements accurately.
 - h. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services. **
 - i. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary **
 - j. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.
9. Examination: The student will perform a physical therapy patient examination using evidenced-based tests and measures.
- a. Obtains a history from patients and other sources as part of the examination.
 - b. Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
 - c. Performs systems review.
 - d. Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.
Tests and measures include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q), posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
 - e. Conducts tests and measures accurately and proficiently.
 - f. Sequences tests and measures in a logical manner to optimize efficiency.
 - g. Adjusts tests and measures according to patient's response.
 - h. Performs regular reexaminations of patient status.
 - i. Performs an examination using evidence-based test and measures.
10. Evaluation: The student will evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

- a. Synthesizes examination data and identifies pertinent impairments, functional limitations and quality of life. [WHO – ICF Model for Canada]
 - b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).
 - c. Reaches clinical decisions efficiently.
 - d. Cites the evidence to support a clinical decision.
11. Diagnosis and Prognosis: The student will determine a diagnosis and prognosis that guides future patient management.
- a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
 - b. Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
 - c. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
 - d. Estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
 - e. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes.
12. Plan of Care: The student will establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
- a. Establishes goals and desired functional outcomes that specify expected time durations.
 - b. Establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services. **
 - c. Establishes a plan of care consistent with the examination and evaluation.
 - d. Selects interventions based on the best available evidence and patient preferences.
 - e. Follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care.
 - f. Progresses and modifies plan of care and discharge planning based on patient responses.
 - g. Identifies the resources needed to achieve the goals included in the patient care.
 - h. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
 - i. Discusses the risks and benefits of the use of alternative interventions with the patient.
 - j. Identifies patients who would benefit from follow-up. **
 - k. Advocates for the patients' access to services.
13. Procedural Interventions: The student will perform physical therapy interventions in a competent manner.
- a. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner.
Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and therapeutic exercise (including aerobic conditioning).
 - b. Performs interventions consistent with the plan of care.
 - c. Utilizes alternative strategies to accomplish functional goals.
 - d. Follows established guidelines when implementing an existing plan of care.
 - e. Provides rationale for interventions selected for patients presenting with various diagnoses.
 - f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
 - g. Assesses patient response to interventions and adjusts accordingly.
 - h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
 - i. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
 - j. Incorporates the concept of self-efficacy in wellness and health promotion.

14. Educational Interventions: The student will educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. **
 - a. Identifies and establishes priorities for educational needs in collaboration with the learner.
 - b. Identifies patient learning style (eg, demonstration, verbal, written).
 - c. Identifies barriers to learning (eg, literacy, language, cognition).
 - d. Modifies interaction based on patient learning style.
 - e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community. **
 - f. Ensures understanding and effectiveness of recommended ongoing program.
 - g. Tailors interventions with consideration for patient family situation and resources.
 - h. Provides patients with the necessary tools and education to manage their problem.
 - i. Determines need for consultative services. **
 - j. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments, corporate environmental assessments).
 - k. Provides education and promotion of health, wellness, and fitness.
15. Documentation: The student will produce quality documentation in a timely manner to support the delivery of physical therapy services.
 - a. Selects relevant information to document the delivery of physical therapy care.
 - b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in the delivery of care. **
 - c. Produces documentation (eg, electronic, dictation, chart) that follows guidelines and format required by the practice setting.
 - d. Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.
 - e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
 - f. Produces documentation that is accurate, concise, timely and legible.
 - g. Utilizes terminology that is professionally and technically correct.
 - h. Documentation accurately describes care delivery that justifies physical therapy services.
 - i. Participates in quality improvement review of documentation (chart audit, peer review, goals achievement).
16. Outcomes Assessment: The student will collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
 - a. Applies, interprets, and reports results of standardized assessments throughout a patient's episode of care.
 - b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
 - c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
 - d. Evaluates and uses published studies related to outcomes effectiveness.
 - e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
 - f. Assesses the patient's response to intervention in practical terms.
 - g. Evaluates whether functional goals from the plan of care have been met.
 - h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).
17. Financial Resources: The student will participate in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
 - a. Schedules patients, equipment, and space.
 - b. Coordinates physical therapy with other services to facilitate efficient and effective patient care. **
 - c. Sets priorities for the use of resources to maximize patient and facility outcomes.
 - d. Uses time effectively.
 - e. Adheres to or accommodates unexpected changes in the patient's schedule and facility's requirements.
 - f. Provides recommendations for equipment and supply needs.
 - g. Submits billing charges on time.

- h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.
 - i. Requests and obtains authorization for clinically necessary reimbursable visits.
 - j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.
 - k. Negotiates with reimbursement entities for changes in individual patient services.
 - l. Utilizes the facility's information technology effectively.
 - m. Functions within the organizational structure of the practice setting.
 - n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).
 - o. Markets services to customers (eg, physicians, corporate clients, general public). **
 - p. Promotes the profession of physical therapy.
 - q. Participates in special events organized in the practice setting related to patients and care delivery. **
 - r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).
18. Direction and Supervision of Personnel: The student will direct and supervise personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.
- a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies. **
 - b. Applies time-management principles to supervision and patient care.
 - c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, Physical Therapist Assistants).
 - d. Determines the amount of instruction necessary for personnel to perform directed tasks.
 - e. Provides instruction to personnel in the performance of directed tasks.
 - f. Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.
 - h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.
 - i. Demonstrates respect for the contributions of other support personnel.
 - j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant's ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.
 - k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

Required Texts: None required.

Teaching Methods:

Course objectives will be accomplished through supervised clinical practice at a single clinical site with one or more clinical instructors. Students will have the opportunity to observe examination, evaluation and treatment by practicing therapists, but will be expected to practice skills themselves in order to meet the course objectives. Written and verbal feedback provided by the clinical instructor regarding student performance will assist in individualizing the clinical experience to meet the needs of the clinical site and the learning needs of the student.

Evaluation Methods: The final grade will be determined as follows: Students will receive a midterm and a final written evaluation utilizing the APTA Clinical Performance Instrument. The clinical instructor[s] will provide written and verbal feedback specific to the areas included on the evaluation tool, including appropriate use of the rating scale and the "significant concerns" box.

Phone or email contact is made by the DCE with each clinical instructor and student at midterm to monitor progress, offer problem-solving support, and clarify issues about the student's preparation for the curriculum.

Clinical instructors and/or students are encouraged to initiate further phone contact with the DCE if problems arise.

Site visits by UNC Physical Therapy faculty members are performed periodically to clinical sites and are used by UNC-CH to monitor developments in the clinic. Site visits may also be scheduled in the event of student performance difficulties, in order to supplement the evaluation form information and assist in resolving issues that may be present.

Grading Scale:

Grades are assigned by the Director of Clinical Education according to the marks on the rating scale and written comments on the Clinical Performance Instrument. Written comments reflecting if a student meets, exceeds or does not meet clinical instructor expectations for a student at a given level are carefully considered in interpreting evaluation results.

Expectations for performance at each level during the curriculum are as follows:

PHYT 761 (Summer, 1st year)

P: demonstrates an acceptable level of professional competency for level of academic preparation.

- no areas checked as “significant concern” at final;
- all “red flag” items marked at advanced beginner or above;
- remaining items marked at advanced beginner or above;
- AND comments reflect performance consistent with expectations for level of student’s academic preparation.

L: does not meet criteria for P; demonstrates an unacceptable level of professional competency which requires remediation.

Indicators of L performance include:

- one “red flag” item which is of “significant concern” at final;
- one or two items of “significant concern” at final;
- failure to meet numerous behavioral objectives;
- comments reflect performance below expectations for level of the student’s academic preparation

F: failure; ineligible for continuation in the program and graduate study.

Indicators of F performance include:

- two or more “red flag” items which are of “significant concern” at final;
- demonstrates greater than 2 areas of “significant concern”;
- failure to meet numerous behavioral objectives;
- comments demonstrate lack of progress in areas of concern over the course of the rotation

PHYT 764 (Spring 2nd year) and PHYT 768 (Summer, 2nd year)

P: demonstrates an acceptable level of professional competency for level of academic preparation.

- no areas checked as “significant concern” at final;
- all “red flag” items marked at intermediate or above;
- remaining items marked at intermediate or above;
- AND comments reflect performance consistent with expectations for level of student’s academic preparation.

L: does not meet criteria for P; demonstrates an unacceptable level of professional competency which requires remediation.

Indicators of L performance include:

- one or two items of “significant concern” at final;
- failure to meet numerous behavioral objectives or numerous CPI items marked below the intermediate level;
- comments reflect performance below expectations for level of the student’s academic preparation

- F: failure; ineligible for continuation in the program and graduate study.
Indicators of F performance include:
- demonstrates greater than 2 areas of “significant concern”;
 - any “red flag” items which are of “significant concern” at final;
 - failure to meet numerous behavioral objectives or numerous CPI items marked significantly below the intermediate level;
 - comments demonstrate lack of progress in areas of concern over the course of the rotation

PHYT 770 (Summer 3rd year)

- P: demonstrates an acceptable level of professional competency for level of academic preparation.
- no areas checked as “significant concern” at final;
 - all “red flag” items marked at entry level;
 - majority of remaining items marked at entry level on the visual analog scale
 - AND comments reflect performance consistent with expectations for level of student’s academic preparation.

NOTE: Allowances for slightly lower levels of “P” performance will be made in the event of a rotation completed in a specialty area of practice. In such an instance the clinical instructor must clearly document the student is at an acceptable level, and describe the reasons why “entry level” performance is not achieved on the visual analog scale (i.e. acuity of patients, consultative nature of the practice, etc.)

- L: does not meet criteria for P; demonstrates an unacceptable level of professional competency which requires remediation.
Indicators of L performance include:
- any item of “significant concern” at final;
 - failure to meet numerous behavioral objectives or numerous CPI items marked below entry level;
 - comments reflect performance below expectations for level of the student’s academic preparation and/or lack of readiness for entry-level practice

- F: failure; ineligible for continuation in the program and graduate study.
Indicators of F performance include:
- any “red flag” items which are of “significant concern” at final;
 - demonstrates 2 or more areas of “significant concern” on CPI items;
 - failure to achieve marks above intermediate level for any CPI items
 - failure to meet numerous behavioral objectives;
 - comments demonstrate lack of progress in areas of concern over the course of the rotation

For experiences at all levels: (PHYT 761, 764, 768, and 770)

Throughout the clinical experience, students are expected to be actively engaged in the identifying their learning needs and determining methods for improving the skills in order to meet the expected performance standards. During 2nd and 3rd year experiences, students must also complete on-line coursework that runs concurrently with clinical experiences. In addition, students must submit weekly planning forms, midterm questions and participate in a midterm call with the DCE as scheduled for the experience.

Performance concerns during a rotation: Learning Contracts are developed by the DCE and Clinical Instructor when it is determined there are significant concerns about student performance. While a learning contract is in place, the student is required to submit a weekly planning form to the DCE each week. Failure to meet the terms of the learning contract, including submission of weekly planning forms or attending scheduled meetings and phone calls may result in an “L” or “F” grade for the course.

Final Performance Below “P” Level

Failing Grades: Based on the criteria above, any student who earns a final clinical experience grade of Fail “F” is dismissed from the DPT Program as described in the DPT Program Promotions Policies.

Low Pass Grades: Students who complete a clinical experience at an “L” level of performance may be required to complete a program of remediation. Remedial programs may require clinical work, academic work, or both clinical and academic work including a partial or full repeat clinical experience. Remedial programs based on student performance deficits and are determined by the DCE in consultation with the DPT Promotions Committee. The student must successfully complete all academic remediation prior to beginning a remedial clinical experience if clinical work is required in the remediation plan. Successful completion of remediation does not change the original clinical course grade. A remedial clinical experience or any 2 clinical experiences at “L” performance level will result in dismissal from the DPT program as stated in the DPT Program Promotions Policies.

Incomplete: An “I” will be considered on a case-by-case basis for personal hardships such as family emergencies, personal illness, or other circumstances with appropriate documentation at the discretion of the DCEs and Promotions Committee. Requests for Incomplete “I” in a clinical course will not be granted for issues of inadequate student performance.

Removal: Students removed from a clinical site by request of the clinical site, clinical instructor, or DCE will receive a course grade based on performance at time of removal. Grade decisions will consider weekly planning forms, midterm CPI, learning contracts, any additional documentation provided during the clinical experience and the percentage of clinical the clinical experience completed. Based on the grade issued at time of student removal, the student may be dismissed from the program or be required to complete remedial clinical and/or academic work as determined by the DCE and Promotions Committee.

Attendance Policy:

Attendance is mandatory. Students are expected to participate an average of 40 hour per week or more and to follow the work schedule assigned by their facility or Clinical Instructor. All absences should be communicated to the Clinical Instructor prior to student’s scheduled start time (ideally 1 hour prior if possible) and to the DCE within 24 hours of the absence. Time missed secondary to student illness may be excused by the clinical instructor and DCE up to a maximum of maximum of 3 days during 8-week rotations or 4 days during 12-week rotations. Absences exceeding these guidelines must be made up with additional time at the end of the scheduled experience or at another time agreed upon by the student, clinical site, and DCE. Additionally, excessive absences may result in a learning contract, remedial clinical rotation, or other remediation activities as determined by the DCE.

Students may be allowed one day during each of their final clinical practicum (770) for the purpose of participating in interviews. Scheduling of such absences must be approved by the Clinical Instructor and arranged in advance so as to not compromise quality of patient care. If a facility has a more restrictive policy in place for all students in that facility, that policy would supersede the UNC-CH policy. Refer to the Clinical Education Policies and Guidelines for additional information about attendance issues.

Accessibility:

The Division of Physical Therapy seeks to meet the needs of students with disabilities. Students are expected to meet the Essential Functions and Technical standards for the program with or without accommodations as described in the program policies. If you believe you need an accommodation due to a disability or suspect that this might be the case, we expect you to talk with the course instructor and seek the resources of the Office of Accessibility Resources and Service at <https://accessibility.unc.edu/>. Student clinical placements requiring accommodations may require longer than average time to schedule and plan. Students are encouraged to discuss with the DCEs potential need for accommodations as soon as possible and well in advance of the expected start of the rotation.

UNC Honor Code:

As a student at UNC-Chapel Hill, you are bound by the university's honor code, which can be reviewed at: <http://honor.unc.edu/>. It is your responsibility to learn about and abide by the code. You are required to work independently unless otherwise indicated by the course instructor. You are responsible for presenting your own work and for providing appropriate credit to ideas that are not your own (citation/references). If you are not sure what constitutes plagiarism, you should review the UNC Honor Code site as well as the Health Science Library tutorial on plagiarism for additional information, and seek help from the instructors as necessary for further clarification. Unintentional plagiarism including student work without appropriate original contributions or with content copied (wording, tables, figures, or format) from another source without appropriate attribution may be plagiarism even if citations are provided. Instructors are required to report suspected violations to the Honor Court for review. Honor Court sanctions can include receiving a zero for an assignment, failing a course and/or suspension from the university. Students will be asked to pledge all written and practical work indicating that they are abiding with the UNC Honor Code and the course expectations for confidentiality related to examination content.

Diversity: This course promotes and values mutual respect, diversity, and inclusion in the classroom. Diversity includes consideration of, for example, social backgrounds, economic circumstances, personal characteristics, philosophical outlooks, life experiences, perspectives, beliefs, expectations, and aspirations, to mention some salient factors. Learning to understand and appreciate views different from our own can create a sense of community and promote excellence in the learning environment.

Professional Behavior: Adherence to professional and ethical behavior as described in the APTA Code of Ethics and Core Values is expected in all interactions with instructors, peers and clients in lecture, lab, clinical visits, and examination environments at all times. Unprofessional conduct will not be tolerated and is subject to the Division's disciplinary procedures. Behaviors that do not conform to the aforementioned standards may result in up to 10% reduction in the overall class grade at the discretion of the course instructor and/or referral to the Division's Promotions Committee.

Communication Expectations: It is expected that students conduct themselves in a professional manner as defined by the promotions policies and the Carolina Code of Professional Behavior. This includes being respectful in all interactions (verbal, nonverbal, and on-line), by demonstrating courtesy, listening, questioning and discussion skills. Creating a collegial environment in which each individual's contributions and efforts are recognized and supported.

Guidelines for Email Communication:

E-mail is often perceived as an informal method of communicating, but some basic rules of style or Netiquette (network etiquette) are expected when communicating with your clinical instructor or DCE. In general, rules of common courtesy for interaction with people should be used for any situation and on the Internet, it is especially important where, for example, body language and tone of voice must be inferred.

1. Mail should have a subject heading which reflects the content of the message.
2. Your initial message should begin with an appropriate salutation, including the name of the person being addressed. All e-mails should end with the full name of sender, and if applicable, further contact information.
3. Use mixed case and proper punctuation. UPPER CASE LOOKS AS IF YOU'RE SHOUTING. Using all lower case and improper grammar is unprofessional.

Contacting the Instructor: The DCEs are available for individual help upon request. Students who are having difficulty are encouraged to schedule a phone call with the DCE to address their specific concerns. Faculty can generally be expected to respond to email communications in 24 hours on normal business days.