

Division of Allied Health Sciences
Department of Physical Therapy
Doctor of Physical Therapy



**HOWARD
UNIVERSITY**
College of Nursing and
Allied Health Sciences

Clinical Handbook

2020-2021

**HOWARD UNIVERSITY
CLINICAL EDUCATION MANUAL**



This handbook is prepared for and provided to all Doctor of Physical Therapy students within the Division of Allied Health Sciences. The purpose of this handbook is to explain and identify governing policies, procedures, and general information regarding clinical education in the program. The handbook is subject to change upon approval of the Faculty, Chairperson, and the Associate Dean. (Revised August 2014)

Clinical Education is an important aspect of your experience in the Howard University Department of Physical Therapy. The Academic Coordinators of Clinical Education (ACCE) are Dr. Pamela Brown-White, and Prof. Kala Flagg.

Each student must complete a minimum of four (4) full time clinical rotations in order to successfully complete the educational requirements of the physical therapy program. These rotations will occur in your 4th semester, 7th semester, and 8th semester.

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INTRODUCTION

Clinical Education is an important aspect of your experience in the Howard University Department of Physical Therapy. The Academic Coordinator of Clinical Education (ACCE) is Dr. Kala Flagg. Each student must complete a minimum of four (4) full time clinical rotations in order to successfully complete the educational requirements of the physical therapy program. These rotations will occur in your 4th semester, 7th semester, and 8th semester.

CLINICAL REQUIREMENTS

Each student must submit to their respective Clinical Coordinator evidence of medical clearance prior to participating in any clinical rotation experience. Students must complete the Health Clearance, which includes, but is not limited to, the physical examination, blood titers (proof of immunity for MMR, Hepatitis B, and Varicella), annual Tuberculosis Screening (Chest X-Ray for positive PPD), tetanus, and an up-to date immunizations records. Please note: some programs students may also be required to complete and submit a drug screening.

A student must be in good academic standing and receive endorsement of the faculty of the program in order to proceed to clinical affiliation.

- A minimum competency level must be achieved in all assigned areas of clinical practice, as determined by a passing score on the comprehensive practical examinations.
- Prompt and regular attendance at all clinical rotation sites is required. In the event of missed days, it is the student's responsibility to arrange for make-up time with the clinical coordinator.

First Aid & CPR Training

Each student must complete a basic health care provider First Aid & CPR training Course and provide evidence of completion. The only acceptable First Aid & CPR training is the Basic Life Support (BLS) Healthcare Provider training through the American Heart Association. ***The First Aid CPR training must be valid for the academic year.***

Criminal Background Check

All students are required to complete a criminal background check. The criminal background check must be obtained from the assigned investigation company. Site specific additional background checks may be required at the student's expense.

In the event of a positive criminal background report, the student will be contacted by the Clinical Coordinator to discuss program implications for clinical practice assignments.

Drug Screening

A student with a positive drug screen for illegal substances will be disciplined in accordance with the *H-Book and Division of Allied Health Sciences Student Handbook*. In this case, a student may be unable to complete the clinical rotations, as clinical sites may be unwilling to allow the student a placement. Even though the use of recreational marijuana is legal in the District of Columbia, it is not allowed for students enrolled at Howard University.

HIPAA - Health Insurance Portability and Accountability Act and OSHA - Occupational Safety and Health Administration Training

All students are required to complete HIPAA & OSHA training annually or when changes in regulations occur. Only Howard University Hospital HIPAA & OSHA training (Healthstream) will be accepted. Upon completion of the HIPAA and OSHA training, students must submit a copy of the certificate of completion of the training to their respective Clinical Coordinator.

Clinical Experience

The steps below must be taken regarding notification of absence from the clinic before the fact, i.e. at the earliest possible time before clinic opens for the day. Missed time must be made up. Students must notify the following:

- The Clinical Coordinator (CCCE) at the site
- The Clinical Instructor at the site
- Academic Coordinator of Clinical Education (Dr. Kala Flagg)
- The Department Office (202)806-7614.

Class/ Lab/ Clinical Policy

1. Students are expected to wear appropriate attire for all class/ laboratory/ clinic sessions, according to departmental policy.
2. There will be no use of cell phones or pagers during class/ lab/ clinic time, or during exams!
3. Tardiness during lab/ clinic sessions will not be tolerated.
4. Students are responsible of maintaining their work, study areas, classroom, laboratory, clinic and equipment at professionally acceptable level.
5. Students are responsible of taking turns in policing themselves in maintaining clean, neat, and safe facilities, equipment, and resources.
6. Eating and drinking is not allowed in class/ lab.
7. Students shall not willfully engage in any activities, which may disrupt the learning environment.
8. Students will adhere to the department's standards on personal hygiene, grooming, dress code, and behavior.
9. Students will not engage in any activities that may disrupt the learning environment.
10. Failure to comply with all the above will result in student's dismissal from class/lab/clinic for that day, and it will unfavorably affect the student's participation grade.
11. Unless otherwise indicated, students should assume that all assignments/ homework/ exams, quizzes, and practical exams must be completed individually.
12. After hours use of classrooms and labs must comply with the department's "after hours use of facilities" policy, found elsewhere in this document.

Universal Precautions and Occupational Exposure

1. Students will always use universal precautions.
2. Students will receive training on universal precautions, and occupational exposure yearly.
3. The training will comprise of online OSHA seminars, which will be incorporated in the clinical course.
4. The Howard University Employee Health Center, and University's Student Health Center are responsible for monitoring occupational exposures for the Medical, Dental, Nursing, and Allied Health students.
5. Material Data Safety Sheets (MDS) are available at the University **Environmental Safety Office** (806-1006 thru 1009).

Equipment Safety

1. All therapeutic electric/electronic equipment property of the department will be professionally serviced yearly.
2. Any missing, malfunctioning, or damaged equipment must be reported to the department's administrative assistant.
3. The administrative assistant will maintain a log of all equipment safety reports, service calls, and maintenance records.
4. The administrative assistant will inform the department chair of all equipment safety issues.

Clinical and Lab Policy on Safety

For all Practical Examinations and Simulated Patient Situations:

A safe environment must be maintained at all times and all clinical skills and techniques must be safely demonstrated by the student physical therapist. Safety measures are addressed in each clinical course and the syllabus outlines performance standards that constitute safety failures. **Failure to maintain safety in clinical situations is an automatic failure regardless of other performance criteria.**

Examples of safety failures include but are not limited to the following:

1. Failure to wash hands and observe standard precautions specific to a given situation.
2. Failure to acknowledge, rule out, and properly address red flags or safety hazards.
3. Leaving a patient unattended without proper instructions for safety.
4. Poor body mechanics demonstrated by the student or the patient without correction.
5. Lack of proper guarding, use of safety belts, or other safety precautions.
6. Failure to assess the patient for adverse effects of treatment before, during, or after, i.e. skin inspections, temperature assessment, sensory integrity.
7. Lack of attention to environmental safety or other policies and procedures.
8. Any unsafe, unethical or unprofessional behavior that is deemed by the instructor in a clinical situation.

Professional Behavior

1. Professional behavior is an integral part of physical therapy education and practice.
2. The professional behavior of each physical therapy student will be assessed throughout the curriculum, in all formal and informal interactions, using the Department's professional behavior tool.
3. Appropriate disciplinary action will be taken against any student who receives a citation for unprofessional behavior.
4. Any students believed to be creating an environment or situation(s) that are perceived as threatening or dangerous for faculty/staff, visitors, fellow students, and/or patients will be dismissed.

Clinical Internship

A student must have a cumulative semester GPA of 3.0 or greater, and the unanimous approval of the core faculty of the Department, before being allowed to enter his/her clinical internship.

The evaluation of clinical experiences is based on mastery of competencies specific to Physical Therapy. A student who does not master all required competencies will receive a grade of "F," be placed on Academic Probation, and may be automatically suspended from the program. The criteria associated with the grading of clinical internships include:

1. Students have only one opportunity to repeat an affiliation and to satisfactorily pass a clinical internship. Failure of a second affiliation will lead to suspension from the program.
2. Clinical assignments will be based on the availability of a clinical site.

A student who must withdraw from the clinic and is passing up to that time, with the recommendation of the faculty, may be given an incomplete grade and the opportunity to complete that affiliation at a time convenient for the clinical facility. For additional information regarding clinical internships please refer to the Clinical Education Manual.

Hygiene and Grooming - Clinical

Each student is expected to maintain appropriate dress standards as set forth by the Department below. If the dress standard of the facility is different from that of the Department, the student is expected to adhere to the dress code set forth by the facility, during the time of affiliation at that facility.

Good personal hygiene is of utmost importance. You must be neat and clean. Uniforms should be washed daily so that a clean one is worn each day. Oral and body hygiene must be maintained. Nails must be short and neat. Hair must be worn off the shoulders in a neat fashion. Head pieces should not be worn in the clinic. Do not wear large dangling earrings or excessive jewelry.

Dress Code

While you are in training, appropriate dress and exemplary hygiene are required. When there is a lecture or patient care experience at any clinical site, the student is expected to be in full professional attire. These guidelines reinforce dress standards that meet safety, infection control and sanitary requirements of health care institutions.

Minimum Standards/Guidelines for Clinic Dress

- All physical therapy students are to wear clean, pressed, white jackets with a name badge when in clinical areas.
- Proper identification badges bearing the student's name identifying him/her as a "Student Physical Therapist" must always be worn.
- All hair is to be neatly groomed and clean including facial hair.
- Nails are to be short, neatly trimmed and clean.
- Males are to wear freshly laundered and pressed shirts with ties.

Student Responsibilities

1. To promptly attend all classes and planned learning experiences sponsored by the Department and its faculty;
2. To seek regular conferences with advisor or other faculty of choice;
3. To realistically assess personal development and to recognize problems which demand the intervention of another; to seek assistance from advisor, another faculty, or Chair;
4. To participate in Departmental, Division, and University activities;
5. To utilize, the resources of the Department, Division and University;
6. To be an avid, interested learner and a willing sharer of learned materials with others who need assistance;
7. To abide by the Code of Ethics of the College of Nursing and Allied Health Sciences, Howard University and the Department of Physical Therapy;
8. To obtain health clearance from the University Health Services prior to didactic phase and clinical rotations;
9. To present valid University registration to the Department prior to the start of classes or clinical internships;
10. To obtain all required equipment, texts and other learning materials;
11. To develop into a competent Physical Therapist.

ELIGIBILITY TO PARTICIPATE IN CLINICAL INTERNSHIPS

To participate in clinical internships, students must successfully complete all classes in the semester preceding the assigned clinical internship. Prior to the sixth semester internships, the student must also pass the department's comprehensive examination.

If a student fails a class or is suspended from the physical therapy program, he/she is ineligible to participate in the clinical internships.

If a student fails the comprehensive examination, the student will be allowed to re-take the examination. The student may begin his/her clinical internship while waiting to re-take the examination. However, if the student fails the re-take examination, he/she will receive a failing grade for the examination, and the student will not be allowed to complete the clinical internship.

Health Clearance

Students must receive a health clearance from the Howard University Student Health Center and must complete HIPAA Privacy and Security Training before they are eligible to participate in clinical internships.

Students who do not receive clearance by the Health Center at least one month prior to the beginning of their assigned internship will be barred from participation.

Background Checks

Occasionally the clinical site where a student is assigned may require drug screening or a criminal background check. The Department will cover the cost of a basic background check. However, if the assigned facility does not provide a drug screening for the student, the student is responsible for the costs associated with completion of that requirement. When required, the criminal background check and or drug screening must be completed within a timeline established by the site.

Students must be registered for the summer clinical internship courses and must be cleared financially before they are eligible to participate in clinical internships. Students who attend a clinical internship when they are not properly registered for the course will be removed from the clinical internship and will not receive credit for any time spent at the site.

Assignments to Clinical Internships

In the Fall Semester of each school year, all physical therapy students will be provided a list of available sites for clinical rotations. Students may request an assignment to any of the available clinics; however, the faculty makes the final judgment regarding clinical placements. A student is not guaranteed his/her preferred clinical internship.

Students may be required to attend internships outside of the Washington, DC metropolitan area. If such a placement is assigned, the student is responsible for all expenses related to completing that clinical internship (transportation, travel, meals, lodging, etc.).

Students may request to be assigned to a site that does not have a clinical internship agreement (contract) with the Howard University Department of Physical Therapy. In those instances, the student must make first contact with the facility to inquire about the possibility of completing an internship, and to get the following

information: date of contact; name and address of facility; and the contact person (with phone number). The student should then forward this information to the Academic Coordinator of Clinical Education. The ACCE will make contact with the facility, and if appropriate, initiate the contract process.

Establishing a contract is a process, which may take several months to complete. It is imperative that students notify the ACCE of a proposed clinical internship site(s) as soon as possible. If the contact information is not provided to the ACCE at least three months prior to the start of the clinical internship, the proposed site may not be available to the student.

Grading Scale

The clinical internship courses (Introductory Clinical Internship, Volunteer Experience, Advanced Clinical Internship I, II, and Terminal Specialty Internship) have a “Pass”/” Fail” grading scale. The clinical internship site will recommend a grade of “Pass” or “Fail” for each student. The recommendation from the clinical instructor will be given great consideration; however, the ACCE will assign each student’s final grade.

(Additional grading and remediation policies below)

PARTICIPATION IN CLINICAL INTERNSHIPS

Students are expected to meet specific performance objectives and to demonstrate professional behavior during their clinical internships (refer to Student Handbook). If a student's performance is deemed by the clinical instructor and ACCE to be unsatisfactory a remedial plan may be developed for the student, in order to facilitate didactic and practical competence in the deficit areas. The remedial plan must be completed successfully for the student to pass.

A student whose performance does not meet the established goals and objectives of the clinical internship will receive a failing grade (Fail). A student who fails an internship must repeat that internship. **Students who fail more than one internship will be suspended from the physical therapy program.**

Any student who receives a grade of "Fail" in more than one Clinical Internship course will be suspended from the physical therapy program.

Attendance and Work Schedules of Clinical Education Experiences

Students are required to attend and complete all scheduled clinical education experience assignments. Length of workday and/or week is determined by the clinical site, in accordance with the facility's standard operating procedures. The assignment of credit hours for clinical education experience is based on a forty (40) hour work week. However, one major purpose of clinical education is to expose the student to realistic practice patterns. Students are expected to work the length of days worked by the clinical instructor, unless the clinical instructor deems otherwise.

Weekend work is allowable if the clinical instructor believes it to be of educational benefit to the student. In such a case the clinical instructor is advised to: a) inform the student of weekend assignment(s) on the first day of the clinical education experience; b) provide adequate supervision and instruction for the student during weekend coverage; and c) provide for the student the same mechanism for compensatory time (if utilized at the institution) afforded employees.

Student absences from clinical education experience assignments are to be reported to and approved by the site clinical instructor(s). Any absence during any clinical experience must also be reported to the office of the ACCE. Decisions regarding the need to make up clinical education experience time, as well as the length of the make-up time, will be made by the ACCE and the site clinical instructor(s). Failure to comply with the requirements for makeup will result in a grade of "F" for that experience. If, due to extenuating circumstances, the student is required to miss a significant amount of the clinical education experience, the student may request a grade of "Incomplete" for the experience.

Approved absences from the clinical education experience may be made up on a Saturday. In such a case, the Saturday assignment will be made by the clinical instructor and the student will receive as much notice as time allows.

(See section on "Communication with the Site" below)

Supervision of Physical Therapy Students by Clinical Instructors

Physical therapy students may not practice as a licensed physical therapist. Physical therapy students must always have supervision by a licensed physical therapist available on the premises during their clinical education experiences. It is the clinical instructor's responsibility to ensure that adequate supervision is always available for students during the clinical education experience.

For questions and further information, please contact:

Kala Flagg, PT, DPT, ATC, CSCS

kala.flagg@howard.edu

CLINICAL INTERNSHIP EXPERIENCES

PHTH 720	Semester IV (Summer) Introductory Clinical Internship	1 CR
PHTH 741 PHTH 742	Semester VII (Summer) Advanced Clinical Internship I Advanced Clinical Internship II	1 CR 1 CR
PHTH 743	Semester VIII Terminal Clinical Internship	8 CR

Introductory Clinical Internship (9 weeks) 1 Credit

This course serves to introduce the student to full-time clinical experience (8 weeks) in which the student is provided the opportunity to interpret theory and clinical skills acquired during didactic coursework in the clinical setting. Students will complete a patient case report and/or present one in-service during this clinical experience.

Advanced Clinical Internship I (7 wks.) 1 credit

This is an intermediate full-time clinical experience (7 weeks) in which the student is provided with the opportunity to analyze theory and clinical skills acquired during didactic coursework in the clinical setting. Students will complete a patient case report and/or present one in-service during this clinical experience.

Advanced Clinical Internship II (7 wks.) 1 credit

This is an intermediate full-time clinical experience (7 weeks) in which the student is provided with the opportunity to analyze theory and clinical skills acquired during didactic coursework in the clinical setting. Students will complete a patient case report and/or present one in-service during this clinical experience.

Terminal Clinical Internship (12 weeks) 8 credits

This is an advanced full-time clinical experience (12 weeks) in which the student is provided with the opportunity to explain and combine theory and clinical skills acquired during didactic coursework in the clinical setting. Students will complete a patient case report and present one in-service during this clinical experience

PROFESSIONAL BEHAVIOR TOOL (SAMPLE)

Howard University
Division of Allied Health Sciences
Department of Physical Therapy

Course Assessment of Student Professional Behavior

Student _____
Class _____
Professor _____
Date of Incident _____

Rate each element either Satisfactory (S) or Unsatisfactory (U)
If element is rated U, please use the back side of this page to provide specific examples and dates to support your rating.

Ethical behavior	Honest and trustworthy in all settings, adheres to honor codes (e.g. regarding testing, plagiarism, adherence to confidentiality rules, etc.)	
Attitude	Clearly interested in learning, not selfish, shows concerns for other's welfare, caring, supportive of faculty, peers, staff, supervisors, etc.	
Self-control	No inappropriate display of temper or overt frustration; pleasant demeanor; comfortable to be around; avoids arguments with peers, supervisors, staff faculty, customers, etc.	
Response to constructive criticism	Positive and appropriate if coming from supervisors, peers, instructors, faculty, etc. in all settings.	
Verbal communication	Word choice, tone, appropriateness for setting	
Body language and posture	Appropriate for task, audience, setting	
Responsibility/dependability	Management of self, assigned tasks, and interactions with others and adheres to time and attention requirements in classes, clinics and other off campus activities.	
Dress/hygiene	Appropriate for academic/clinical US setting, conservative makeup, use of jewelry, cleanliness of body and clothing, and neat in appearance. Adheres to established dress code in all settings	
Care of facility	Adheres to facility cleanliness/orderliness requirements; contributes to care of facility; avoids/prevents environmental damage	

This form does not override other existing Departmental or University policies
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CLINICAL EDUCATION TERMS

ACCE: Academic Coordinator of Clinical Education

CCCE: Clinical Coordinator for Clinical Education

CI: Clinical Instructor

CSIF: Clinical Site Information Form

CEF: Clinical Education Faculty

CPI: Clinical Performance Instrument

ROLE OF THE ACCE

It is the responsibility of the ACCE to coordinate clinical efforts between the Program and the Clinical Education Facility on behalf of the student to complete learning experiences required by CAPTE for graduation. These duties include:

- Matching students appropriately to clinical internship experience
- Coordinate with the clinical site to support the clinical internship experience
- Prepare students for clinical internship experience
- Maintain open lines of communication with the Site, CI and students
- Communicate student clinical internship progress effectively to Program faculty
- Gather feedback and data from the students, CI and SCCE regarding the clinical experience
- Modify processes and policies for future clinical experience
- Facilitates clinical site and clinical faculty development
- Maintains current information on clinical sites

ROLE OF THE CCCE and Clinical Education Faculty

Clinical Education Faculty

Clinical instructors are licensed physical therapists, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.

Clinical Education Coordinator

The clinical education coordinator is a physical therapist who is licensed or regulated in any United States jurisdiction as a PT and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice must include experience as a CCCE or CI in physical therapy, or minimum of two years of experience in teaching, curriculum development and administration in a physical therapy education program. For CAPTE accredited programs outside the United States, the clinical education coordinator is licensed or regulated in accordance with their country's regulations. The clinical education coordinator is effective in developing, conducting and coordinating the clinical education program.

Policies/Procedures for Clinical Faculty:

Center Coordinator of Clinical Education (CCCE and Clinical Instructor (CI):

- Qualifications for the Center Coordinator of Clinical Education (CCCE):
 - Three years of clinical experience
 - Knowledgeable of clinical center and resources
 - Has attended training courses on a least one of the following:
 - -clinical education
 - -supervisory
 - Possesses good interpersonal /organizational skills
 - Licensed Allied Health Professional
 - (If not P.T., must have a broad knowledge of the Physical Therapy profession)

Responsibilities of CCCE:

- Acts as a liaison between the clinical center and the academic program.
- Completes the Clinical Center Form.
- Schedules student affiliations.
- Maintains legal documentation to affiliation
- Conduct student orientation to the departmental policies/procedures.
- Supervises the educational planning, CI and the student.
- Plans and implements staff development for Clinical Education
 - (CI Credentialing Course).
- Consults with the CI in the evaluation of the student.
- Serves as a mediator between the student, and the Clinical Instructor.

Guidelines for Clinical Instructor:

- Graduate of an Accredited Physical Therapy program.
- Licensed Physical Therapist
- 1-2 years of clinical experience.
- Sincere interest in taking a student.
- Clinical Education training (Recommend CI Credentialing Course)

Responsibilities of a Clinical Instructor:

- Meet with the CCCE to plan the educational experience.
- Reviews the student's curriculum and preparation for the affiliation.
- Assist the CCCE with the orientation to the facility.
- Provides the student with practical "hands on" experience in dealing with patients.
- Assist the student with establishing specific clinical goals during the course of their affiliation.
- Provide positive learning experiences that are congruent with the student's didactic and clinical preparation.
- Assess the student's competence at their current academic level.
- Complete a "Weekly Feedback Log", on the student addressing areas of strengths/areas to improve. This form should also address recommendations for improvements/goals for the remaining weeks of the affiliation.

- Promote further professional development of the student via readings, research, surgery, assisting with program development, office management or clinical rounds.
- Complete a timely Midterm/Final assessment on the student before the completion of their affiliation.
- Guide the student in selecting an appropriate in-service topic.
- Immediately contact the Academic Coordinator if problems arise.

Clinical Education Faculty Privileges:

The rights and privileges of clinical education faculty include but are not limited to the following:

- The right of clinical faculty to use the University Library
- Discount on continuing education courses sponsored by the Program.
- The right to serve on departmental committees, including admissions, advisory and faculty research.
- Discount on merchandise in the University's bookstore
- Participation in University-sponsored events, including Charter Day, Opening Convocation, Graduation Ceremony, Awards Day and other events.
- The right to clinical appointment to the faculty based on an academic rank as recommended by the Appointment Promotion and Tenure Committee
- Copy of Educational materials produced by the department faculty
- Access to part-time faculty office, including e-mail account, computer, telephone, and other office equipment and supplies
- Participation in Howard University Leadership Development Courses

Clinical Education Faculty Evaluations

Clinical Instructors (CIs) are consistently evaluated by the students and faculty using the faculty ongoing annual evaluation process of the CI and the student's assessment of the CI forms at the end of every clinical internship. Additionally, the Program developed a "Faculty Assessment of CIs" form used by the ACCE, Chair, or other appointed faculty that attends clinical visits or meetings with CIs and students. Any concerns that students report to the ACCE regarding less than positive experiences with the CI is met with an anecdotal record from both parties (student and CI). A follow-up meeting is planned between the ACCE and CI to determine the most effective way to proceed.

Upon receiving the student assessments of the CI, each one is reviewed to comply with the program assessment metrics. The student evaluation form includes a Likert Scale of 1-5, and a commentary section. The following threshold was used; a CI with an average rating of 4.0 is preferred, the rating below 3.5 is a trigger for reassessment for the CI. If a CI falls below the threshold, the ACCE and Chair of the department will meet with CI to discuss assessments and recommend professional development. Student assessments of clinical instructors are conducted annually. During the Fall 2020 assessments, the data collected at that time revealed that all CIs met the 3.5 threshold. Faculty assessed the CIs during the site visits in November 2020. Faculty conducted qualitative assessments of the CIs and no major concerns were identified.

CONTRACTS

INITIATION OF A CONTRACT

- Step 1: Prepare a complete packet of materials required for submission including:
 - A contract submission checklist
 - A terms sheet form (All contracts even HU)
 - The agreement in an editable Word format
- Step 2: Send the complete packet to a Cabinet Member for review of the term sheet and to obtain signature. (Provost)
- Step 3: Send the complete packet with Cabinet Member's signature to the Office of Insurance and Risk Services for review of insurance provisions and to determine whether insurance provisions should be included in the agreement in the event that they are missing.
- Step 4: Once Risk has reviewed, send the complete packet to:
 - Office of General Counsel (OGC) – Contracts.HSC@Howard.edu
 - for legal review and to obtain legal sufficiency/legal insufficiency memo
 - Office of Procurement and Contracting (OPC) (**if there is any monetary value**)
- Step 5: Once OGC legal review is complete and you have received a memo from OGC:
 - If the agreement was deemed legally sufficient, send the complete packet to the Provost for signature.
 - If the agreement was deemed legally insufficient, you may still send the packet to the Provost but you must also draft a declination outlining why you would still like to proceed with the agreement.

CONTRACT TERMS

- (a) The initial term of this Agreement shall be three (3) years from the effective date of this Agreement. Subsequently, at the end of the initial term, this Agreement will automatically renew for successive three (3) year periods unless either party provides written notice of termination ninety (90) days prior to the automatic renewal date.
- (b) Either party may terminate this Agreement without cause upon ninety (90) days' prior written notice to the other party. Termination without cause shall not prevent the student Participants already assigned to Health Facility under this Agreement at the time of termination from completing the clinical portion of the Program at Health Facility, and the Agreement will remain in effect until such Participants' assignment to Health Facility has concluded.

RESPONSIBILITIES OF THE CEF:

It shall be the responsibility of the Health Facility to:

- (a) Provide a planned, supervised program of clinical experiences, as specified in writing to the University, for each student's placement and shall maintain complete records and reports on each student's performance, providing evaluations to University on forms provided by University.
- (b) Permit representatives of University and academic accreditation agencies to inspect its facilities, the services made available for the placement of students, student records, and other information relevant to the Program.
- (c) Designate a Health Facility staff member as the "Supervisor" under this Agreement to be responsible for the coordination and implementation of the clinical portion of the Program at the Health Facility. The Supervisor shall assure that each student has a consistent and appropriate level of clinical and administrative supervision. The Supervisor will review and direct the student's work and services from a clinical perspective. The Supervisor shall also meet the criteria established by the appropriate accrediting organization and shall be provided adequate time to plan and implement such portion of the Program and, when feasible, to attend relevant University faculty meetings and conferences;
- (d) Accept such students, as the Supervisor agrees, to be enrolled in the clinical portion of the Program conducted at the Health Facility;
- (e) Provide orientation to students regarding the Health Facility, its equipment, procedures, and policies and to provide such students copies of its rules and regulations;
- (f) Evaluate the performance of the students, in a manner and to extent agreed to by the University and the Health Facility, using evaluation forms provided by the University. The completed evaluation forms shall be completed and forwarded to the Clinical Coordinator within one week following the conclusion of each student's participation in the clinical portion of the Program conducted by the Health Facility;
- (g) Retain responsibility for the supervision and care of services provided to the Health Facility's patients;
- (h) Provide the use of the Health Facility's equipment to the students, as necessary, to conduct the clinical portion of the Program, including, when practicable, the use of a library, study areas, office space, lockers, and cafeteria facilities;
- (i) At regular intervals, as specified by University, Health Facility shall provide University with an outline of the curriculum for Health Facility's Program.
- (j) Advise the University at the earliest possible time of any material difficulty of a student to progress toward achievement of the stated objectives of the clinical portion of the Program being conducted at the Health Facility. Notwithstanding the foregoing, the Health Facility reserves the right to direct the University to withdraw any student whose health, conduct, or performance is a detriment to patients' well-being or to the achievement of the purposes of this Agreement;

- (k) Inform the University of any change in its operations or policies that may materially affect the portion of the Program being conducted at the Health Facility;
- (l) Provide immediate necessary medical treatment to students in the event of an accident or sudden illness occurring at the Health Facility. It shall be the duty of the University and/or student to provide payment or adequate health insurance coverage and any subsequent related care; and
- (m) Indemnify and hold harmless the University, its trustees, officers, employees, students, and representatives from and against any and all claims, damages, judgments, and actions including, but not limited to, the costs, expenses, and reasonable legal fees incurred in defending such claims, damages, judgments, and actions arising by reason of the acts or omissions of the Health Facility under this Agreement. The University agrees to give the Health Facility written notice of any claim, cause of action or demand for indemnification arising from or relating to performance under this Agreement within 30 days after the University knew or should have known of the basis for such a claim or demand.
- (n) Maintain a program of continuous and adequate general and professional liability insurance in the amount of \$1,000,000 per incident/\$3,000,000 in the aggregate for the term of this Agreement. The Health Facility shall provide a certificate of insurance evidencing such coverage upon request and shall immediately notify School in writing of any changes, reductions or cancellation of such insurance.

RESPONSIBILITIES OF THE UNIVERSITY:

It shall be the responsibility of the University to:

- (a) Assume responsibility for the planning and implementation of the educational component of a student's training;
- (b) Assure that a University faculty member and a designee of Health Facility coordinate the University's academic requirements with Program activities of each student at the Health Facility.
- (c) Notify the Health Facility, at the beginning of each training period, of the University's planned schedule of student assignments by providing the Health Facility with the names of the students, their levels of academic training, and the dates and hours of the clinical education assignment for each such student;
- (d) University's designated "Clinical Coordinator" shall provide the Health Facility with a list of the assignments that the students may assume during their clinical experience at the Health Facility, as well as other documentation regarding matters related to clinical education;
- (e) Confer a Without Compensation ("WOC") faculty appointment on the Health Facility's supervisor, provided that such appointment is made by, and with the prior approval of, the University;

- (f) Assure continued compliance with the educational standards established by the appropriate accrediting organization;
- (g) Document and maintain the necessary records for students' clinical learning experiences;
- (h) Advise the students of their obligation to comply with all applicable University and Health Facility rules and regulations; and
- (i) Indemnify and hold harmless the Health Facility, its officers, employees and representatives from and against any and all claims, damages, judgments, and actions including, but not limited to, the costs, expenses, and reasonable legal fees incurred in defending such claims, damages, judgments, and actions, arising by reason of the acts or omissions of the University under this Agreement. The Health Facility agrees to give the University written notice of any claim, cause of action or demand for indemnification arising from or relating to performance under this Agreement within 30 days after the Health Facility knew or should have known of the basis for such a claim or demand.
- (j) Advise all University faculty and students participating in the clinical learning experience ("Participants") that they are required to protect and maintain, as mandated by federal, state, and local laws, regulations, ordinances and applicable accreditation standards, the confidentiality of all health information to which the Participants may gain access to or have disclosed to them in the course of their educational experience and not use or disclose such information for any other purpose.
- (k) The University and its agents, representatives, employees, Faculty and Students agree to hold confidential all knowledge and information obtained about Health Facility, including, but not limited to patient information, operation information, information regarding the business of Health Facility, its policies, procedures, guidelines, or processes, and information regarding its agents, representatives, employees, contractors and staff, both credentialed and non-credentialed Participants shall agree not to use or further disclose any Protected Health Information Individually Identifiable Health Information (as those terms are defined in 45 CFR Section 160.103), other than as permitted by HIPAA Requirements (as defined in Section 5.0) and the terms of this Agreement.
- (l) Maintain a program of continuous and adequate general and professional liability insurance in the amount of \$1,000,000 per incident/\$3,000,000 in the aggregate for the term of this Agreement. The University shall provide a certificate of insurance evidencing such coverage upon request and shall immediately notify Health Facility in writing of any changes, reductions or cancellation of such insurance.

SIGNATURES

At minimum, the contract must be reviewed by the University's Office of the General Counsel and signed and endorsed by the Provost and the signing official of the facility before a student can begin a clinical internship in the facility. A University-initiated contract may also require signatures from the Department Chair and Dean of the College of Nursing and Allied Health Sciences.

CLINICAL SITE PLACEMENT

It is the role of the ACCE to assign clinical placements. Assignment to a facility is based on numerous factors, such as:

- 1) Availability of facilities with contractual agreement with Howard University
- 2) Consideration of the sequence and type of experience to provide the best possible clinical experiences for all students.
- 3) Circumstances beyond the student's control or foresight.

Clinical Assignment/Overview

Due to the facility complexity and rigor, some facilities have greater expectations of performance and productivity and require advanced skills. Examples include:

- Interviews and additional screening
- Additional training and certification

Clinical assignments are subject to change for various reasons, including (but not limited to) changes in clinical staffing, suspension of student programming, and the facility closure. If a clinical site is cancelled, the student will be reassigned by the ACCE. If the student's ability to attend an assigned facility is altered, the student must notify the Clinical Education staff immediately.

Students are **NOT** permitted to contact clinical education sites to establish contracts or request clinical placements. All contract initiation and clinical placements requests are solely managed by the Clinical Education Team. The facility CCCE is responsible for CI selection.

Placements are Assigned, Published, and Notification sent to site as soon as accepted.

CLINICAL EDUCATION POLICIES AND PROCEDURES

***Professionalism is essential in physical therapy clinical practice. Professional behaviors will be assessed by the Department's Professional Behavior Tool. To successfully pass this course, the student must achieve a minimum of 70% on this tool.*

****Up to ten points may be subtracted from the final grade, at the discretion of the instructor, for absences, tardiness, inadequate participation, and unprofessional behavior.*

1. Students are responsible for following the general clinic policies as described in the Department of Physical Therapy Handbook and clinical site orientation/departamental manuals.
2. Students who wish to question or request a change of evaluation of performance as cited on the Clinical Performance Instrument (CPI) must immediately notify the academic coordinator and submit a written explanation and justification to the academic coordinator and clinical instructor. The documentation must be received within one week of the evaluation date at midterm and final.
3. Howard University complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990. Students with disabilities who need special accommodations must speak with the academic coordinator and provide appropriate documentation to be sent with course materials to the clinical instructor.
4. **Attendance will play a major role in successful completion of this course.** Students who are assessed two unexcused absences from clinic or who show excessive tardiness during the clinical experience will be cited for unprofessional behavior on the CPI. Students with excessive tardiness or absences (excused or unexcused) demonstrate poor professional conduct that will jeopardize successful completion of the clinical affiliation. It is at the discretion of the academic and clinical coordinator to determine the extent of unprofessional conduct in this area. **Students will be dismissed from clinical experiences solely on this offense, even if they are otherwise passing the course.**
5. Each student is to submit bi-weekly feedback logs (via email) to the academic coordinator no later than COB on **EVERY OTHER** Friday of the clinical experience. This document should be scanned and presented in pdf form. Screenshots are NOT acceptable.
6. **An outline of the first clinical presentation (case report or in-service) should be submitted no later than 8:00 pm on the Friday of the THIRD week of the clinical experience.** This paperwork should include an outline of the project, the date and time for presentation, and signatures of the student and clinical instructor. Final presentation materials should be submitted to the academic coordinator no later than (two) 2 days before the presentation date. **The second in-service or case study outline should be given no more than 1 week after the midterm date.**
7. Students should review all clinical paperwork and be acutely aware of deadlines to submit paperwork to the academic coordinator. One incidence of failure to submit paperwork in a timely fashion will result in a written citation for unprofessional behavior. **If paperwork is late on a second event, the student will be reprimanded directly by the academic**

coordinator and suspended or dismissed from the clinical experience. Here again, it is up to the discretion of the academic and clinical coordinator to make the decisions regarding suspension or dismissal.

8. Students are responsible for following the general classroom, laboratory, and clinic policies as described in the Student Handbook. Students are liable for actions that constitute academic and/or clinical misconduct.
9. Professionalism is essential in physical therapy clinical practice. Professional behavior will be assessed by the Professional Behavior Tool. To successfully pass this course, the student must achieve a minimum of 70% on this tool.
10. To successfully complete this course, students must satisfactorily complete all the requirements of this course.
11. Students are expected to be on time and attend every day of the clinical experience. Absences must comply with the attendance guidelines in the Student Handbook.
12. Students are expected to wear appropriate attire throughout the clinical experience. Use of cell phones are not allowed. Tardiness during clinical experiences will not be tolerated.

GRADING THE CLINICAL EXPERIENCE AND REMEDIATION

Students are expected to meet professional, academic, and clinical performance objectives. If a student's performance is determined to be unsatisfactory by the academic or clinical faculty, a Student Development Plan (SDP) may be developed in order to facilitate performance improvement and competence in the deficit areas. The SDP must be completed successfully for the student to pass a course or a clinical internship. A student whose performance does not meet the established goals and objectives on the SDP will receive a failing grade. See sample remediation plan in Appendix 7.

Students in clinic will earn a **pass/fail** grade based on satisfactory performance on assignments, individual projects, attendance/ participation, and professional behavior. Weekly logs must be completed by the student and CI and forwarded to the ACCE by close of business each Friday. All course requirements must be met to successfully complete this course. AMA citation format is required for all writing. Consistent with the departmental and university policies, students must receive a passing grade during the clinical experience by receiving intermediate to entry level status on the Clinical Performance Instrument (CPI)

Clinical Internships: If a student fails a clinical internship, they are allowed to repeat the internship. Students who fail more than one internship will be suspended from the Physical Therapy Program.

Advisement: The Faculty has developed this policy for student development and remediation. The SDP is completed by the faculty when deemed necessary by the Academic Instructor, Core Faculty, or Clinical Faculty. Based on the situation, the faculty and the Student's Advisor will develop the SDP with the student and allow the student to provide input in the plan. The Advisor, the Academic or Clinical Faculty, and the student will sign the plan and the Plan will be placed in the student's file. The Advisor will inform the faculty at regular faculty meetings that a plan has been developed. The Advisor and the student will schedule regular meetings to implement the action plan to achieve the goals and improve the professional, academic and/or clinical performance.

Development/Remediation Activities may include but are not limited to the following:

- a. Independent study activities and individualized reviews with academic or clinical faculty.
- b. Assigned readings, laboratory practice, and reassessments with the course or clinical faculty.
- c. Skills checks, practical examinations, other activities to improve and retain skills.
- d. Counseling on learning styles, professional behavior, or academic, health, and/or wellness issues.

The student understands that entering into this Student development plan is a contract with the specific objectives outlined to improve areas of concern identified in conjunction with the Advisor, Academic, or Clinical Faculty. In Clinical Situations, the student may be reassigned to a new clinic or Clinical Instructor.

If the SDP is completed successfully, the incomplete grade will be changed to a letter grade. If the objectives are not achieved in the allotted timeframe, the student will receive a grade of "F" and is then subject to dismissal from the program.

Clinical Grading Policy: Pass/Fail

Department Remediation Policies

A. REMEDIATION WHILE COURSE IN PROGRESS

1. Operational definition of remediation as it applies to this section: It is a process, which will give a student at risk an opportunity to strengthen her/ his learning.
2. Remediation as it applies to this section does not include practicals or final exams. Practical and final exams will be addressed in separate sections of this document.
3. When a student earns a grade of less than 80% in a graded assignment of a course will be required to remediate.
4. The instructor will notify the student by email within 24 hours after the grades have been posted advising that she/ he is at risk of failing the course and request a meeting. Copies of the email will be copied to the student's advisor and department chair.
5. The instructor will meet with the student. In that meeting the student will have an opportunity to review the test and ask questions. The instructor will also make other recommendations as needed, including but not limited to strategies for studying and test taking, finding a tutor, referral to the HU Center for Academic Reinforcement or the Office of Special Services.
6. All communications, meetings, plans and outcomes will be documented using the remediation form.
7. The original of the documentation will be placed in the student's academic record. 8. Students who participate in the remediation program will be regularly discussed during faculty meetings until the end of the semester.

B. REMEDIATION OF A PRACTICAL

1. In courses that include practicals, the student must achieve a minimum of 80% on any practical exam, order to successfully pass this course.
2. If a student receives a grade of less than 80% in any practical exam, there will be only one opportunity to retake that practical exam and receive a passing score of 80%.
3. If successful, the student will receive a "Pass" grade in that practical exam.
4. Failure to pass any practical exam upon the second attempt will result in automatic failure of the course

C. REMEDIATION OF A FINAL COURSE TEST/ EXAM

1. A student who earns a final course grade of D or less in any course will be suspended.
2. A student may request a retake of final test after receiving a course grade of D or less, only if all of the following conditions are met:
 - 2.1. The student had a passing rolling grade prior to taking the final exam.
 - 2.2. The grade weight of the final exam was greater than that of the previous tests in that course.
 - 2.3. The student has not been cited for unprofessional behavior in that course.
 - 2.4. The student submits an email to the instructor of that course within 48 hours after grades have been posted on Blackboard.
3. The retake of the final exam must be taken within five calendar days after the original exam.
4. Only one retake of the final exam will be allowed.
5. The remedied final course grade may not exceed the minimum grade originally required to pass the course.
6. All communications, meetings, plans and outcomes will be documented using the remediation form.
7. The original of the documentation will be placed in the student's academic record.

D. REMEDIATION OF A DPT PROGRAM COMPREHENSIVE EXAM

1. When a student earns a grade of less than 80% in a program test/exam will be required to remediate within 14 days from the date of the original exam.
2. The student will only have one opportunity to remediate.
3. The student will not be allowed to continue with in the program until the exam has been remediated successfully.
4. The student will have to earn an 80% on the retake exam in order to pass and continue in the program.
5. A student who earns a grade of less than 80% on the retake will be dismissed from the program.

E. REMEDIATION AFTER ACADEMIC SUSPENSION

1. Remediation following academic suspension is considered a privilege that must be earned by the student.
2. The opportunity to remedy a failing course grade is subject to the approval of the faculty department of Physical Therapy, on a case by case basis.
3. Remediation may include repeating a series of courses up to and including an entire semester or year.
4. If a student is repeating a course, the student will be required to earn a higher grade than the one previously earned.
5. Students with pending remediation following academic suspension may not be permitted to continue in the curriculum until remediation activities have been completed.
6. In the event a required course is no longer offered, remediation may include returning to the program under graduation requirements listed for the class in the following year.
7. Failed and remedied course grades will be posted on the student's official transcript. The nature of any remediation opportunities is subject to approval of the student performance committee.

8. Remedied grades may not exceed the minimum grade originally required to pass the course. All remediated credit hours and grades are counted in computing a student's cumulative grade point average.
9. Approval to remedy will generally depend on whether the student has made serious initial efforts to earn a passing grade and her/ his potential to be successful.
10. The nature of remediation activities is subject to availability of educational resources. This could mean the student will be placed in an administrative leave status until the next time the course is offered.
11. Administrative leave for reasons of pending remediation may not exceed 12 months.
12. A student who fails to return to classes within 12 months will be dismissed from the program.
13. The original of the documentation will be placed in the student's academic record
14. Students are required to pay all tuition and fees for courses that are repeated or re-entered for the purposes of remediation.
15. Remediation after academic suspension will only be available option once, after the first suspension.

CLINICAL PERFORMANCE INSTRUMENT

The CI and student are responsible for completing written evaluations of student performance at midterm and at the final. **The determination of grades for all clinical courses is made by the DCE/ACCE after reviewing all evaluative material (including any observation of clinical performance and the results of remediation efforts if required) and compliance with grading criteria.**

Procedure:

- The APTA CPI is used for all full-time clinical experiences. A checklist and comment form, developed by Howard University PT, is used for all integrated clinical experiences.
- At midterm, the student and the CI complete the evaluation form and review them together to identify performance level, including any areas that need improvement, to be addressed before the end of the clinical experience. Students who are experiencing difficulties or have been identified by the CI, CCCE, or ACCE as having a potential to not meet the expectations of the
- Full-time Clinical Education Experiences will meet with the ACCE and other faculty as indicated. At the completion of the clinical experience the CI and student re-evaluate the student's clinical performance and document accordingly.
- In consultation with the ACCE, the CI and student may be responsible for more frequent written evaluation depending upon the needs of the student. Additional evaluation forms such as The Weekly Log, and the Professions Behavior form, Anecdotal Record, or other evaluation forms, may be used as needed. Additional clinical skills objectives not on the evaluation forms, can be added to the evaluation form after discussion with the student and the ACCE. The student must complete all required materials and share selected documents with the CI as part of the overall evaluation of the clinical experience.

- The grades for clinical experiences are Pass, Fail, or Incomplete. See syllabus for grading criteria.
- If there are areas of concern with a student's clinical performance identified, the ACCE should be alerted to the concern immediately. If the student needs remediation, the faculty advisor will be notified of the clinical situation. The student will work with the ACCE, faculty advisor, and other clinical and academic faculty as appropriate to remediate the situation. Ideally, problems will be managed within the realm of the clinic.

COMMUNICATION WITH CLINICAL SITES

Unauthorized Contact: Under no circumstance is a student, parent, family member or friend of a student to contact a Facility Director, Center Coordinator of Clinical Education (CCCE), Clinical Instructor (CI) or other staff in any facility with which LLU SAHP holds an affiliation agreement for any reason without specific permission of the appropriate ACCE. All communication to request placement for a clinical course with contracted facilities must be done by the ACCE. A student will not be placed in a facility if there is evidence that any person other than the ACCE has contacted the facility to request clinical placement. If a student makes unauthorized contact with a clinical facility, disciplinary action(s) will be taken which may include but are not limited to: · Deferment of the clinical course to a later time; · Removal from the degree program due to unprofessional and unethical behavior. The disciplinary action will be decided upon by the Clinical Education Committee and presented in writing to the student.

Authorized Contact: If a student is interested in a facility that is not on the current contract list, the student may discuss a Special Request for placement with the respective ACCE. Limited authorization may be granted for the student to make an initial inquiry to collect information regarding possible interest at the clinical site in accepting students for clinical education.

Required Contact: While students are expected to acquaint themselves with the facility by reviewing the Clinical Site Information Form (CSIF) and discussions with the ACCE as needed, it is also necessary to contact the CCCE in advance. Unless directed otherwise by the ACCE, each student is required to contact the CCCE/CI for final details at least four weeks prior to the beginning of any clinical rotation.

In an emergency the student must: ·

- Notify the CI, CCCE or Supervisor at the clinical affiliation facility.
- Notify the ACCE or Program Director
- If the student is ill or unable to go to the clinic facility as assigned for any reason the student must: First, call the CI or CCCE prior to the start time that day, then call the ACCE or Program Office Secretary informing them of the absence on the same day as the absence.
- Arrange for “make-up” time with the CCCE/CI and ACCE.
- A physician’s note is required for absences over five consecutive days and must be given to the CCCE, CI and the ACCE.
- In the event of injury to a patient or the student, the student must: Report the incident to the CI and CCCE immediately and to the program ACCE.
- If time is lost from the clinical affiliation or the affiliation was postponed due to a serious medical condition, the student should give both the CCCE/CI and the ACCE a physician’s note before he/she can either return to the clinical facility or start the postponed clinical affiliation.
- **If unexpected clinical problems develop:**
For patient-related problems (e.g., treatment protocols, scheduling issues, incidents involving patients, institutional procedures), the student should communicate first with the CI to identify the problem and work together to amend the situation. If the problem persists, the student will consult with the CCCE and the ACCE. ·
For interpersonal problems with the CI or other staff, the student may contact the ACCE for help in addressing the problem. If the student is not able to solve the problem within the clinic, an intervention from the school is appropriate.

DEVELOPMENT AND ASSESSMENT OF THE CLINICAL EDUCATION PROGRAM

Clinical Site Assessment Policy:

Students are required to complete site (PTSE1) and CI assessment (PTSE2) forms, and participate in debriefing at the completion of each clinical experience.

Procedure:

Students will participate in group or individual debriefing after each clinical experience to provide additional information regarding the clinical experience. The ACCE review all site and CI assessments.

Program Evaluation Policy:

At the completion of each clinical experience the CIs and students are given the opportunity to evaluate the performance of the ACCE. In addition, at the completion of the final two clinical Full-time Clinical Education Experiences the CI is given the opportunity to evaluate the curriculum and its success in preparing the student for entry-level practice.

Procedure:

Survey links are emailed to every CI and student at the completion of selected clinical experiences.

DEVELOPMENT OF STUDENTS AS PHYSICAL THERAPY CLINICIANS AND REMEDIATION

GUIDE FOR PROFESSIONAL CONDUCT/CODE OF ETHICS

PURPOSE: This guide is intended to serve student physical therapists of Howard University, Division of Allied Health in the upper division phase of Physical Therapy in matters of professional conduct, discipline and responsibility.

PRINCIPLE 1:

Physical Therapy students respect the rights and dignity of their patients during clinical affiliations.

- a. Physical therapy students will uphold a professional image and exercise sound judgment and responsibility in the clinical setting;
- b. Physical therapy students, as apprentice of the trade, should never attempt the treatment of patients unless under direct supervision.

PRINCIPLE 2:

Physical Therapy students respect the rights and opinions of fellow physical therapy students and the faculty.

- a. Physical therapy students should, when expressing personal opinions, give constructive criticism.
- b. There should be no talking when a professor is getting ready to start class.
- c. Keep utmost confidentiality among each other.

- d. Students should be willing to lend a helping hand to other students and to be courteous, polite and friendly.
- e. Students should be considerate of fellow students in scheduling final exams.
- f. Students should arrive on time for scheduled classes.

PRINCIPLE 3:

Doctor of Physical Therapy students should be accessible to their “little brothers and sisters” (First year physical therapy students).

PRINCIPLE 4:

Physical therapy students should maintain a warm rapport with Occupational Therapy and other allied health students relating to class studies and other class activities.

PRINCIPLE 5:

Physical therapy students should be responsible for all laboratory equipment, handling it in such a fashion as to prevent destruction.

PRINCIPLE 6:

Physical therapy students should be responsible for maintaining cleanliness of laboratories and classrooms.

PRINCIPLE 7:

Physical therapy students should be professional and act responsibly in the school setting. At all times, they should demonstrate professional respectful behavior in their interactions with classmates, faculty, and staff.

- a. Do not arrive late to class.
- b. Do not cheat on exams.
- c. No stealing.
- d. Students should try to be honest in all aspects of their lives; do not lie.
- e. Students should try to gain as much knowledge and experience as possible while in the upper division phase.

PRINCIPLE 8:

Physical therapy students should make it a point to do something, non-school related, at least twice a month to maintain a good state of mind.

PATIENT RIGHTS

HIPAA AND CONFIDENTIALITY

Confidentiality Policy:

All patient and **student** records are confidential. All students are certified in HIPAA policies prior to attending the Clinical Internship via Healthstream.

Procedure:

Medical records utilized for research projects, clinical demonstrations or patient treatment labs are obtained with written consent of the patient and facility approval. Students are expected to comply with all HIPAA and facility regulations regarding confidentiality. Refer to the SUPT Student handbook for examples of confidential patient information. Students never discuss the academic, personal, clinical record of any other Howard U PT student. If another student or clinician requests information about a current, upcoming, or past Howard U PT student, please notify the ACCE.

HOWARD UNIVERSITY HOSPITAL OCCUPATIONAL EXPOSURE PLAN FOR MEDICAL, DENTAL, NURSING AND ALLIED HEALTH SCIENCE STUDENTS

A. Goals of Occupational Exposure Plan

1. To prevent work-related injury and illness of Howard University medical, dental, nursing and allied health students.
2. To prevent spread of communicable diseases to patients treated by Howard University clinical students.
3. To formalize procedures for reporting and managing work-related injuries and illness of Howard University clinical students.

B. Methods

1. Education

New students will be given a copy of the occupational exposure plan during orientation. Prior to their first patient encounter, they will be educated in universal precautions and isolation requirements.

2. Health Screening and Maintenance

The Howard University Student Health Center will monitor the health status of all medical, dental and allied health science students with potentially infectious conditions as well as students who are injured or exposed to infections as a result of their assigned clinical activities. This will be accomplished through primary prevention screening and post-exposure or post-injury diagnostic testing and treatment.

The Howard University Hospital Employee Health Unit requires documentation of health screening and treatment of active disease prior to the time the student presents for Howard University Hospital, and all other hospitals, clinics or physician offices to students are assigned reserve the right to refuse access to their facilities to any student who fails to comply with the occupational exposure plan.

C. Health Screening

Screening for infections is accomplished prior to matriculation, prior to the student's first patient encounter, and annually thereafter. The following are required of clinical students involved in direct patient care:

1. Initial physical examination and annually thereafter;
2. Initial tuberculosis screening and annually thereafter;
3. Initial testing for syphilis serology;

4. Proof of immunity to measles, mumps and rubella, as evidenced by two MMR vaccinations, or immune titers;
5. Tetanus (Td) within the past 10 years;
6. Immunity to Hepatitis B evidenced by three Hepatitis B vaccinations or immune titers;
7. Immunity to varicella (chicken pox);
8. Additional requirements may be required if rotating through pediatrics (such as nasopharyngeal cultures, etc.)

Students will not be allowed to begin clinical assignment until cleared by the Student Health Center.

Any student having an active infectious disease must be treated by his/her private physician prior to beginning or continuing a clinical assignment. A physician's "return to duty" certificate is required by the University Student Health Center as well as by the student's immediate supervisor before resuming clinical activity.

D. Students with Active Disease (Not Work-Related)

1. Colds and Coughs

A student with cold symptoms, without constitutional symptoms, may begin or continue his/her clinical assignment unless coughing repeatedly with a temperature of 100 degrees F or more. Exception: students with viral infections or cold symptoms who work with children, immune suppressed patients, and renal transplant patients will be sent home.

2. Diarrhea

Students with diarrhea suspected to be viral or bacterial in origin will not be allowed to work in the nutrition and food service department or nursing services until the condition is controlled. Rectal swab or stool specimen and follow-up are advised.

3. Herpes

Students with open herpetic lesions will be relieved from direct patient contact until the lesions are dried and healed.

4. Communicable Disease

Students with a communicable disease (or who have a family member with a communicable disease) should follow the guidelines found in "Guidelines for Students With or Exposed to Communicable Diseases."

E. Evaluation of Occupational Exposure, Illness and Injury

Students who are exposed or become ill or injured as the result of a clinical assignment will be evaluated at the Howard University Student Health Center during the Center's normal operating hours. Students will be treated at the Howard University Hospital Employee Health Center after obtaining a referral and claim form from the Student Health Center. If the Employee Health Unit is closed, the student will be referred to the Howard University Hospital Emergency Department. The Student Health Center staff member will triage the student and write the following information on the referral form:

- Whether the student has had his/her series of Hepatitis B and tetanus vaccines, and any other laboratory information;
- The type of injury, when and how the injury occurred, and any pertinent information regarding the patient.

When the Student Health Center is closed or in cases of dire emergency, the student should first contact the designated administrator at the work site. Any necessary emergency medical and nursing care shall be made available to the student through the regular procedures in effect at the Employee Health Unit or Emergency Department of the hospital, clinic or other medical facility to which the student is assigned.

The morning following discharge, the student must report to the Student Health Center for evaluation and clearance to return to work. The student should bring copies of discharge instructions and any other information describing the treatment that was rendered. The student will be referred to the Howard University Hospital Employee Health Unit for further management of the condition, if deemed medically necessary by the Student Health Center.

F. COVID-19 Policy for Clinical Education (As of 1/1/2021)

1. The University has outlined the following plan for students returning to campus:

“The first day of classes for undergraduate students, and many graduate/professional programs will be on Monday, August 24, 2020 and run through Wednesday, November 25, 2020. Students are required to complete a COVID-19 test prior to arriving on campus, then share results with the Student Health Center. Screening for COVID-19 will be conducted for the entire student population at the start of the semester and an ongoing regimen of regular screening of students, faculty and staff throughout the fall semester will be implemented [awaiting specific designation from the University]. All faculty and staff will also be required to participate in a baseline COVID-19 test prior to campus, or at the designated on-campus laboratory. We are also exploring the possibility of providing mail-in testing kits to students and faculty in advance of return to campus. Additional details will be forthcoming... Isolation spaces have been identified on our campus, in the event they are needed. Isolated students (those who have tested positive) and quarantined students (those who have been exposed) will be cohorted to not use shared resources. • Plan A- A wing in a dormitory has been identified to quarantine and isolate students as needed. • Plan B - Should the number of students who need to isolate increase; the isolation area will be expanded. If there is an exceptional isolation need, a wing at Howard University Hospital will be used for this purpose. • Daily screening will be carried out for students, faculty and staff using a short, self-administered questionnaire (via app) [which will be monitored at the University administration level and in the health center]. A thermometer will be provided to self- monitor temperature. Students in dormitories will have a similar protocol before leaving the dorms in the morning. Students, staff and faculty who have a remarkable screen result will be asked to temporarily self-isolate, speak to a healthcare professional and follow advice of the health care professional with regards to testing. If testing is recommended, isolation will continue until the test produces a negative result. Students who are symptomatic will be isolated and a COVID-19 test will be performed. Isolation will continue until a negative result is produced and confirmed.”

2. Plan for managing COVID-19 exposures and clearing students to return to clinical locations after illness:

The College of Nursing and Allied Health Sciences and Department of Physical Therapy will be following the plans outlined above by the University. In addition, the Department extends that any student involved in a Clinical Education Experience will be required to present documentation of clearance to return to the clinical site by a monitoring physician to the Clinical Site and the Clinical Education team in the Department (Dr. Flagg). Upon receiving this documentation, the Clinical Education Team and Clinical Site Coordinator can discuss an appropriate return to the clinical internship or decide to terminate as the circumstances dictate. The University has also added the following statement- “If you are unwell, or have an elevated temperature, please do not attend classes in person and employees should not report to work on campus, but arrange with your supervisor to work remotely.”

3. The process for notifying clinical locations about student exposure risks:

The department will follow the following process for any student participating in clinical education experiences that are exposed to risks associated with COVID-19

- Any student who is alerted of risk of exposure – either through positive test or exposure to someone who has tested positive – will immediately contact the Clinical Instructor (CI), Department Clinical Education Team (Dr. Flagg) and the HU Student Health Center via phone call, text and email
- Students who have a positive test result will be required to immediately remove themselves from the clinical environment, to self-isolate for at least 14 days, and to speak to and follow the advice of a healthcare professional with regards to signs, symptoms and further medical care.
- Students who are symptomatic will be isolated and a COVID-19 test will be performed. Isolation will continue until a negative result is produced and confirmed.
- Students who have been exposed to someone who has tested positive to COVID-19 will get a COVID test within 24 hrs from a site designated by the clinical education site (out of state experiences) or designated by Howard University (local experiences). These students will also immediately remove themselves from the clinical environment, self-isolate for at least 14 days, speak to and follow the advice of a healthcare professional with regards to signs, symptoms and further medical care. Isolation will continue until a negative result is produced and confirmed.
- Students will contact the Department clinical education team daily regarding health status and clinical education plan (make-up and/or virtual simulations)
- The student and Department clinical education team will be in contact with the clinical education site CI weekly with regards to student health status and clinical education plan
- Any student that shares housing with a student at risk of COVID-19 exposure will also be considered at risk and will follow procedures outlined in this process.

4. Plans to ensure students and visiting faculty have their flu vaccine by Thursday, Oct. 15: The Department of Physical Therapy will be working closely with the University Health Center to establish dates and times when students can return to campus to receive flu shots prior to October 15, 2020. Students participating in local clinical education experiences will be excused from the clinical internships during the assigned time. Students participating in clinical education exposures out of state will make an appointment at the clinical site medical center or another site deemed appropriate by the clinical instructor before October 15, 2020. Any student who misses his/her assigned time will be responsible for securing their own flu shot by Oct 15, 2020 and may risk being removed from the clinic until the flu shot is received. All documentation will need to be submitted to the Clinical Education team in the Department (Dr. Flagg). The clinical education attendance policy will be followed with regards to whether flu shot or COVID testing appointments are considered an acceptable missed day or requires a make-up day.

APPENDIX

Appendix 1: Clinical Education of the DPT Student Presentation

Clinical Education for the DPT student

Presented by
Kala Flagg
Asst. Academic Coordinator of Clinical Education (ACCE)
Department of Physical Therapy
Howard University

THANK YOU FOR YOUR SUPPORT OF OUR
PROGRAM AND STUDENTS

“The mediocre teacher tells. The good teacher explains.
The superior teacher demonstrates. The great teacher
inspires.” (William Ward)

Introduction

- This presentation involves a discussion of the role of the clinical instructor (CI) in supervising Doctor of Physical Therapy student during clinical internships.
- Knowledge gained from this presentation will benefit clinical instructors by developing structure by which CIs influence and evaluate student performance and readiness to enter and contribute to the physical therapy profession.
- While there are varying levels of expertise as clinicians and clinical instructors, the CI always learns something by participating in the experience

The Howard University DPT Student Clinical Internships

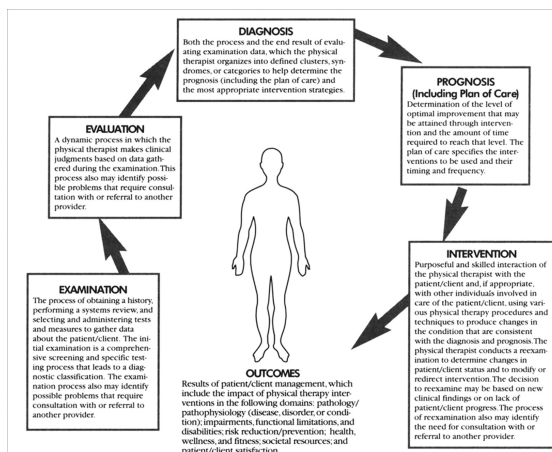


- Introductory Clinical Internship – Summer Year I
 - 9 week experience
 - 50% of didactic coursework completed
 - Expected to carry 50% of PT caseload*
 - CPI should be between Beginner and Adv Beginner by Final
- Advanced Clinical Internship – Summer Year II
 - 14 week experience
 - 95% of didactic course work completed
 - Advanced/Complex patient
 - Expected to carry 75% of PT caseload*
 - CPI should be between Intermediate and Adv Intermediate by Final
- Terminal Internship – Fall Year III
 - 12 week experience
 - Specialty area or Complex patient
 - Expected to carry 95-100% of PT caseload*
 - CPI should be between Entry-Level and Beyond Entry-Level by Final. The student must be at least Entry-Level overall in order to graduate.

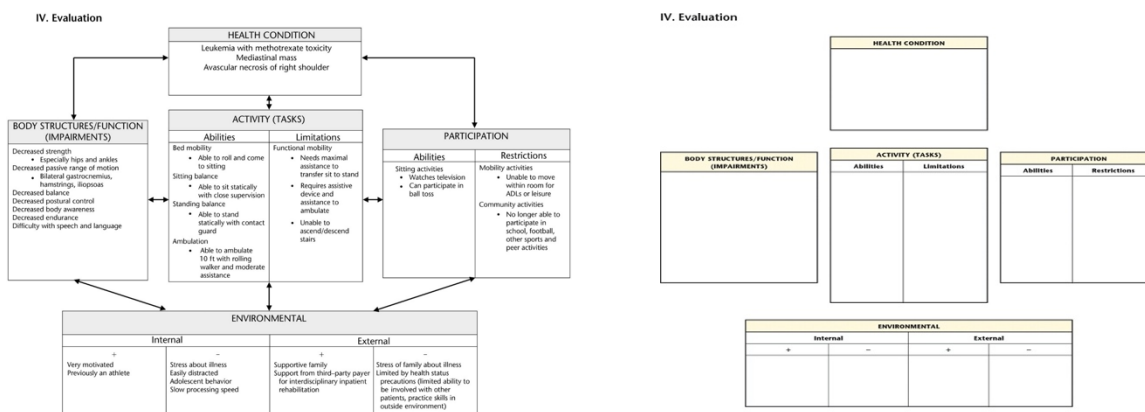
*by the end of the clinical internship

Key Resources

- Patient Management Model
- International Classification of Functioning, Disability and Health (ICF)
- Guide to Physical Therapy Practice
- APTA, Normative Model of Physical Therapist Professional Education



International Classification of Functioning, Disability and Health (ICF)



(Continued)

GUIDELINES: CLINICAL INSTRUCTORS

First adopted by APTA Board of Directors – November 1992

Structures around the Patient Management Model (Guide to Physical Therapy Practice)

1.0 The clinical instructor (CI) demonstrates clinical competence, and legal and ethical behavior that meets or exceeds the expectations of members of the profession of PT

- One year clinical experience
 - Desire to work with students
 - Agrees to adhere to timelines and complete appropriate assessments on time (Log, Mid-term and Final CPI)
- Competence as a physical therapist
 - Systematic approach – patient management model
 - Critical thinking; practice rationale and evidence; time management; core values
 - Evidence-based PT
- Adherence to legal practice standards
 - Valid state license
 - Equal opportunity/affirmative action; HIPAA; Medicare regulations; ADA
 - **SOLELY RESPONSIBLE FOR ENSURING THAT THE PATIENT/CLIENT IS AWARE OF STUDENT STATUS**
- Ethical behavior

2.0 The clinical instructor demonstrates effective communication skills

Verbal, non verbal, written communication, information

- Performance expectations
- Mutually agreed upon goals and objectives
- Student feedback
- Clear and concise
- We suggest that the student and CI meet daily for a few minutes to discuss any victories, or areas that need improvement- professionally or with specific patients

Responsible for facilitating

- Encourage dialogue
- Provides time and place
- Initiates difficult communication
- Open to communication
- Encourages feedback

3.0 The clinical instructor demonstrates effective behavior, conduct, and skill in interpersonal relationships

- Collegial relationship
- Demonstrates a desire to teach/mentor & not just have an extra body in the clinic
- Approachable by student
- Interacts effectively with others
- Represents PT profession – career/self-development



Don't mix bad words with your bad mood. You'll have many opportunities to change a mood, but you'll never get the opportunity to replace the words you speak - Actualcola

4.0 The clinical instructor demonstrates effective instructional skills

Collaborates with student for learning plan

Knowledge of academic curriculum

Learning environment

Knowledge of various learning styles

Sequence learning



5.0 The clinical instructor demonstrates effective supervisory skills

- Performance expectations
 - Clear performance expectations
 - Mutually agreed upon
- Feedback
 - Formal and informal
 - Examples
 - Constructive and timely
- Evaluation
 - Formative throughout
 - Weekly/bi-weekly log
 - Midterm CPI
 - Final CPI



6.0 The clinical instructor demonstrates performance evaluation skills

- Articulates evaluation of student performance in relation to performance criteria
 - CPI training completed
 - Knowledge of guidelines for entry-level competence
 - Distinction-challenge, inadequate performance-remediate
- Relationship between school and site in concerning performance evaluation, remediation, and failure
- Constructive approach to evaluation
- Fosters evaluation of the CI, clinical site and clinical experience

Clinical Performance Instrument (PT CPI)

- The PT Clinical Performance Instrument (CPI) is used for grading all of the clinical experiences
- **All CCCE's and Cis must complete on-line training for the use of the grading tool prior to the mid-term assessment as of 2018.**
- Complete the online training only once
- Training takes about 1.5 hours
- CEU certificate is awarded upon completing
- Web access: https://cpi2.amsapps.com/user_session/new
- If you are new please follow this link when you get to the page: **"Are you looking to complete the APTA CPI Training Modules and Posttest? Click [here](#) to access the APTA Learning Center!"**
- If you have an account but forgot your login, please send me an email with the email address it is linked to and I will generate an email to reset your password.



"I've learned that you shouldn't go through life with a catcher's mitt on both hands; you need to be able to throw something back."

-MAYA ANGELOU

CPI Components – Professional Performance



Portion of the CPI

- Safety
- Professional Behavior
- Accountability
- Communication
- Cultural Competence
- Professional Development

CPI Components – Patient Management Portion of the CPI

- Clinical Reasoning
- Screening
- Examination
- Evaluation
- Diagnosis and Prognosis
- Plan of Care
- Procedural Interventions
- Educational Interventions
- Documentation
- Outcome Assessment
- Financial Resources
- Direction and Supervision of Personnel

RED FLAG ITEMS

- Items 1,2,3,4, and 7: **Safety, Professional behavior, Accountability, Communication, Clinical Reasoning**
- May progress more rapidly- which is great but please indicate specifics in the Comment section if the student is rated high above the appropriate level for the Internship.
- **Significant concerns in red flag areas warrants immediate attention, completion of the Anecdotal Record an call/email to ACCE or Asst. ACCE as soon as possible**
- Outcome: Meeting with the CI and/or student
 - Remediation with a learning contract OR
 - Dismissal

Additional Activities

- Sample Behaviors
 - Described on the CPI form
- Summative Comments
 - Each area/criteria has space to describe performance – utilize often
- Midterm
 - Students may be at top performance level in some areas and still need improvement in others
 - Revise clinical experience goals and objectives as needed
- Final- should at minimum be at the level listed

Student Expectations – Introductory Clinical

Performance Expectations (moderate cues from CI, observation and learning opportunities are plentiful initially)

- Musculoskeletal exam: goniometry strength, gait, sensory
- Documentation: clear, concise, legible
- Administration of modalities
- Appropriate communication
- Educational in-service (1)
- Daily self-assessment
- Informal and formal evaluation with CIs

Primary Course Completion

- Advanced Human Anatomy
- Test & Measurement/Physical Agents
- Pathology
- Intro to Radiology
- Neurobiology
- Intro to Musculoskeletal, Cardiopulmonary, and Integumentary Systems
- Intro to Therapeutic Exercises
- Lifespan Development

CPI Assessment

- Beginning to intervals: **Beginner to Advanced Beginner** (some skills may be Intermediate)

Student Performance – Advanced Intermediate

Performance Expectations (with minimal to moderate cues depending on the setting)

- Musculoskeletal exam: goniometry strength, gait, sensory
- Documentation of examination, evaluation progress and discharge: clear, concise, legible
- Administration of modalities appropriate for impairments and functional limitations
- Participate in evaluation, exam, POC and interventions
- Use proper body mechanics and safety techniques
- Appropriate communication
- Self-directed learning skills
- Educational in-service (1)
- Self-assessment: daily, weekly, cumulative
- Informal and formal evaluation with CIs

Primary Course Completion

- Intro and Advanced Neuromuscular
- Advanced Musculoskeletal, Cardiopulmonary and Integumentary Systems
- Advanced Evidence Based
- Administration and Management
- Advanced Ethics
- Integrative Seminar and Clinical Issues
- Medical Imaging
- Applied Clinical Research
- Applied Assistive Technology

CPI Assessment

- Progress along continuum: **Advance Beginner to Advanced Intermediate**
- Some areas of higher level skills

Student Performance - Terminal

Performance Expectations- Proficient (some students may be in a setting for the first time -full time- but should not require excessive cues for any of these.)

- Musculoskeletal exam: goniometry strength, gait, sensory
- Documentation of examination, evaluation and intervention: clear, concise, legible
- Administration of modalities and therapeutic ex.
- Complete evaluation, exam, POC and interventions with rationale
- Use of proper body mechanics and safety techniques
- Use of appropriate communication to patient & staff
- Engage in self-directed learning skills
- Provide educational in-services (2)
- Perform basis administrative skills: Scheduling, billing, staff management
- Self-assessment: daily, weekly, cumulative
- Informal and formal evaluation with CIs

Primary Course Completion

- Capstone Project
- Wellness Practice
- Practice Management
- Current Issues in PT
- Health Care Law

CPI Assessment

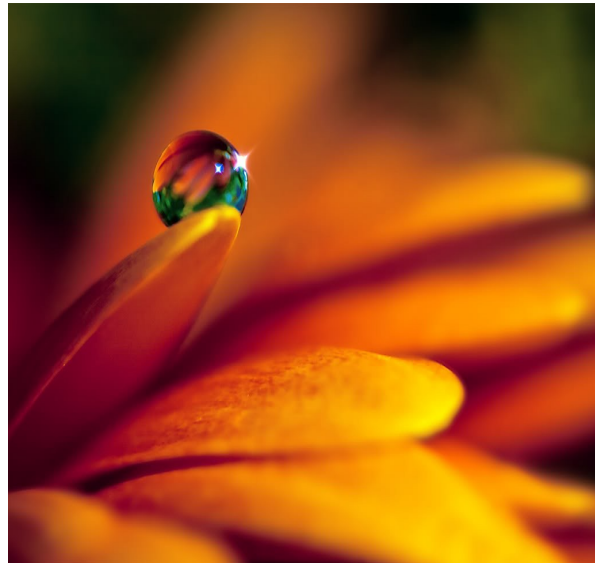
- **Entry level or beyond in all performance criteria**

Other Considerations

- Early Warning Signs
- Bi-Weekly Feedback log: to track student progress and areas to improve
- Objectives/goals: set by the CI & Student for the entire student internship from the beginning
- Expectations: discussed and assessed early and often
- Special Considerations: if there are any concerns or if the student is exhibiting exceptional performance at any time please communicate with the Howard U Clinical Education Team

Contact Information

- Kala Flagg, MPT, ATC, CSCS
- (202) 806-7614
- kala.flagg@howard.edu
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Appendix 2: DPT Curriculum

HOWARD UNIVERSITY COLLEGE OF NURSING AND ALLIED HEALTH SCIENCES

DOCTOR OF PHYSICAL THERAPY (DPT) CURRICULUM

Semester 1: Foundations (Summer Session I) PHTH-706 Pathophysiology 2 PHTH-715 Introduction to PT Practice 2 Total: 8 credit hours	Semester 1: Foundations (Summer Session II) PHTH-708 Clinical Rehab. Medicine 2 PHTH-716 Lifespan Development 2
Semester 2: Foundations (Fall) PHTH-700 Advanced Human Anatomy 5 PHTH-701 Clinical Kinesiology 3 PHTH-702 Clinical Process in PT Practice 3 PHTH-704 Introduction to Physical Agents 2 PHTH-707 Introduction to Radiology 1 Total: 14 credit hours	Semester 3: Applied Introduction (Spring) PHTH-703 Tests and Measurements 2 PHTH-710 Neurobiology 4 PHTH-711 Introduction to the MS System 4 PHTH-712 Introduction to the CP System 3 PHTH-713 Intro to Therapeutic. Exercise 2 PHTH-717 Introduction to Pharmacology 2 Total: 17 credit hours
Semester 4: Clinical Internship (Summer) PHTH-720 Introductory Clinical Internship 1 Total: 1 credit hour	
Semester 5: Advanced Study (Fall) PHTH-722 Intro to the Neuromuscular System 4 PHTH-723 Advanced Study of the MS System 4 PHTH-724 Advanced Study of the CP System 3 PHTH-725 PT Health Admin and Policy 2 PHTH-714 Intro to Evidence-Based Practice 2 PHTH-729 Integ Assessment and Intervention 3 Total: 18 credit hours	Semester 6: Integration (Spring) PHTH-730 Adv Study of the Neuro System 4 PHTH-731 Integrative Clinical Issues in PT 4 PHTH-732 PT in Special Populations 4 PHTH-733 Integrative Clinical Seminar 4 PHTH-726 Adv. Evidence Based Practice 2 PHTH-736 Medical Imaging 2 Total: 20 credit hours
Semester 7: Advanced Clinical Internship (Summer) PHTH-741 Advanced Clinical Internship I 1 PHTH-742 Advanced Clinical Internship II 1 Total: 2 credit hours	

HOWARD UNIVERSITY COLLEGE OF NURSING AND ALLIED HEALTH SCIENCES
DOCTOR OF PHYSICAL THERAPY (DPT) CURRICULUM

Semester 8: Advanced Integration (Fall)

PHTH-743 Clinical Specialty Internship	8
PHTH-744 Capstone Project	2
PHTH-745 Wellness Practice	2
PHTH-761 Health Mgt, Finance, Ethics & Law	2
PHTH-762 Clinical Management in PT	2

Total: 16 credit hours

Grand Total: 96 Credit hours

Revised 10/02/2019

Approved by PT Faculty 10/09/2019

Approved by the CNAHS Academic Excellence Committee on 11/05/2019

Last updated 11/05/2019 6:34pm

Approved on 11/05/2019



Appendix 3: Comprehensive Clinical Documents and Inservice Info

- **AFFILIATION INSERVICE/CASE PRESENTATION**: Guidelines for the required student in-service. Year 1 and 2 students should do at least 1 in-service, while year 3 students must do 2 in-services.
- **ANECDOTAL RECORD**: This form should be used to record/document any adverse incidents by the student in the clinic, OR any exceptional performance highlights. Please notify us immediately if one is used for either scenario.
- **CCCE/CI POLICIES AND RESPONSIBILITIES**: Discusses the University's minimum requirements for the facility, CCCE and CI
- **HOWARD UNIVERSITY DPT PROGRAM DESCRIPTION**: A brief overview of the history, mission and vision of the program.
- **HOWARD UNIVERSITY CLINICAL FACULTY RIGHTS AND PRIVILEGES**: Please review and notify us if you are interested
- **HOWARD UNIVERSITY ATTENDANCE POLICY**: Please review and notify us of any contradictions to your policy. Especially with the potential for inclement weather, we still expect all students to arrive on time if the clinic/facility is open. Or, the student must make arrangements with you, and then approved by the ACCE at the university. All missed days are expected to be made up unless otherwise specified.
- **HOWARD UNIVERSITY CLINICAL EDUCATION GRADING POLICIES**: As the clinical experiences are considered PASS/FAIL, please review the policy for a clear understanding of what constitutes a passing grade. Any criteria not completed satisfactorily would be a failing grade. Please notify us ASAP if you think a "FAIL" may be imminent.
- **STUDENT GOAL FORM**: Short-and long-term goals established by the student and clinical instructor(s) at the beginning of the clinical rotation. Please complete it with the student and have them post it to blackboard at the end of week 1
- **WEEKLY CLINICAL FEEDBACK LOG**- The student and Clinical Instructor should each complete their own survey, and we encourage discussion in order to set goals for the following week. Please make sure that the student sets a time each week to review and complete this document with you so that it can be submitted no later than 8pm Friday. Please fill out all areas and feel free to include comments as necessary, and use this link:
https://howard.az1.qualtrics.com/jfe/form/SV_8HOChwghOtheo6x
- **CPI POWER POINT**: Please review prior to the student's arrival and familiarize yourself with the document. If you have a CPI login, please try your current Username and.

Password to make sure that it works prior to the midterm. If you do not have a Username and Password, or have issues accessing the site please let me know as soon as possible. Also note, it is now a requirement to complete the APTA CPI certification prior to filling out a midterm or final, so if you have not done so in the past year, please let me know ASAP. (attached)

- **DPT CURRICULUM:** Specific for this class of students who were the first to enter a “hybrid” model.
- **DPT COURSE DESCRIPTIONS:** A brief description of each course that the students have taken as listed in the Curriculum
- **SYLLABUS FOR THE CLINICAL SPECIALTY INTERNSHIP:** Our expectations for the students as reviewed prior to arriving for the clinical affiliation. (attached)
- **CPI FACT SHEET:** Each Clinical Instructor will need to be linked with the student in the CPI, which is the document used for clinical assessments. If you already have an account and have taken the CPI training from the APTA, please send me the email that is used so that I can make sure that it is linked with the Howard University database. If you are new to the CPI or haven't done the training in the last 2 years, please see the instructions for training and, once completed, please notify me. If you need a new account, we can set one up and send you the temporary password generated by the system, and if you need to reset your password, we can do that as well. All CIs, please make sure that your profile information for yourself and your facility are up-to-date and filled out completely. This data is important for us to track for accreditation purposes.

Dr. Kala Flagg, PT, DPT, ATC, CSCS
Howard University Department of Physical Therapy Associate Clinical
Professor, ACCE Kala.Flagg@Howard.edu
240-281-6821 or 202-806-7614

Ms. Ariel Brown
Administrative Assistant
Ariel.Brown1@Howard.edu
202-806-7614

INSERVICE PRESENTATION GUIDELINES

All students are required to complete either an in-service or a case presentation. Year 3 students must present twice- one must be related to their Capstone project unless the topic is not relevant to the setting and the CI determines that another in-service or case study is more appropriate. The other presentation can be a case study or in-service decided upon by the CI and student.

The topic(s), date(s) and format are to be mutually agreed upon by the student and the clinical instructor.

The in-service needs to include a power point presentation.

Students are to turn in a copy of the in-service/Case presentation to the ACCE via Blackboard upon completion of the affiliation.

An audience needs to be in front of the DPT student. Other healthcare personnel are welcome (if they are interested).

STUDENT AFFILIATION INSERVICE/CASE PRESENTATION RUBRIC

Student Presenter: _____

Clinical Instructor: _____

Topic: _____ Number of Audience Participants: _____

ATTRIBUTE	SCORE	COMMENTS
The Presentation meets the information requirements of the Topic that was mutually agreed on with the CI		
Information is presented in a logical sequence and/or structure.		
Presentation is free of spelling and grammatical errors		
Presenter is familiar with the material and the presentation has been rehearsed.		
Presenter Spoke Clearly and slowly enough to be heard by the audience		
Presenter demonstrates quality responses to questions		
Presenter demonstrated overall Breadth of Knowledge of the Topic		
Overall Quality of Presentation		

Scoring:

1 Poor, many requirements not met

2 Fair, some requirements met

3 Good, meets most or all expectations

4 Outstanding, exceeds expectations

Clinical Instructor Signature: _____ Date: _____

ANECDOTAL RECORD

The anecdotal record is useful as an adjunct to a summative evaluation of student behavior or performance. It is designed to appropriately document a student incidence that highlights successful performance or adverse behaviors in the clinic. While an assessment of overall performance is typically highlighted in the CPI, this record allows the clinical instructor simply document the facts of “what happened”. Information provided in the anecdotal record is often used with a student clinical improvement plan to highlight areas of needed improvement or as evidence of successful improvement.

Student's Name: _____ Date: _____

Evaluator/Observer: _____

Description of Situation:

Student's Action or Behavior:

Evaluator Interpretation:

Student's Comments:

Student's Name (Please print)

Evaluator's Name (Please print)

Student's Signature

Evaluator's Signature

Howard University Physical Therapy Program Policies and Procedure for Facility And Responsibility of CCCE/ CI

Policies/Procedures for Clinical Faculty:

Center Coordinator of Clinical Education (CCCE and Clinical Instructor (CI):

Qualifications for the Center Coordinator of Clinical Education (CCCE):

1. Three years of clinical experience
2. Knowledgeable of clinical center and resources
3. Has attended training courses on a least one of the following:
 - clinical education
 - supervisory
4. Possesses good interpersonal /organizational skills
5. Licensed Allied Health Professional
(If not P.T., must have a broad knowledge of the Physical Therapy profession)

Responsibilities of CCCE:

1. Acts as a liaison between the clinical center and the academic program.
2. Completes the Clinical Center Form.
3. Schedules student affiliations.
4. Maintains legal documentation to affiliation
5. Conduct student orientation to the departmental policies/procedures.
6. Supervises the educational planning, CI and the student.

7. Plans and implements staff development for Clinical Education(CI Credentialing Course).
8. Consults with the CI in the evaluation of the student.
9. Serves as a mediator between the student, and the Clinical Instructor.

Guidelines for Clinical Instructor:

1. Graduate of an Accredited Physical Therapy program.
2. Licensed
3. 1-2 years of clinical experience.
4. Sincere interest in taking a student.
5. Clinical Education training (Recommend CI Credentialing Course)

Responsibilities of a Clinical Instructor:

1. Meet with the CCCE to plan the educational experience.
2. Reviews the student's curriculum and preparation for the affiliation.
3. Assist the CCCE with the orientation to the facility.
4. Provides the student with practical "hands on" experience in dealing with patients.
5. Assist the student with establishing specific clinical goals during the course of their affiliation.
6. Provide positive learning experiences that are congruent with the student's didactic and clinical preparation.
7. Assess the student's competence at their current academic level.

8. Complete a “Weekly Feedback Log”, on the student addressing areas of strengths/areas to improve. This form should also address recommendations for improvements/goals for the remaining weeks of the affiliation.
9. Promote further professional development of the student via readings, research, surgery, assisting with program development, office management or clinical rounds.
10. Complete a timely Midterm/Final assessment on the student before the completion of their affiliation.
11. Guide the student in selecting an appropriate in-service topic.
12. Immediately contact the Academic Coordinator if problems arise.

HOWARD UNIVERSITY CLINICAL FACULTY RIGHTS AND PRIVILEGES

The rights and privileges of clinical education faculty include but are not limited to the following:

- The right of clinical faculty to use the University Library
- Discount on continuing education courses sponsored by the Program.
- The right to serve on departmental committees, including admissions, advisory and faculty research.
- Discount on merchandise in the University's bookstore
- Participation in University-sponsored events, including Charter Day, Opening Convocation, Graduation Ceremony, Awards Day and other events.
- The right to clinical appointment to the faculty based on an academic rank as recommended by the Appointment Promotion and Tenure Committee
- Copy of Educational materials produced by the department faculty
- Access to part-time faculty office, including e-mail account, computer, telephone, and other office equipment and supplies
- Participation in Howard University Leadership Development Courses

Please notify the ACCE or Assistant ACCE of any inquiries.

Howard University Doctor of Physical Therapy Program Description

The Doctor of Physical Therapy (DPT) program at Howard University offers an accredited program leading to a Doctor of Physical Therapy (DPT) degree. Students participate in an entry-level doctoral program consisting of 35 courses (109 credits) completed over a 30-month period and are exposed to cutting edge research and practice in both the classroom and the clinic.

Students are selected through a competitive admissions process and represent diverse backgrounds both nationally and internationally. Graduates of the program are eligible to sit for the state licensure examination and are entitled to full membership in the professional organization, the American Physical Therapy Association.

The mission of the program is to recruit and prepare promising African Americans and underserved minority populations with leadership potential to become compassionate, and competent physical therapists, with expertise in clinical decision making, problem solving and research. The program is committed to attracting and sustaining a cadre of faculty who promote critical thinking, self-inquiry, active learning, community service, cultural sensitivity, ethical behavior and contribute to research, practice, and enhancement of the profession nationally and internationally.

The philosophical base of the physical therapy program is an unwavering belief in the dignity of individuals and their inalienable right to the highest quality of care. We believe that health is dynamic and can be affected by physical, psychological, social, political, and economic factors. We believe that the health of African Americans and other underserved populations has been adversely affected by an imbalanced health care system, and that quality health care services can be delivered by physical therapists that are trained to promote wellness, prevent injury, impairment of function and disability. A well-educated and compassionate graduate is capable of interacting with all patients / clients and promoting optimal health and wellness through a strong foundation in clinical, basic, and behavioral sciences.

Howard University Doctor of Physical Therapy Curriculum and Course Descriptions

Course Name and Number

Course Description

PHTH-706 Pathophysiology (2cr)

This course provides students with a foundation of human pathology and physiology, enabling them to have a general understanding of the disease process and how diseases affect the normal function of human cells and tissues. The pathology of human systems is integrated later in the program as part of the content of the clinical courses.

PHTH-715 Introduction to PT Practice (2cr)

This course is the first in a series of courses related to professional issues in physical therapy practice and serves as a foundation for future coursework. Topics introduced in this course include psychology of health, ethics, educational foundations, and scientific inquiry.

PHTH -708 Clinical Rehab Medicine (2cr)

This course is an interactive online seminar designed to provide the Allied Health Student with Clinical pathology concepts that are studied within the context of each system in the body. Students will understand the clinical signs and symptoms, progression and outcomes of pathological conditions. Strong emphasis will be placed on the Musculoskeletal system, Nervous system, as well as Cardiovascular and Integumentary disorders in order to prepare the student for advanced study courses later in the PT curriculum.

PHTH-716 Lifespan Development (2cr)

This course introduces the student to the lifespan development of the individual and relates that process to physical therapy practice. Physiological development,

PHTH-700 Advanced Human Anatomy (5cr)	<p>psychological development, social issues, environmental issues, cultural issues and family issues will be presented.</p> <p>In this course the student will learn to identify the components of the human body. Emphasis will be on muscles, bones, arteries, and nerves including observation of thoracic and abdominal relationships. Cadaver specimens, models, slides, computer programs and lectures will be presented.</p>
PHTH-701 Clinical Kinesiology (3cr)	<p>Students will learn how the body functions as a mechanical movement generator. Joint structure and function will be emphasized. Principles of biomechanics will be applied to human movement with an emphasis on gait and balance.</p>
PHTH-703 Tests and Measurements (2cr)	<p>This course introduces the student to the clinical skills of physical therapy practice. Emphasis is placed on fundamental skills and techniques utilized in patient care. Topics include concepts of measurement and testing. This course is presented through lecture, laboratory and clinical experiences.</p>
PHTH-707 Introduction to Radiology (1cr)	<p>The purpose of this course is to introduce the PT student to the general principles of imaging. In addition, the students are introduced to the process of specific diagnostic imaging, in order to increase their ability to understand the use and application of imaging in clinical physical therapy.</p>
PHTH-702 Clinical Process in PT Practice (3cr)	<p>This course introduces the clinical process of physical therapy practice. Emphasis is placed on fundamental skills and techniques utilized in patient care. Topics include: professional behavior, communication, examination, assessment, mobility, and documentation.</p> <p>This course is presented through lecture, laboratory and clinical experiences.</p>

HOWARD UNIVERSITY CLINICAL EDUCATION GRADING POLICIES

Individual objectives are established for each internship. It is the student's responsibility to be aware of the criteria required for successful completion of the internship. The students will be graded on a Pass/Fail basis, using the "Clinical Performance Instrument" (CPI)

CRITERIA FOR PASS:

1. Adherence to the Attendance Policy established by the Physical Therapy Department.
2. Students must meet all written objectives established in detail by each grading tool. Students are also responsible for objectives established by the facility.
3. Special assignments will be made by the ACCE for each rotation, and are due prior to assigning a grade. The assignments may include, but are not limited to, case studies, in-services, and weekly logs. CI's may also assign special projects which must be completed prior to end of the clinical internship.
4. The students must complete the "Clinical Instructor/Facility Evaluation Form". The original form must be signed by both the CI and the student and posted in Blackboard prior to receiving a grade.
5. The midterm and final CPI evaluations **must be signed by the CI and the student** before a grade can be assigned. Meaning, the CI and student each need to sign their own assessment AND the other person's assessment indicating that it has been reviewed, and that each person is in agreement with the grading and comments.

HOWARD UNIVERSITY ATTENDANCE POLICY:

NO ABSENCES OR LATE ARRIVALS ARE ALLOWED FROM THE CLINIC, UNLESS AUTHORIZED BY THE ACCE. Students are required to have 100% attendance in order to satisfy the requirements for graduation. They are expected to work the normal hours of the facility, not to exceed 40 hours a week of patient care. Students are also expected to adhere to the policies of the health facility. **Time off for holidays is granted only if the department to which the student is assigned is closed.** In addition, the students will be required to make up any late time missed due to traffic or any other reason, or absent days due to inclement weather. The student must be in uniform and ready for work when the department opens, and remain on duty until the end of their assigned hours. **Being tardy or leaving early should be reported on the evaluation form,** and the student will be held accountable for time lost during the internship.

The students are not to negotiate new clinical hours with the facility, unless it has been authorized by the ACCE. Failure to seek authorization will result in dismissal from the clinic. The student will be re-assigned to another internship, when an appropriate site becomes available.

Illness

If a student is ill or have family emergencies, they must speak with the clinical instructor at the health facility as soon as the department opens. **Leaving voice mail is not proper notification.** In addition, it is the student's responsibility to notify the Academic Coordinator at Howard University. If the ACCE is not available, the student is required to leave a message with the Chair of the department. Failure to contact the Physical Therapy Department, in the event of absences will result in disciplinary actions being taken. The student will be required to make up any absences due to illness or emergencies, (at a time convenient for the CI and the facility)

IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY, PLEASE CONTACT THE DEPARTMENT ON (202) 806-7614

**Kala Flagg, PT, DPT, ATC, CSCS
(240) 281-6821- cell
Kala.Flagg@Howard.edu**

CPI COMPLETION FACT SHEET- CLINICAL INSTRUCTORS

**If you have not completed the CPI training and received the APTA Certificate of completion in the past year, you may need to complete it prior to starting the mid-term assessment.*

Please follow this link: https://cpi2.amsapps.com/user_session/new and this prompt if you need to complete the training: Are you looking to complete the APTA CPI Training Modules and Post test?

Click [here](#) to access the APTA Learning Center! (See “Assessments for Educators”)

****If you have a profile from a previous student but do not remember your login or password information. If your account is registered under an email address that you no longer use, you may need to contact the help desk to make the adjustment because I cannot change it myself, and will not be able to connect you to the student for the midterm and CPI.**

*****We recognize that the CPI can be a tedious assessment to complete so we recommend starting the assessment approximately 1 week before the due date (mid-term and final) in order to ensure completion. Please note that we expect The CI and student to set a time to meet and review the midterm and final, and sign off on each one.**

Introductory Clinical Internship:

- Login to the CPI using your email and password
- Special Attention should be paid to “red flag” areas: Safety, Professional Behavior, Accountability, Communication, Cultural Competence, Professional Development. Significant deficiencies in any of these areas at mid-term or final should be followed up by communication with the ACCE/Asst. ACCE.
- The expectation is that the student should be **at Beginner/Adv Beginner by the FINAL**, possibly even intermediate level. No student should be at entry-level by the end of their Introductory Clinical as we are sure that they still have much to learn
- Fill in comments for all sections, especially if there is an excessively high or low ranking
- Both the CI and student need to sign off on the mid-term and the final for the assessment to be finalized.

Advanced Intermediate Clinical Internship:

- Login to the CPI using your email and password
- Special Attention should be paid to “red flag” areas: Safety, Professional Behavior, Accountability, Communication, Cultural Competence, Professional Development.

Significant deficiencies in any of these areas at mid-term or final should be followed up by communication with the ACCE/Asst. ACCE.

- The expectation is that the student should be between **Intermediate and Advanced Intermediate by the FINAL**. There may be a few competencies where the student is at entry-level by the end of their Adv Intermediate Clinical, but we expect as a whole that there may still be a few things to learn. If this is the case, please make sure those accomplishments are highlighted in the “Comment” section for that item.
- Fill in comments for all sections, especially if there is an excessively high or low ranking.
- Both the CI and student need to sign off on the mid-term and the final for the assessment to be finalized.

Terminal/Specialty Clinical Internship

- Login to the CPI using your email and password
- Special Attention should be paid to “red flag” areas: Safety, Professional Behavior, Accountability, Communication, Cultural Competence, Professional Development. Significant deficiencies in any of these areas at mid-term or final should be followed up by communication with the ACCE/Asst. ACCE.
- The expectation is that the student should be between **Entry-level and Beyond Entry- Level in all areas by the FINAL in order to graduate**. If, for any reason, a student is not expected to reach Entry-level on any competency (especially a red flag area) by the final, please notify the department immediately to discuss deficiencies and to develop a remediation plan or steps to terminate the clinical experience.
- Fill in comments for all sections, especially if there is an excessively high or low ranking.
- Both the CI and student need to sign off on the mid-term and the final for the assessment to be finalized

*Competencies for each experience are spelled out in the Power Point and the appropriate syllabus that you received in the beginning of the internship. If you need another copy of any document, or did not receive one, please let us know so that we can get one to you.

Kala.Flagg@howard.edu.

Appendix 4: Minimum Recommended Skills for DPT Graduates



MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST GRADUATES AT ENTRY-LEVEL

BOD G11-05-20-49 [Guideline]

Background

In August 2004, 28 member consultants convened in Alexandria, VA for a consensus conference on “Clinical Education in a Doctoring Profession.” One of the specific purposes of this conference was to achieve consensus on minimum skills for every graduate from a physical therapist professional program that include, but are not limited to, the skill set required by the physical therapist licensure examination. Assumptions that framed the boundaries for the discussion during this conference included:

- (1) A minimum set of required skills will be identified that every graduate from a professional physical therapist program can competently perform in clinical practice.
- (2) Physical therapist programs can prepare graduates to be competent in the performance of skills that exceed the minimum skills based on institutional and program prerogatives.
- (3) Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist licensure examination; put differently, no skills on the physical therapist licensure blueprint will be excluded from the minimum skill set.
- (4) To achieve consensus on minimum skills, 90% or more of the member consultants must be in agreement.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist to perform on patients/clients in a competent and coordinated manner. Skills considered essential for any physical therapist graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary, GI, and GU) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the *Guide to Physical Therapist Practice*. An asterisk (*) denotes a skill identified on the Physical Therapist Licensure Examination Content Outline. Given that consensus on this document was achieved by a small group of member consultants, it was agreed that the conference outcome document would be disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document.

The consensus-based draft document of Essential Skills of the Physical Therapist (previous title) was placed on APTA’s website and stakeholder groups, including APTA Board of Directors, all physical therapist academic program directors, Academic Coordinators/Directors of Clinical Education, and their faculties, physical therapists on CAPTE, component leaders, and a selected list of clinical educators, were invited to vote on whether or not to include/exclude specific essential skills that every physical therapist graduate should be competent in performing on patients. A total of 624 invitations to vote e-mails were sent out and 212 responses (34%) were received. Given the length of this document and the time required to complete the process, a 34% return rate was deemed acceptable for the purpose of this investigation. The “yes” and “no” votes were tabulated and analyzed.

The final “vote” was provided in a report to the Board of Directors in November 2005 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Graduates at Entry-level (revised title) as a core document to be made available to stakeholders including the Commission on Accreditation in Physical Therapy Education, physical therapist academic programs and their faculties, clinical education sites, students, and employers. The final document that follows defines Minimum Required Skills of Physical Therapist Graduates At Entry-level.

Skill Category	Description of Minimum Skills
<p>Screening</p> <ul style="list-style-type: none"> • <i>Systems review for referral</i> • <i>Recognize scope of limitations</i> 	<ol style="list-style-type: none"> 1. Perform review of systems to determine the need for referral or for physical therapy services. 2. Systems review screening includes the following: <ol style="list-style-type: none"> A. General Health Condition (GHC) <ol style="list-style-type: none"> (1) Fatigue (2) Malaise (3) Fever/chills/sweats (4) Nausea/vomiting (5) Dizziness/lightheadedness (6) Unexplained weight change (7) Numbness/Paresthesia (8) Weakness (9) Mentation/cognition B. Cardiovascular System (CVS)* <ol style="list-style-type: none"> (1) Dyspnea (2) Orthopnea (3) Palpitations (4) Pain/sweats (5) Syncope (6) Peripheral edema (7) Cough C. Pulmonary System (PS)* <ol style="list-style-type: none"> (1) Dyspnea (2) Onset of cough (3) Change in cough (4) Sputum (5) Hemoptysis (6) Clubbing of nails (7) Stridor (8) Wheezing D. Gastrointestinal System (GIS) <ol style="list-style-type: none"> (1) Difficulty with swallowing (2) Heartburn, indigestion (3) Change in appetite (4) Change in bowel function E. Urinary System (US) <ol style="list-style-type: none"> (1) Frequency (2) Urgency (3) Incontinence F. Genital Reproductive System (GRS) <ol style="list-style-type: none"> Male <ol style="list-style-type: none"> (1) Describe any sexual dysfunction, difficulties, or concerns Female <ol style="list-style-type: none"> (1) Describe any sexual or menstrual dysfunction, difficulties, or problems

Skill Category	Description of Minimum Skills
Screening (cont.)	<ol style="list-style-type: none"> Initiate referral when positive signs and symptoms identified in the review of systems are beyond the specific skills or expertise of the physical therapist or beyond the scope of physical therapist practice. Consult additional resources, as needed, including other physical therapists, evidence-based literature, other health care professionals, and community resources. Screen for physical, sexual, and psychological abuse. <p><u>Cardiovascular and Pulmonary Systems*</u></p> <ol style="list-style-type: none"> Conduct a systems review for screening of the cardiovascular and pulmonary system (heart rate and rhythm, respiratory rate, blood pressure, edema). Read a single lead EKG. <p><u>Integumentary System*</u></p> <ol style="list-style-type: none"> Conduct a systems review for screening of the integumentary system, the assessment of pliability (texture), presence of scar formation, skin color, and skin integrity. <p><u>Musculoskeletal System*</u></p> <ol style="list-style-type: none"> Conduct a systems review for screening of musculoskeletal system, the assessment of gross symmetry, gross range of motion, gross strength, height and weight. <p><u>Neurological System*</u></p> <ol style="list-style-type: none"> Conduct a systems review for screening of the neuromuscular system, a general assessment of gross coordinated movement (eg, balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning).
Examination/ Reexamination <ul style="list-style-type: none"> <i>History</i> <i>Tests and Measures (refer to Licensure Examination Outline, Guide to Physical Therapist Practice, PT Normative Model: Version 2004)</i> <i>Systems Review for Examination</i> 	<ol style="list-style-type: none"> Review pertinent medical records and conduct an interview which collects the following data: <ol style="list-style-type: none"> Past and current patient/client history Demographics General health status Chief complaint Medications Medical/surgical history Social history Present and premorbid functional status/activity Social/health habits Living environment Employment Growth and development Lab values Imaging Consultations Based on best available evidence select examination tests and measures that are appropriate for the patient/client. Perform posture tests and measures of postural alignment and positioning.*

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	<ol style="list-style-type: none"> 4. Perform gait, locomotion and balance tests including quantitative and qualitative measures such as*: <ol style="list-style-type: none"> A. Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment B. Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment C. Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment to include: <ol style="list-style-type: none"> (1) Bed mobility (2) Transfers (level surfaces and floor)* (3) Wheelchair management (4) Uneven surfaces (5) Safety during gait, locomotion, and balance D. Perform gait assessment including step length, speed, characteristics of gait, and abnormal gait patterns. 5. Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities. 6. Characterize or quantify ergonomic performance during work (job/school/play)*: <ol style="list-style-type: none"> A. Dexterity and coordination during work B. Safety in work environment C. Specific work conditions or activities D. Tools, devices, equipment, and workstations related to work actions, tasks, or activities 7. Characterize or quantify environmental home and work (job/school/play) barriers: <ol style="list-style-type: none"> A. Current and potential barriers B. Physical space and environment C. Community access 8. Observe self-care and home management (including ADL and IADL)* 9. Measure and characterize pain* to include: <ol style="list-style-type: none"> A. Pain, soreness, and nociception B. Specific body parts 10. Recognize and characterize signs and symptoms of inflammation. <p><u>Cardiovascular and Pulmonary Systems</u></p> <ol style="list-style-type: none"> 1. Perform cardiovascular/pulmonary tests and measures including: <ol style="list-style-type: none"> A. Heart rate B. Respiratory rate, pattern and quality* C. Blood pressure D. Aerobic capacity test* (functional or standardized) such as the 6-minute walk test E. Pulse Oximetry F. Breath sounds – normal/abnormal G. Response to exercise (RPE)

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	<div data-bbox="678 254 1511 310"> <ul style="list-style-type: none"> H. Signs and symptoms of hypoxia I. Peripheral circulation (deep vein thrombosis, pulse, venous stasis, lymphedema)* </div> <div data-bbox="602 344 824 371"> <u>Integumentary System</u> </div> <div data-bbox="613 375 1552 737"> <ol style="list-style-type: none"> 1. Perform integumentary integrity tests and measures including*: <ul style="list-style-type: none"> A. Activities, positioning, and postures that produce or relieve trauma to the skin. B. Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin. C. Skin characteristics, including blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture and turgor. D. Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma. E. Signs of infection. F. Wound characteristics: bleeding, depth, drainage, location, odor, size, and color. G. Wound scar tissue characteristics including banding, pliability, sensation, and texture. </div> <div data-bbox="602 770 839 798"> <u>Musculoskeletal System</u> </div> <div data-bbox="613 802 1542 1684"> <ol style="list-style-type: none"> 1. Perform musculoskeletal system tests and measures including: <ul style="list-style-type: none"> A. Accessory movement tests B. Anthropometrics <ul style="list-style-type: none"> (1) Limb length (2) Limb girth (3) Body composition C. Functional strength testing D. Joint integrity* E. Joint mobility* F. Ligament laxity tests G. Muscle length* H. Muscle strength* including manual muscle testing, dynamometry, one repetition max I. Palpation J. Range of motion* including goniometric measurements 2. Perform orthotic tests and measures including*: <ul style="list-style-type: none"> A. Components, alignment, fit, and ability to care for orthotic, protective, and supportive devices and equipment. B. Evaluate the need for orthotic, protective, and supportive devices used during functional activities. C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of orthotic, protective, and supportive device. D. Residual limb or adjacent segment, including edema, range of motion, skin integrity and strength. E. Safety during use of orthotic, protective, and supportive device. 3. Perform prosthetic tests and measures including*: <ul style="list-style-type: none"> A. Alignment, fit, and ability to care for prosthetic device. B. Prosthetic device use during functional activities. </div>

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	<ul style="list-style-type: none"> C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions, with use of prosthetic device. D. Evaluation of residual limb or adjacent segment, including edema, range of motion, skin integrity, and strength. E. Safety during use of the prosthetic device. <p>4. Perform tests and measures for assistive and adaptive devices including*:</p> <ul style="list-style-type: none"> A. Assistive or adaptive devices and equipment use during functional activities. B. Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment. C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of assistive or adaptive devices and equipment. D. Safety during use of assistive or adaptive equipment. <p><u>Neurological System</u></p> <p>1. Perform arousal, attention and cognition tests and measures to characterize or quantify (including standardized tests and measures)*:</p> <ul style="list-style-type: none"> A. Arousal B. Attention C. Orientation D. Processing and registration of information E. Retention and recall F. Communication/language <p>2. Perform cranial and peripheral nerve integrity tests and measures*:</p> <ul style="list-style-type: none"> A. Motor distribution of the cranial nerves (eg, muscle tests, observations) B. Motor distribution of the peripheral nerves (eg, dynamometry, muscle tests, observations, thoracic outlet tests) C. Response to neural provocation (e.g. tension test, vertebral artery compression tests) D. Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual (eg, observations, provocation tests) <p>3. Perform motor function tests and measures to include*:</p> <ul style="list-style-type: none"> A. Dexterity, coordination, and agility B. Initiation, execution, modulation and termination of movement patterns and voluntary postures <p>4. Perform neuromotor development and sensory integration tests and measures to characterize or quantify*:</p> <ul style="list-style-type: none"> A. Acquisition and evolution of motor skills, including age-appropriate development B. Sensorimotor integration, including postural responses, equilibrium, and righting reactions <p>5. Perform tests and measures for reflex integrity including*:</p> <ul style="list-style-type: none"> A. Deep reflexes (eg, myotatic reflex scale, observations, reflex tests) B. Postural reflexes and reactions, including righting, equilibrium and protective reactions C. Primitive reflexes and reactions, including developmental D. Resistance to passive stretch E. Superficial reflexes and reactions

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	<p>F. Resistance to velocity dependent movement</p> <p>6. Perform sensory integrity tests and measures that characterize or quantify including*:</p> <ul style="list-style-type: none"> A. Light touch B. Sharp/dull C. Temperature D. Deep pressure E. Localization F. Vibration G. Deep sensation H. Stereognosis I. Graphesthesia
Evaluation <ul style="list-style-type: none"> • <i>Clinical reasoning</i> • <i>Clinical decision making</i> 	<ol style="list-style-type: none"> 1. Synthesize available data on a patient/client expressed in terms of the International Classification of Function, Disability and Health (ICF) model to include body functions and structures, activities, and participation. 2. Use available evidence in interpreting the examination findings. 3. Verbalize possible alternatives when interpreting the examination findings. 4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a clinical decision.
Diagnosis	<ol style="list-style-type: none"> 1. Integrate the examination findings to classify the patient/client problem in terms of body functions and structures, and activities and participation (ie, practice patterns in the <i>Guide</i>) 2. Identify and prioritize impairments in body functions and structures, and activity limitations and participation restrictions to determine specific body function and structure, and activities and participation towards which the intervention will be directed.*
Prognosis	<ol style="list-style-type: none"> 1. Determine the predicted level of optimal functioning and the amount of time required to achieve that level.* 2. Recognize barriers that may impact the achievement of optimal functioning within a predicted time frame including*: <ul style="list-style-type: none"> A. Age B. Medication(s) C. Socioeconomic status D. Co-morbidities E. Cognitive status F. Nutrition G. Social Support H. Environment
Plan of Care <ul style="list-style-type: none"> • <i>Goal setting</i> • <i>Coordination of Care</i> • <i>Progression of care</i> • <i>Discharge</i> 	<p><u>Design a Plan of Care</u></p> <ol style="list-style-type: none"> 1. Write measurable functional goals (short-term and long-term) that are time referenced with expected outcomes. 2. Consult patient/client and/or caregivers to develop a mutually agreed to plan of care.* 3. Identify patient/client goals and expectations.* 4. Identify indications for consultation with other professionals.* 5. Make referral to resources needed by the patient/client (assumes knowledge of referral sources).*

Skill Category	Description of Minimum Skills
Plan of care (cont.)	<ol style="list-style-type: none"> 6. Select and prioritize the essential interventions that are safe and meet the specified functional goals and outcomes in the plan of care* (ie, (a) identify precautions and contraindications, (b) provide evidence for patient-centered interventions that are identified and selected, (c) define the specificity of the intervention (time, intensity, duration, and frequency), and (d) set realistic priorities that consider relative time duration in conjunction with family, caregivers, and other health care professionals). 7. Establish criteria for discharge based on patient goals and current functioning and disability.* <p><u>Coordination of Care</u></p> <ol style="list-style-type: none"> 1. Identify who needs to collaborate in the plan of care. 2. Identify additional patient/client needs that are beyond the scope of physical therapist practice, level of experience and expertise, and warrant referral.* 3. Refer and discuss coordination of care with other health care professionals.* 4. Articulate a specific rationale for a referral. 5. Advocate for patient/client access to services. <p><u>Progression of Care</u></p> <ol style="list-style-type: none"> 1. Identify outcome measures of progress relative to when to progress the patient further.* 2. Measure patient/client response to intervention.* 3. Monitor patient/client response to intervention. 4. Modify elements of the plan of care and goals in response to changing patient/client status, as needed.* 5. Make on-going adjustments to interventions according to outcomes including environmental factors and personal factors and, medical therapeutic interventions. 6. Make accurate decisions regarding intensity and frequency when adjusting interventions in the plan of care. <p><u>Discharge Plan</u></p> <ol style="list-style-type: none"> 1. Re-examine patient/client if not meeting established criteria for discharge based on the plan of care. 2. Differentiate between discharge of the patient/client, discontinuation of service, and transfer of care with re-evaluation.* 3. Prepare needed resources for patient/client to ensure timely discharge, including follow-up care. 4. Include patient/client and family/caregiver as a partner in discharge.* 5. Discontinue care when services are no longer indicated. 6. When services are still needed, seek resources and/or consult with others to identify alternative resources that may be available. 7. Determine the need for equipment and initiate requests to obtain.

Skill Category	Description of Minimum Skills
Interventions <ul style="list-style-type: none"> • Safety, Emergency Care, CPR and First Aid • Standard Precautions • Body Mechanics and Positioning • Categories of Interventions (See NPTE List and Guide) 	<p><u>Safety, Cardiopulmonary Resuscitation Emergency Care, First Aid</u></p> <ol style="list-style-type: none"> 1. Ensure patient safety and safe application of patient/client care.* 2. Perform first aid.* 3. Perform emergency procedures.* 4. Perform Cardiopulmonary Resuscitation (CPR).* <p><u>Precautions</u></p> <ol style="list-style-type: none"> 1. Demonstrate appropriate sequencing of events related to universal precautions.* 2. Use Universal Precautions. 3. Determine equipment to be used and assemble all sterile and non-sterile materials.* 4. Use transmission-based precautions. 5. Demonstrate aseptic techniques.* 6. Apply sterile procedures.* 7. Properly discard soiled items.* <p><u>Body Mechanics and Positioning</u></p> <ol style="list-style-type: none"> 1. Apply proper body mechanics (utilize, teach, reinforce, and observe).* 2. Properly position, drape, and stabilize a patient/client when providing physical therapy.* <p><u>Interventions</u></p> <ol style="list-style-type: none"> 1. Coordination, communication, and documentation may include: <ol style="list-style-type: none"> A. Addressing required functions: <ol style="list-style-type: none"> (1) Establish and maintain an ongoing collaborative process of decision-making with patients/clients, families, or caregivers prior to initiating care and throughout the provision of services.* (2) Discern the need to perform mandatory communication and reporting (eg, incident reports, patient advocacy and abuse reporting). (3) Follow advance directives. B. Admission and discharge planning. C. Case management. D. Collaboration and coordination with agencies, including: <ol style="list-style-type: none"> (1) Home care agencies (2) Equipment suppliers (3) Schools (4) Transportation agencies (5) Payer groups E. Communication across settings, including: <ol style="list-style-type: none"> (1) Case conferences (2) Documentation (3) Education plans F. Cost-effective resource utilization. G. Data collection, analysis, and reporting of: <ol style="list-style-type: none"> (1) Outcome data (2) Peer review findings (3) Record reviews H. Documentation across settings, following APTA's Guidelines for Physical Therapy Documentation, including: <ol style="list-style-type: none"> (1) Elements of examination, evaluation, diagnosis, prognosis, and intervention

Skill Category	Description of Minimum Skills
Interventions (cont.)	<ul style="list-style-type: none"> (2) Changes in body structure and function, activities and participation. (3) Changes in interventions (4) Outcomes of intervention I. Interdisciplinary teamwork: <ul style="list-style-type: none"> (1) Patient/client family meetings (2) Patient care rounds (3) Case conferences J. Referrals to other professionals or resources.* <p>2. Patient/client-related instruction may include:</p> <ul style="list-style-type: none"> A. Instruction, education, and training of patients/clients and caregivers regarding: <ul style="list-style-type: none"> (1) Current condition, health condition, impairments in body structure and function, and activity limitations, and participation restrictions)* (2) Enhancement of performance (3) Plan of care: <ul style="list-style-type: none"> a. Risk factors for health condition, impairments in body structure and function, and activity limitations, and participation restrictions. b. Preferred interventions, alternative interventions, and alternative modes of delivery c. Expected outcomes (4) Health, wellness, and fitness programs (management of risk factors) (5) Transitions across settings <p>3. Therapeutic exercise may include performing:</p> <ul style="list-style-type: none"> A. Aerobic capacity/endurance conditioning or reconditioning*: <ul style="list-style-type: none"> (1) Gait and locomotor training* (2) Increased workload over time (modify workload progression) (3) Movement efficiency and energy conservation training (4) Walking and wheelchair propulsion programs (5) Cardiovascular conditioning programs B. Balance*, coordination*, and agility training: <ul style="list-style-type: none"> (1) Developmental activities training* (2) Motor function (motor control and motor learning) training or retraining (3) Neuromuscular education or reeducation* (4) Perceptual training (5) Posture awareness training* (6) Sensory training or retraining (7) Standardized, programmatic approaches (8) Task-specific performance training C. Body mechanics and postural stabilization: <ul style="list-style-type: none"> (1) Body mechanics training* (2) Postural control training* (3) Postural stabilization activities* (4) Posture awareness training*

Skill Category	Description of Minimum Skills
Interventions (continued)	<p>D. Flexibility exercises:</p> <ul style="list-style-type: none"> (1) Muscle lengthening* (2) Range of motion* (3) Stretching* <p>E. Gait and locomotion training*:</p> <ul style="list-style-type: none"> (1) Developmental activities training* (2) Gait training* (3) Device training* (4) Perceptual training* (5) Basic wheelchair training* <p>F. Neuromotor development training:</p> <ul style="list-style-type: none"> (1) Developmental activities training* (2) Motor training (3) Movement pattern training (4) Neuromuscular education or reeducation* <p>G. Relaxation:</p> <ul style="list-style-type: none"> (1) Breathing strategies* (2) Movement strategies (3) Relaxation techniques <p>H. Strength, power, and endurance training for head, neck, limb, and trunk*:</p> <ul style="list-style-type: none"> (1) Active assistive, active, and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric, and plyometric exercises) (2) Aquatic programs* (3) Task-specific performance training <p>I. Strength, power, and endurance training for pelvic floor:</p> <ul style="list-style-type: none"> (1) Active (Kegel) <p>J. Strength, power, and endurance training for ventilatory muscles:</p> <ul style="list-style-type: none"> (1) Active and resistive <p>4. Functional training in self-care and home management may include*:</p> <p>A. Activities of daily living (ADL) training:</p> <ul style="list-style-type: none"> (1) Bed mobility and transfer training* (2) Age appropriate functional skills <p>B. Barrier accommodations or modifications*</p> <p>C. Device and equipment use and training:</p> <ul style="list-style-type: none"> (1) Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)* (2) Orthotic, protective, or supportive device or equipment training during self-care and home management* (3) Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*

Skill Category	Description of Minimum Skills
Interventions (cont.)	<ul style="list-style-type: none"> D. Functional training programs*: <ul style="list-style-type: none"> (1) Simulated environments and tasks* (2) Task adaptation E. Injury prevention or reduction: <ul style="list-style-type: none"> (1) Safety awareness training during self-care and home management* (2) Injury prevention education during self-care and home management (3) Injury prevention or reduction with use of devices and equipment <p>5. Functional training in work (job/school/play), community, and leisure integration or reintegration may include*:</p> <ul style="list-style-type: none"> A. Barrier accommodations or modifications* B. Device and equipment use and training*: <ul style="list-style-type: none"> (1) Assistive and adaptive device or equipment training during instrumental activities of daily living (IADL)* (2) Orthotic, protective, or supportive device or equipment training during IADL for work* (3) Prosthetic device or equipment training during IADL * C. Functional training programs: <ul style="list-style-type: none"> (1) Simulated environments and tasks (2) Task adaptation (3) Task training D. Injury prevention or reduction: <ul style="list-style-type: none"> (1) Injury prevention education during work (job/school/play), community, and leisure integration or reintegration (2) Injury prevention education with use of devices and equipment (3) Safety awareness training during work (job/school/play), community, and leisure integration or reintegration (4) Training for leisure and play activities <p>6. Manual therapy techniques may include:</p> <ul style="list-style-type: none"> A. Passive range of motion B. Massage: <ul style="list-style-type: none"> (1) Connective tissue massage (2) Therapeutic massage C. Manual traction* D. Mobilization/manipulation: <ul style="list-style-type: none"> (1) Soft tissue* (thrust and nonthrust*) (2) Spinal and peripheral joints* (thrust and nonthrust*) <p>7. Prescription, application, and, as appropriate, fabrication of devices and equipment may include*:</p> <ul style="list-style-type: none"> A. Adaptive devices*:

Skill Category	Description of Minimum Skills
Interventions (cont.)	<ul style="list-style-type: none"> (1) Hospital beds (2) Raised toilet seats (3) Seating systems – prefabricated B. Assistive devices*: <ul style="list-style-type: none"> (1) Canes (2) Crutches (3) Long-handled reachers (4) Static and dynamic splints – prefabricated (5) Walkers (6) Wheelchairs C. Orthotic devices*: <ul style="list-style-type: none"> (1) Prefabricated braces (2) Prefabricated shoe inserts (3) Prefabricated splints D. Prosthetic devices (lower-extremity)* E. Protective devices*: <ul style="list-style-type: none"> (1) Braces (2) Cushions (3) Helmets (4) Protective taping F. Supportive devices*: <ul style="list-style-type: none"> (1) Prefabricated compression garments (2) Corsets (3) Elastic wraps (4) Neck collars (5) Slings (6) Supplemental oxygen - apply and adjust (7) Supportive taping 8. Airway clearance techniques may include*: <ul style="list-style-type: none"> A. Breathing strategies*: <ul style="list-style-type: none"> (1) Active cycle of breathing or forced expiratory techniques* (2) Assisted cough/huff techniques* (3) Paced breathing* (4) Pursed lip breathing (5) Techniques to maximize ventilation (eg, maximum inspiratory hold, breath stacking, manual hyperinflation) B. Manual/mechanical techniques*: <ul style="list-style-type: none"> (1) Assistive devices C. Positioning*: <ul style="list-style-type: none"> (1) Positioning to alter work of breathing (2) Positioning to maximize ventilation and perfusion 9. Integumentary repair and protection techniques may include*: <ul style="list-style-type: none"> A. Debridement*—nonselective:

Skill Category	Description of Minimum Skills
Interventions (continued)	<div data-bbox="748 254 1036 373"> <ul style="list-style-type: none"> (1) Enzymatic debridement (2) Wet dressings (3) Wet-to-dry dressings (4) Wet-to-moist dressings </div> <div data-bbox="683 405 974 495"> <p>B. Dressings*:</p> <ul style="list-style-type: none"> (1) Hydrogels (2) Wound coverings </div> <div data-bbox="683 527 925 709"> <p>C. Topical agents*:</p> <ul style="list-style-type: none"> (1) Cleansers (2) Creams (3) Moisturizers (4) Ointments (5) Sealants </div> <div data-bbox="618 741 1071 768"> <p>10. Electrotherapeutic modalities may include:</p> </div> <div data-bbox="683 800 1333 1108"> <ul style="list-style-type: none"> A. Biofeedback* B. Electrotherapeutic delivery of medications (eg, iontophoresis)* C. Electrical stimulation*: <ul style="list-style-type: none"> (1) Electrical muscle stimulation (EMS)* (2) Functional electrical stimulation (FES) (3) High voltage pulsed current (HVPC) (4) Neuromuscular electrical stimulation (NMES) (5) Transcutaneous electrical nerve stimulation (TENS) </div> <div data-bbox="618 1140 1208 1167"> <p>11. Physical agents and mechanical modalities may include:</p> </div> <div data-bbox="667 1171 828 1199"> <p><i>Physical agents:</i></p> </div> <div data-bbox="683 1230 987 1780"> <ul style="list-style-type: none"> A. Cryotherapy*: <ul style="list-style-type: none"> (1) Cold packs (2) Ice massage (3) Vapocoolant spray B. Hydrotherapy*: <ul style="list-style-type: none"> (1) Contrast bath (2) Pools (3) Whirlpool tanks* C. Sound agents*: <ul style="list-style-type: none"> (1) Phonophoresis* (2) Ultrasound* D. Thermotherapy*: <ul style="list-style-type: none"> (1) Dry heat (2) Hot packs* (3) Paraffin baths* </div> <div data-bbox="667 1812 889 1839"> <p><i>Mechanical modalities:</i></p> </div> <div data-bbox="683 1843 1120 1896"> <ul style="list-style-type: none"> A. Compression therapies (prefabricated)* <ul style="list-style-type: none"> (1) Compression garments </div>

Skill Category	Description of Minimum Skills
Interventions (continued)	<p>(2) Vasopneumatic compression devices*</p> <p>(3) Taping</p> <p>(4) Compression bandaging (excluding lymphedema)</p> <p>B. Gravity-assisted compression devices:</p> <p>(1) Standing frame*</p> <p>(2) Tilt table*</p> <p>C. Mechanical motion devices*:</p> <p>(1) Continuous passive motion (CPM)*</p> <p>D. Traction devices*:</p> <p>(1) Intermittent</p> <p>(2) Positional</p> <p>(3) Sustained</p>
Outcomes Assessment	<ol style="list-style-type: none"> 1. Perform chart review/audit with respect to documenting components of patient/client management and facility procedures and regulatory requirements. 2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of functioning.* 3. Select outcome measures for levels of impairments in body function and structure, activity limitations, and participation restrictions with respect for psychometric properties of the outcomes. 4. Aggregate data across patients/clients and analyze results as it relates to the effectiveness of clinical performance (intervention).*
Education <ul style="list-style-type: none"> • <i>Patients/clients, families, and caregivers</i> • <i>Colleagues, other healthcare professionals, and students</i> 	<p><u>Patient/Client</u></p> <ol style="list-style-type: none"> 1. Determine patient/client variables that affect learning.* 2. Educate the patient/client and caregiver about the patient's/client's current health condition/examination findings, plan of care and expected outcomes, utilizing their feedback to modify the plan of care and expected outcomes as needed.* 3. Assess prior levels of learning for patient/client and family/caregiver to ensure clarity of education. 4. Educate patients/clients and caregivers to recognize normal and abnormal response to interventions that warrant follow-up.* 5. Provide patient/client and caregiver clear and concise home/independent program instruction at their levels of learning and ensure the patient's /client's understanding of home/independent program.* 6. Educate patient/client and caregiver to enable them to articulate and demonstrate the nature of the impairments in body function and structure, activity limitations, and participation restrictions and how to safely and effectively manage the impairments in body function and structure, activity limitations, and participation restrictions (eg, identify symptoms, alter the program, and contact the therapist).* <p><u>Colleagues</u></p> <ol style="list-style-type: none"> 1. Identify patient/client related questions and systematically locate and critically appraise evidence that addresses the question. 2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation of the physical therapist and scope

Skill Category	Description of Minimum Skills
	<p>of physical therapist practice.</p> <ol style="list-style-type: none"> 3. Address relevant learning needs, convey information, and assess outcomes of learning. 4. Present contemporary topics/issues using current evidence and sound teaching principles (ie, case studies, in-service, journal article review, etc.).
<p>Practice Management</p> <ul style="list-style-type: none"> • <i>Billing/Reimbursement</i> • <i>Documentation</i> • <i>Quality Improvement</i> • <i>Direction and Supervision</i> • <i>Marketing and Public Relations</i> • <i>Patient Rights, Patient Consent, Confidentiality, and HIPAA</i> 	<p><u>Billing/Reimbursement</u></p> <ol style="list-style-type: none"> 1. Describe the legal/ethical ramifications of billing and act accordingly. 2. Correlate/distinguish between billing and reimbursement. 3. Include consideration of billing/ reimbursement in the plan of care. 4. Choose correct and accurate ICD-9 and CPT codes. 5. Contact insurance company to follow-up on a denial or ask for additional services including Durable Medical Equipment (DME). 6. Describe the implications of insurers' use of the <i>Guide</i> on billing/reimbursement. <p><u>Documentation of Care</u></p> <ol style="list-style-type: none"> 1. Document patient/client care in writing that is accurate and complete using institutional processes.* 2. Use appropriate grammar, syntax, spelling, and punctuation in written communication. 3. Use appropriate terminology and institutionally approved abbreviations. 4. Use an organized and logical framework to document care (eg, refer to the <i>Guide to Physical Therapist Practice</i>, Appendix 5).* 5. Conform to documentation requirements of the practice setting and their reimbursement system. 6. Accurately interpret documentation from other health care professionals. <p><u>Quality Improvement</u></p> <ol style="list-style-type: none"> 1. Participate in quality improvement program of self, peers, and setting/institution. 2. Describe the relevance and impact of institutional accreditation (eg, Joint Commission or CARF) on the delivery of physical therapy services. <p><u>Direction and Supervision of Physical Therapist Assistants (PTAs) and Other Support Personnel</u></p> <ol style="list-style-type: none"> 1. Follow legal and ethical requirements for direction and supervision. 2. Supervise the physical therapist assistant and/or other support personnel. 3. Select appropriate patients/clients for whom care can be directed to physical therapist assistants based on patient complexity and acuity, reimbursement, PTA knowledge/skill, jurisdictional law, etc. 4. In any practice setting, maintain responsibility for patient/client care by regularly monitoring care and patient progression throughout care provided by PTAs and services provided by other support personnel. <p><u>Marketing and Public Relations</u></p> <ol style="list-style-type: none"> 1. Present self in a professional manner. 2. Promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy. <p><u>Patient Rights, Patient Consent, Confidentiality, and Health Insurance Portability and Accountability Act (HIPAA)*</u></p>

Skill Category	Description of Minimum Skills
	<ol style="list-style-type: none"> 1. Obtain consent from patients/clients and/or caregiver for the provision of all components of physical therapy including*: <ol style="list-style-type: none"> A. treatment-related* B. research* C. fiscal 2. Comply with HIPAA/FERPA regulations.* 3. Act in concert with institutional "Patient Rights" statements and advanced directives (eg, Living wills, Do Not Resuscitate (DNR) requests, etc.). <p><u>Informatics</u> Use current information technology, including word-processing, spreadsheets, and basic statistical packages.</p> <p><u>Risk Management</u> <ol style="list-style-type: none"> 1. Follow institutional/setting procedures regarding risk management. 2. Identify the need to improve risk management practices. </p> <p><u>Productivity</u> Analyze personal productivity using the clinical facility's system and implement strategies to improve when necessary.</p>
Professionalism: Core Values <ul style="list-style-type: none"> • Accountability • Altruism • Compassion/Caring • Excellence • Integrity • Professional Duty • Social Responsibility 	<p><u>Core Values</u></p> <ol style="list-style-type: none"> 1. Demonstrate all APTA core values associated with professionalism. 2. Identify resources to develop core values. 3. Seek mentors and learning opportunities to develop and enhance the degree to which core values are demonstrated. 4. Promote core values within a practice setting.
Consultation	<ol style="list-style-type: none"> 1. Provide consultation within the context of patient/client care with physicians, family and caregivers, insurers, and other health care providers, etc. 2. Accurately self-assess the boundaries within which consultation outside of the patient/client care context can be provided. 3. Render advice within the identified boundaries or refer to others.
Evidence-Based Practice <ul style="list-style-type: none"> • Impact of Research on Practice 	<ol style="list-style-type: none"> 1. Discriminate among the levels of evidence (eg, Sackett). 2. Access current literature using databases and other resources to answer clinical/practice questions. 3. Read and critically analyze current literature. 4. Use current evidence, patient values, and personal experiences in making clinical decisions.* 5. Prepare a written or verbal case report. 6. Share expertise related to accessing evidence with colleagues.

Skill Category	Description of Minimum Skills
Communication <ul style="list-style-type: none"> • <i>Interpersonal</i> • <i>Verbal</i> • <i>Written</i> 	<u>Interpersonal (including verbal, non-verbal, electronic)</u> <ol style="list-style-type: none"> 1. Develop rapport with patients/clients and others. 2. Display sensitivity to the needs of others. 3. Actively listen to others. 4. Engender confidence of others. 5. Ask questions in a manner that elicits needed responses. 6. Modify communication to meet the needs of the audience. 7. Demonstrate congruence between verbal and non-verbal messages. 8. Use appropriate grammar, syntax, spelling, and punctuation in written communication. 9. Use appropriate, and where available, standard terminology and abbreviations. 10. Maintain professional relationships with all persons. 11. Adapt communication in ways that recognize and respect the knowledge and experiences of colleagues and others. <u>Conflict Management/Negotiation</u> <ol style="list-style-type: none"> 1. Recognize potential for conflict. 2. Implement strategies to prevent and/or resolve conflict. 3. Seek resources to resolve conflict when necessary,
Cultural Competence	<ol style="list-style-type: none"> 1. Elicit the "patient's story" to avoid stereotypical assumptions. 2. Utilize information about health disparities during patient/client care. 3. Provide care in a non-judgmental manner. 4. Acknowledge personal biases, via self-assessment or critical assessment of feedback from others. 5. Recognize individual and cultural differences and adapt behavior accordingly in all aspects of physical therapy care.*
Promotion of Health, Wellness, and Prevention	<ol style="list-style-type: none"> 1. Identify patient/client health risks during the history and physical via the systems review. 2. Take vital signs of every patient/client during each visit. 3. Collaborate with the patient/client to develop and implement a plan to address health risks.* 4. Determine readiness for behavioral change. 5. Identify available resources in the community to assist in the achievement of the plan. 6. Identify secondary and tertiary effects of disability. 7. Demonstrate healthy behaviors. 8. Promote health/wellness in the community.

Relationship to Vision 2020: Doctor of Physical Therapy
(Academic/Clinical Education Affairs Department, ext 3203)

[Document updated: 12/14/2009]

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Appendix 5: Weekly Log Template

CLINICAL INTERNSHIP WEEKLY ASSESSMENT

STUDENT NAME: _____ DATE _____

SITE: _____

CLINICAL INSTRUCTOR: _____

WEEK #: _____

Grading Scale: 1= Poor/Unacceptable

2= Fair/Needs Work

3= Average/As Expected

4= Above Average/Making Progress

5= Exceptional/Entry Level

	1	2	3	4	5	CI Comments	Student Comments
1. Student presents to the clinic on time and dressed professionally							
2. Student demonstrates professionalism consistently							
3. Student comes prepared with required/suggested resources, consults evidence-based research, etc.							
4. Student responds well to feedback and applies it regularly without frequent reminders from the CI							
5. Recognizes red flags and safety concerns- in a chart review and/or during a session							
6. Performs patient introduction and receives consent for treatment							
7. Completes a patient screening including a systems review (CP, Integumentary, MSK, Neuro) and recognizes scope of limitations							
8. Initiates a referral when indicated (MD, nursing, PT, ST, etc) and/or communicates with appropriate interdisciplinary personnel (including PTA or other PT personnel)							
9. Completes an Examination/Re-examination w/ minimal to no CI input							

<ul style="list-style-type: none"> • History • Tests & Measures • Posture • Gait, locomotion, balance • Mobility • Pain • Special Tests/Systemic Assessments • Reflexes & Sensation 							
10. Properly assesses, measures for and selects assistive devices based on patient Dx and safety							
11. Establishes a working PT diagnosis and problem list							
12. Develops goals that are specific and measurable, and are appropriate for the patient, setting							
13. Demonstrates clinical reasoning and decision-making appropriate for the level of clinical experience (Intro, Adv. Intermediate, Terminal/Specialty)							
14. Designs an appropriate plan of care including coordination of care, progression and discharge planning							
15. Patient and family instruction/education is clear and concise							

Overall Strengths:

Overall Weaknesses:

Solutions for Improvement:

Clinical Instructor Initials: _____

Appendix 6: Clinical Education Course Syllabi



PHTH 720

Introductory Clinical Internship

CRN: 85265	Instructor: Dr. Kala Y. Flagg, PT, DPT, ATC, CSCS
Credits: 8	Office Hours: Dr. Flagg: Tuesdays, Thursdays 5-6:30pm, additional days/times-by appointment
Semester: Fall 2020	Contact Information: kala.flagg@howard.edu Main office #: 202-806-7614 Office location: Virtual
Course Time and Location: Clinic Hours: 40 hours per week Location: Assigned clinical site	Drop-ins are welcome; however, those with scheduled appointments have priority. To schedule an appointment, please call or email at the contacts listed above. Do not assume that a message left or email sent is a scheduled appointment. Confirmation will be given/sent. Students are encouraged to use e-mail, telephone, or scheduled office hours as needed to communicate with the course coordinator/ instructor. The Email will be monitored Monday – Friday from 8:00 am to 5:00 pm excluding holidays. Please use your Howard University email address only. Messages from other email accounts will not be accepted.

EDUCATIONAL PHILOSOPHY

The curriculum is based on the “situated learning perspective”. Situated learning is a theory that hypothesizes that knowing is inseparable from doing. The program faculty believe that this perspective is the educational paradigm that best suits the needs of the Howard University student physical therapist. The educational principles translate into learning experiences by the inclusion of actual and simulated clinical practices as an integrated adjunct to didactic information. The curriculum facilitates the developmental learning that must occur to create reflective, problem-solving, critically-thinking, skilled physical therapists who perform culturally competent, evidenced-based

physical therapy services to patients and clients across the lifespan and along the contemporary health care continuum.

It is the student's responsibility to read and understand this syllabus. Failure to read and understand this syllabus does not excuse students from the rules and procedures described herein. Personal factors or contradictory advice from any source are not acceptable grounds for seeking exemption from these rules and procedures.

CURRICULAR THEMES

1. A primary goal of the HUDPT program is to train African Americans and other underserved minorities to become competent physical therapist with an emphasis on the treatment of conditions that are prevalent in underserved communities.
2. Competent physical therapists are those individuals who demonstrate professional behavior and expertise in clinical decision-making, patient/client management, and reflective practice.
3. Development of leadership potential is vital to the profession of physical therapy in areas of clinical practice, education, administration, consultation and research.
4. A sensitivity to individual and cultural differences and a commitment to provide services to the profession and in underserved communities is strongly supported, using experiential service-learning opportunities that align with our University's mission.
5. A critical component of contemporary physical therapy practice is designing and promoting health and wellness programs which increase awareness and participation in initiatives that support a healthy campus community, as it relates to physical and mental health, and prevent or delay injury, functional impairment, disease, or disability.

COURSE DESCRIPTION

This is a full-time clinical experience, designed for the first year professional level physical therapy students. Under the supervision of a clinical instructor, students will participate in examination, intervention and care planning activities in the clinical setting integrating didactic information gained in foundation and introductory coursework. Students will also interact with patients, staff, and other therapist to gain an understanding of the responsibilities and administrative duties of the physical therapist in this environment. The course begins with an introductory orientation session where students enhance their awareness of program expectations for the clinical experience. The following areas will be highlighted during the orientation session.

1. Principles of clinical decision-making and professionalism
2. New techniques and technology used by physical therapist in the care of their patients/clients.
3. Student role in the diagnostic process and the differential diagnoses.
4. Role of the physical therapists in the provision of consultation to health care practitioners, businesses and government agencies.
5. Physical therapist's professional behaviors and ethical responsibility in the use of time and effort to meet patient/client needs.
6. The role of the physical therapist in providing *Pro bono* services.
7. HIPAA regulations.
8. Modality proficiency check out

PREREQUISITES

Successful completion of coursework, practical exams and clinical experiences of Semester I-III of the Doctorate of Physical Therapy curriculum.

COURSE GOALS

- CG1: Demonstrate introductory level competency in the implementation of examination, evaluation, intervention, and case planning skills
- CG2: Demonstrate safe and professional clinical practice in all interactions with patients and staff
- CG3: Perform responsibilities in a manner consistent with physical therapy professional ethical behaviors and standards

COURSE OBJECTIVES

Upon completion of this course the student will be able to:

Objective Number	Course Objectives	Course Goals	NPTE Content Code	CAPTE Standard	NPTE Content Code (2018)
CO1	Demonstrate introductory level competency in clinical practice and problem solving	CG1	H1, K1, L1	6L, 6M, 7D, 7D1-43	A1a-c, B1a-d, C1a-c
CO2	Interact professionally with patients, family members, peers, clinical instructor(s), and other members of the healthcare team.	CG1	L1	6L, 6M, 7D, 7D7,8	M4d
CO3	Engage in diagnostic reasoning for patients/clients with conditions that involve motor dysfunction.	CG2	H1, I1, J1, K1	6L, 6M, 7D, 7D11, 7D16, 7D17-22	C3c-f
CO4	Identify indications/contraindications for intervention	CG2	H1, J1, K1	6L, 6M, 7D, 7D16, 7D24	A3c, B3c, C3c
CO5	Discuss physical therapist's professional behaviors and ethical responsibility to meet patient/client needs, or by providing pro bono services, if necessary	CG2 CG3	K1, L1	6L, 6M, 7D, 7D13	M4a-k

INSTRUCTIONAL METHODS

This course affords students a full-time clinical experience. Teaching/ learning experiences incorporate professional training in a physical therapy health care setting. Learning experiences are primarily through active hands-on patient care. However, other sources of learning experiences may include assigned readings, discussion, demonstrations, presentations, web-based learning, independent work, tutorials and problem-based learning.

IM1: Perform the components of an examination (history, systems review, test and measures)

IM2: Identify appropriate therapeutic interventions for patient impairments and functional limitations

IM3: Identify clinical decision-making guidelines used in case scenarios or actual patient situations

IM4: Identify indications/contraindications for intervention strategies

IM5: Recognize personal skill limitations by requesting guidance and assistance appropriately

IM6: Complete documentation in a timely and organized manner that follows professional guidelines, guidelines required of the health care system, and guidelines required by the practice setting.

IM7: Assess individual and collective outcomes of patient/client care using reliable measures

IM8: Effectively communicate with clinical instructor(s), patient/family members, supportive staff and other members of the healthcare team

IM9: Appropriately use feedback from clinical supervisor or clinical instructor to improve clinical skills and outcomes

IM10: Provide a formal in-service presentation on a physical therapy related topic

TEXTBOOKS AND OTHER RESOURCES

APTA. Guide to Physical Therapists Practice: 2nd edition. APTA, 2001. Available online at: [http://guidetoptpractice.apta.org/\(GPT\)](http://guidetoptpractice.apta.org/(GPT))

Required and recommended textbooks from each of the pre-requisite courses

Access to a computer with internet access, a Howard University e-mail account, and HU Blackboard blackboard.howard.edu.

Other readings as assigned

COURSE REQUIREMENTS

Students will earn a **pass/fail** grade based on satisfactory performance on assignments, individual projects, attendance/ participation, and professional behavior. Weekly logs must be completed by the student and CI and forwarded to the ACCE by close of business each Friday. All course requirements must be met to successfully complete this course. AMA citation format is required for all writing. Consistent with the departmental and university policies, students must receive a passing grade during the clinical experience by receiving entry level status on the Clinical Performance Instrument (CPI) by the end of the clinical experience. The weekly log will also be used to consistently assess student progress towards the entry-level standard, or whether remediation may be required.

If a student does not achieve a score of 'entry-level' on all CPI competencies for the Terminal Clinical Internship, a remediation plan will be required which may include an extension of the clinical internship time until 'entry-level' is achieved. The remediation plan may instead consist of additional assignments provided by the ACCE/Asst. ACCE to simulate the deficient competency areas. A grade of Pass/Fail will be administered by the departmental/clinical faculty upon the completion of the assigned task(s), meeting with the CI/SCE and consideration by the ACCE/Asst. ACCE and Program Director.

Grading Policy: Pass/Fail

COURSE POLICIES

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4. Howard University complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990. Students with disabilities who need special accommodations must speak with the academic coordinator and provide appropriate documentation to be sent with course materials to the clinical instructor.
5. **Attendance** will play a major role in successful completion of this course. Students who are assessed two unexcused absences from clinic or who show excessive tardiness during the clinical experience will be cited for unprofessional behavior on the CPI. If you are running late due to an emergency, or ill/have an emergency that may preclude you from arriving to the clinical site on time, you must first communicate with your clinical instructor (CI) via phone prior to your scheduled start time. You must then immediately contact the ACCE or Asst. ACCE to notify the University of the surrounding circumstances. Email should only be used if the parties are not able to be reached by phone. Students with excessive tardiness or absences (excused or unexcused) demonstrate poor professional conduct that will jeopardize successful completion of the clinical affiliation. It is at the discretion of the academic and clinical coordinator to determine the extent of **unprofessional conduct** in this area. Students will be dismissed from clinical experiences solely on this offense, even if they are otherwise passing the course.
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OTHER SPECIFIC COURSE INFORMATION

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2. Professionalism

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3. Inclement Weather Policy

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via blackboard collaborate at the normally scheduled class time, to not lose necessary educational delivery. Please also be sure to communicate with your CI/clinical site regarding inclement weather policies. If the site is open and the CI is present, you are expected to be present as well as long as you can do so safely. Any missed days will need to be made up.

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The Title IX Office exists to ensure the University adheres to that commitment. This includes educating the University Community on the rights and protections that are provided by the law and ensuring that those rights and protections are provided to all members of the University community who participate in the Title IX process. This also includes directing individuals who are impacted to the support and resources available.

Contact the Title IX Office:

Phone: 202-806-2550

Email: TitleIX@howard.edu

Walk-in Hours: Tuesdays and Wednesdays, 10:30 am - 2:00 pm (*suspended until further notice*)

Location: Johnson Administration Building, Suite G06

Street Address: 2400 6th Street NW, Washington, DC 20059

Howard University
Division of Allied Health Sciences
Department of Physical Therapy

Course Assessment of Student Professional Behavior

Student_____

Date_____

Class _____

Professor_____

Date _____

Rate each element either Satisfactory (S) or Unsatisfactory (U)

If element is rated U please use the back side of this page to provide specific examples and dates to support your rating.

Ethical behavior	Honest and trustworthy in all settings, adheres to honor codes (e.g. regarding testing, plagiarism, adherence to confidentiality rules,etc.)	
Attitude	Clearly interested in learning, not selfish, shows concerns for other's welfare, caring, supportive of faculty, peers, staff,supervisors, etc.	
Self-control	No inappropriate display of temper or overt frustration; pleasantdemeanor; comfortable to be around; avoids arguments with peers, supervisors, staff faculty, customers, . . .	
Response to constructive criticism	Positive and appropriate if coming from supervisors, peers,instructors, faculty, etc in all settings.	
Verbal communication	Word choice, tone, appropriateness for setting	
Body language and posture	Appropriate for task, audience, setting	
Responsibility/dependability	Management of self, assigned tasks, and interactions with others and adheres to time and attention requirements in classes, clinics and other off campus activities.	
Dress/hygiene	Appropriate for academic/clinical US setting, conservative makeup,use of jewelry, cleanliness of body and clothing, and neat in appearance. Adheres to established dress code in all settings	
Care of facility	Adheres to facility cleanliness/orderliness requirements; contributes to care of facility; avoids/prevents environmental damage	

This form does not override other existing Departmental or University policies



PHTH 741&742 Advanced Intermediate Internship

CRN: 85265	Instructor: Dr. Kala Y. Flagg, PT, DPT, ATC, CSCS
Credits: 8	Office Hours: Dr. Flagg: Tuesdays, Thursdays 5-6:30pm, additional days/times-by appointment
Semester: Fall 2020	Contact Information: kala.flagg@howard.edu Main office #: 202-806-7614 Office location: Virtual
Course Time and Location: Clinic Hours: 40 hours per week Location: Assigned clinical site	Drop-ins are welcome; however, those with scheduled appointments have priority. To schedule an appointment, please call or email at the contacts listed above. Do not assume that a message left or email sent is a scheduled appointment. Confirmation will be given/sent. Students are encouraged to use e-mail, telephone, or scheduled office hours as needed to communicate with the course coordinator/ instructor. The Email will be monitored Monday – Friday from 8:00 am to 5:00 pm excluding holidays. Please use your Howard University email address only. Messages from other email accounts will not be accepted.

EDUCATIONAL PHILOSOPHY

The curriculum is based on the “situated learning perspective”. Situated learning is a theory that hypothesizes that knowing is inseparable from doing. The program faculty believe that this perspective is the educational paradigm that best suits the needs of the Howard University student physical therapist. The educational principles translate into learning experiences by the inclusion of actual and simulated clinical practices as an integrated adjunct to didactic information. The curriculum facilitates the developmental learning that must occur to create reflective, problem-solving, critically-thinking, skilled physical therapists who perform culturally competent, evidenced-based

physical therapy services to patients and clients across the lifespan and along the contemporary health care continuum.

It is the student's responsibility to read and understand this syllabus. Failure to read and understand this syllabus does not excuse students from the rules and procedures described herein. Personal factors or contradictory advice from any source are not acceptable grounds for seeking exemption from these rules and procedures.

CURRICULAR THEMES

1. A primary goal of the HUDPT program is to train African Americans and other underserved minorities to become competent physical therapist with an emphasis on the treatment of conditions that are prevalent in underserved communities.
2. Competent physical therapists are those individuals who demonstrate professional behavior and expertise in clinical decision-making, patient/client management, and reflective practice.
3. Development of leadership potential is vital to the profession of physical therapy in areas of clinical practice, education, administration, consultation and research.
4. A sensitivity to individual and cultural differences and a commitment to provide services to the profession and in underserved communities is strongly supported, using experiential service-learning opportunities that align with our University's mission.
5. A critical component of contemporary physical therapy practice is designing and promoting health and wellness programs which increase awareness and participation in initiatives that support a healthy campus community, as it relates to physical and mental health, and prevent or delay injury, functional impairment, disease, or disability.

COURSE DESCRIPTION

This is a full-time clinical experience, designed for the second year professional level physical therapy students. Under the supervision of a clinical instructor, students will participate in examination, intervention and care planning activities in the clinical setting integrating didactic information gained in foundation, introductory, and advanced coursework. Students will also interact with patients, staff, and other therapist to gain an understanding of the responsibilities and administrative duties of the physical therapist in this environment. The course begins with an introductory orientation session where students enhance their awareness of program expectations for the clinical experience. The following areas will be highlighted during the orientation session.

1. Principles of clinical decision-making and professionalism
2. New techniques and technology used by physical therapist in the care of their patients/clients.
3. Student role in the diagnostic process and the differential diagnoses.
4. Role of the physical therapists in the provision of consultation to health care practitioners, businesses and government agencies.
5. Physical therapist's professional behaviors and ethical responsibility in the use of time and effort to meet patient/client needs.
6. The role of the physical therapist in providing *Pro bono* services.
7. HIPAA regulations.
8. Modalities used in physical therapy practice

PREREQUISITES

Successful completion of coursework, practical exams and clinical experiences of Semester I-IV of the Doctorate of Physical Therapy curriculum.

COURSE GOALS

CG1: Demonstrate advanced intermediate to entry level competency in the implementation of examination, evaluation, intervention, and case planning skills.

CG2: Demonstrate safe and professional clinical practice in all interactions with patients and staff.

CG3: Perform responsibilities in a manner consistent with physical therapy professional behaviors and ethical standards

COURSE OBJECTIVES

Upon completion of this course the student will be able to:

Objective Number	Course Objectives	Course Goals	CAPTE Standard	NPTE Content Code (2018)
CO1	Defend intermediate level competency in clinical practice and problem solving	CG1	6L, 6M, 7D11, 7D24, 7D26, 7D28, 7D31, 7D32	A1a-c, 2a-d, 3a-c B1a-d, 2a-f, 3a-d C1a-c, 2a-d, 3a-f D1a-c, 2a-d, 3a-d E2a-d, 3a-d F1a-c, 2a-d, 3a-d G1a-b, 2a-d, 3a-d H1a-c, 2a-c, 3a-d I2a-g J4a-c K4a-h L4a-h
CO2	Relate professionally with patients, family members, peers, clinical instructor(s), and other members of the healthcare team	CG1	6L, 6M, 7D7, 7D8	M4a-l
CO3	Appropriately justify principles of clinical decision making, including clinical reasoning, clinical judgment, and reflective practice to patient situations.	CG1	6L, 6M, 7D11, 7D24, 7D26, 7D28, 7D31, 7D32	A2a-d, B2a-f, C2a-d, D2a-d, E2a-d, F2a-d, G2a-d, H2a-c, I2a-g
CO4	Select appropriate therapeutic interventions for patient/client impairments and functional limitations considering indications and contraindications for care	CG2	6L, 6M, 7D27a-l	J4a-c, K4a-h
CO5	Describe the professional behaviors of a physical therapist and their ethical responsibility to meet patient/client needs, or provide pro bono services, if necessary	CG2	6L, 6M, 7D1, 7D4, 7D5, 7D6, 7D7, 7D8	M4k

CO6	Prepare to use time and efforts efficiently and effectively to meet patient/client needs	CG3	6L, 6M, 7D28, 7D29	M4e
CO7	Students will be able to select and administer tests and measures appropriate to the patient's age, diagnosis and health status including, but not limited to aerobic capacity/endurance.	CG1-2	7D19a	A2a-d
CO8	Students will be able to select, prescribe, and implement skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; thrust and non-thrust techniques; modulate pain; and reduce soft tissue swelling, inflammation, or restriction.	CG1-2	7D27f	B3a-c
CO9	Students will be able to demonstrate proficiency in documentation of patient complaints, assessment and response to interventions using health informatics appropriate for patient's age, diagnosis and health status.	CG1-2	7D402	M4a-l

INSTRUCTIONAL METHODS

This course affords students a full-time clinical experience. Teaching/ learning experiences incorporate professional training in a physical therapy health care setting. Learning experiences are primarily through active hands-on patient care. However, other sources of learning experiences may include assigned readings, discussion, demonstrations, presentations, web-based learning, independent work, tutorials and problem- based learning.

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ACCE to simulate the deficient competency areas. A grade of Pass/Fail will be administered by the departmental clinical faculty upon the completion of the assigned task(s), meeting with the CI/SCE and consideration by the ACCE/Asst. ACCE and Program Director.

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Location: Johnson Administration Building, Suite G06

Street Address: 2400 6th Street NW, Washington, DC 20059

Howard University
Division of Allied Health
Sciences Department of
Physical Therapy

Course Assessment of Student Professional Behavior

Student _____

Date _____

Class _____

Professor _____

Rate each element either Satisfactory (S) or Unsatisfactory (U)

If element is rated U please use the back side of this page to provide specific examples and dates to support your rating.

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Care of facility	Adheres to facility cleanliness/orderliness requirements; contributes to care of facility; avoids/prevents environmental damage	

This form does not override other existing Departmental or University policies

**PHTH 743****Clinical Specialty Internship**

CRN: 85265	Instructor: Dr. Kala Y. Flagg, PT, DPT, ATC, CSCS
Credits: 8	Office Hours: Dr. Flagg: Tuesdays 5-6:30pm, additional days/times-by appointment
Semester: Fall 2020	Contact Information: kala.flagg@howard.edu Main office #: 202-806-7614 Office location: Virtual
Course Time and Location: Clinic Hours: 40 hours per week Location: Assigned clinical site	Drop-ins are welcome; however, those with scheduled appointments have priority. To schedule an appointment, please call or email at the contacts listed above. Do not assume that a message left or email sent is a scheduled appointment. Confirmation will be given/sent. Students are encouraged to use e-mail, telephone, or scheduled office hours as needed to communicate with the course coordinator/ instructor. The Email will be monitored Monday – Friday from 8:00 am to 5:00 pm excluding holidays. Please use your Howard University email address only. Messages from other email accounts will not be accepted.

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It is the student’s responsibility to read and understand this syllabus. Failure to read and understand this syllabus does not excuse students from the rules and procedures described herein. Personal factors or contradictory advice from any source are not acceptable grounds for seeking exemption from these rules and procedures.

CURRICULAR THEMES

1. A primary goal of the HUDPT program is to train African Americans and other underserved minorities to become competent physical therapist with an emphasis on the treatment of conditions that are prevalent in underserved communities.
2. Competent physical therapists are those individuals who demonstrate professional behavior and expertise in clinical decision-making, patient/client management, and reflective practice.
3. Development of leadership potential is vital to the profession of physical therapy in areas of clinical practice, education, administration, consultation and research.
4. A sensitivity to individual and cultural differences and a commitment to provide services to the profession and in underserved communities is strongly supported, using experiential service-learning opportunities that align with our University's mission.
5. A critical component of contemporary physical therapy practice is designing and promoting health and wellness programs which increase awareness and participation in initiatives that support a healthy campus community, as it relates to physical and mental health, and prevent or delay injury, functional impairment, disease, or disability.

COURSE DESCRIPTION

This is a full-time clinical experience, designed for the third-year professional level physical therapy students. Under the supervision of a clinical instructor, students will participate in examination, intervention and care planning activities in the clinical setting integrating didactic information gained in foundation, introductory, and advanced coursework. Students will also interact with patients, staff, and other therapist to gain an understanding of the responsibilities and administrative duties of the physical therapist in this environment. The course begins with an introductory orientation session where students enhance their awareness of program expectations for the clinical experience. The following areas will be highlighted during the orientation session:

- Principles of clinical decision-making and professionalism
- New techniques and technology used by physical therapist in the care of their patients/clients.
- Student role in the diagnostic process and the differential diagnoses.
- Role of the physical therapists in the provision of consultation to health care practitioners, businesses and government agencies.
- Physical therapist's professional behaviors and ethical responsibility in the use of time and effort to meet patient/client needs.
- Role of the physical therapist in supervision of PTAs, PT techs and other healthcare staff as well as interprofessional collaboration with the healthcare team
- Role of the physical therapist in providing *Pro bono* services.
- HIPAA regulations.
- Modality proficiency check out

PREREQUISITES

Successful completion of coursework, practicals and clinical experiences of Semester I-VII of the Doctorate of Physical Therapy curriculum.

COURSE GOALS

CG1: Demonstrate entry level performance in clinical practice in the implementation of examination, evaluation, intervention, and case planning skills

CG2: Demonstrate safe and professional clinical practice in all interactions with patients and staff

CG3: Perform responsibilities in a manner consistent with physical therapy professional behaviors and ethical standards

COURSE OBJECTIVES

Upon completion of this course the student will be able to:

Objective Number	Course Objectives	Course Goals	CAPTE Standard	NPTE Content Code(2018)
CO1	Demonstrate entry level performance in clinical practice in the implementation of examination, evaluation, intervention, and case planning skills	CG1, CG2, CG3	6L, 6M, 7D, 7D1-43	A1a-c, 2a-d, 3a-c B1a-d, 2a-f, 3a-d C1a-c, 2a-d, 3a-f D1a-c, 2a-d, 3a-d E2a-d, 3a-d F1a-c, 2a-d, 3a-d G1a-b, 2a-d, 3a-d H1a-c, 2a-c, 3a-d I2a-g J4a-c K4a-h L4a-h
CO2	Interact professionally with patients, family members, peers, clinical instructor(s), and other members of the healthcare team	CG2	6L, 6M, 7D, 7D7,8	M4a-l
CO3	Appropriately relate principles of clinical decision making, including clinical reasoning, clinical judgment, differential diagnosing and reflective practice to patient situations.	CG1 CG2	6L, 6M, 7D, 7D11, 7D16, 7D17-22, 7D19a-w, 7D23-26	A2a-d, B2a-f, C2a-d, D2a-d, E2a-d, F2a-d, G2a-d, H2a-c, I2a-g
CO4	Deliver appropriate therapeutic interventions for patient/client impairments and functional limitations considering indications and contraindications for care	CG1	6L, 6M, 7D, 7D16, 7D20-22, 7D24, 7D27a-i	J4a-c, K4a-h

CO5	Identify opportunities to provide pro bono services, and implement if necessary	CG1 CG2	6L, 6M, 7D, 7D13	M 4k
CO6	Demonstrate efficient and effective use of time and efforts to meet patient/client needs	CG2 CG3	6L, 6M, 7D, 7D28-36	M4e
CO7	Plan activities to supervise PTAs, PT techs and other healthcare staff	CG2 CG3	6L, 6M, 7D, 7D7, 7D29	M4d
CO8	Arrange interactions with other health professionals that foster interprofessional collaboration	CG2 CG3	6L, 6M, 7D, 7D7, 7D29, 7D34-7D39	M4 d
CO9	Demonstrate understanding of the training and experience required for the clinical education of Physical Therapy students		7D12	M4e
CO10	Demonstrate effective verbal and non-verbal communication skills with patients, clients, and other professionals		7D39	M4e,j
CO11	Select and administer tests and measures appropriate to the patient's age, diagnosis and health status including, but not limited to: aerobic capacity/endurance; anthropometric characteristics; assistive technology; balance; circulation (arterial, venous, and lymphatic); self-care and civic, community, domestic, education, social and work life; cranial and peripheral nerve integrity; environmental factors; gait; integumentary integrity; joint integrity and mobility; mental functions;	CG1-3	7D19a-w	A1a-c, 2a-d, 3a-c B1a-d, 2a-f, 3a-d C1a-c, 2a-d, 3a-f D1a-c, 2a-d, 3a-d E2a-d, 3a-d F1a-c, 2a-d, 3a-d G1a-b, 2a-d, 3a-d H1a-c, 2a-c, 3a-d I2a-g J4a-c

	mobility (including locomotion); motor function; muscle performance (including strength, power, endurance, length); neurodevelopment and sensory processing; pain; posture; range of motion; reflex integrity; sensory integrity; skeletal integrity; ventilation and respiration organs exchange			K4a-h L4a-h
CO12	Evaluate results of selected tests and measures and modify specific exercise prescriptions based on the results obtained.	CG1-2	7D19a-w	A3a-d B3a-d C3a-f I2a-g J4a-c K4a-h L4a-e
CO13	Select, prescribe, and implement skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; thrust and non-thrust techniques; modulate pain; and reduce soft tissue swelling, inflammation, or restriction.	CG1-2	7D27f	B3a-c
CO14	Demonstrate proficiency in documentation of patient complaints, assessment and response to interventions using health informatics appropriate for patient's age, diagnosis and health status.	CG1-2	7D40	M4a-l
CO15	Assess the patient's responses to various stimuli, ability to follow instructions and emotional lability to determine the patient's ability to participate in therapy.	CG1-2	7D19l	C1a-c, C2a-d

INSTRUCTIONAL METHODS

This course affords students a full-time clinical experience. Teaching/ learning experiences incorporate professional training in a physical therapy clinical specialty site. Learning experiences are primarily through active hands-on patient care. However, other sources of learning experiences may include assigned readings, discussion, demonstrations, presentations, web-based learning, independent work, tutorials and problem- based learning.

TEXTBOOKS AND OTHER RESOURCES

APTA. Guide to Physical Therapists Practice: 2nd edition. APTA, 2001. Available online at: <http://guidetoptpractice.apta.org/> (GPT)

Required and recommended textbooks from each of the pre-requisite courses

Access to a computer with internet access, a Howard University e-mail account, and HU Blackboard blackboard.howard.edu.

Other readings as assigned

COURSE REQUIREMENTS

Students will earn a **pass/fail** grade based on satisfactory performance on assignments, individual projects, attendance/participation, and professional behavior. Weekly logs must be completed by the student and CI and forwarded to the ACCE by close of business each Friday. All course requirements must be met to successfully complete this course. AMA citation format is required for all writing. Consistent with the departmental and university policies, students must receive a passing grade during the clinical experience by receiving entry level status on the Clinical Performance Instrument (CPI) by the end of the clinical experience. The weekly log will also be used to consistently assess student progress towards the entry-level standard, or whether remediation may be required.

If a student does not achieve a score of 'entry-level' on all CPI competencies for the Terminal Clinical Internship, a remediation plan will be required which may include an extension of the clinical internship time until 'entry-level' is achieved. The remediation plan may instead consist of additional assignments provided by the ACCE/Asst. ACCE to simulate the deficient competency areas. A grade of Pass/Fail will be administered by the departmental clinical faculty upon the completion of the assigned task(s), meeting with the CI/SCE and consideration by the ACCE/Asst. ACCE and Program Director.

Grading Policy: Pass/Fail

COURSE POLICIES

1. Students are responsible for following the general clinic policies as described in the Department of Physical Therapy Handbook and clinical site orientation/departmental manuals.
2. Clinical performance will be assessed using the Clinical Performance Instrument (CPI) at midterm and final of each clinical internship experience. Students who wish to question or request a change of evaluation of performance as cited on the Clinical Performance Instrument (CPI) must immediately notify the academic coordinator and submit a written explanation and justification to the academic coordinator and clinical instructor. The documentation must be received within one week of the evaluation date at midterm and final.
3. Red flag areas on the CPI represent major safety components of clinical practice. **Poor judgement and/or unsafe performance of ANY clinical skill may result in automatic failure of the clinical rotation and course. Any student who fails a clinical rotation will have an opportunity to repeat the clinical rotation experience. Failure of a second clinical experience will result in immediate dismissal from the clinical experience and suspension from the program.** A safe environment

must be maintained and all techniques applied safely. At all times the safety of the patient and therapist should be maintained.

4. Howard University complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990. Students with disabilities who need special accommodations must speak with the academic coordinator and provide appropriate documentation to be sent with course materials to the clinical instructor.
5. **Attendance** will play a major role in successful completion of this course. Students who are assessed two unexcused absences from clinic or who show excessive tardiness during the clinical experience will be cited for unprofessional behavior on the CPI. If you are running late due to an emergency, or ill/have an emergency that may preclude you from arriving to the clinical site on time, you must first communicate with your clinical instructor (CI) via phone prior to your scheduled start time. You must then immediately contact the ACCE or Asst. ACCE to notify the University of the surrounding circumstances. Email should only be used if the parties are not able to be reached by phone. Students with excessive tardiness or absences (excused or unexcused) demonstrate poor professional conduct that will jeopardize successful completion of the clinical affiliation. It is at the discretion of the academic and clinical coordinator to determine the extent of **unprofessional conduct** in this area. Students will be dismissed from clinical experiences solely on this offense, even if they are otherwise passing the course.
6. Each student is to submit weekly feedback logs (via email or electronic survey) to the academic coordinator no later than 7:00 pm on **EACH** Friday of the clinical experience. This document should be completed in the Word doc or via the survey. **Screenshots are NOT acceptable.**
7. An outline of the **first** clinical presentation (case report or in-service) should be submitted via Blackboard no later than 8:00 pm on the Friday of the **THIRD** week of the clinical experience. This paperwork should include an outline of the project, the date and time for presentation, and signatures of the student and clinical instructor. Final presentation materials should be submitted to the academic coordinator no later than (two) 2 days before the presentation date, which should be scheduled to take place within 1 week of the midterm date. The second clinical in-service should be based on your Capstone project topic unless it is not relevant for the setting you are in, in which case an alternate topic or case study is allowed. The outline should be posted on Blackboard 2 weeks prior to the scheduled presentation date. You should present the second in-service/case study by the last day of your internship.
8. Students should review all clinical paperwork and be acutely aware of deadlines to submit paperwork to the academic coordinator. One incidence of failure to submit paperwork in a timely fashion will result in a written citation for unprofessional behavior. **If paperwork is late on a second event, the student will be reprimanded directly by the academic coordinator and suspended or dismissed from the clinical experience.** Here again, it is up to the discretion of the academic and clinical coordinator to make the decisions regarding suspension or dismissal.
9. Students are responsible for following the general classroom, laboratory, and clinic policies as described in the Student Handbook. Students are liable for actions that constitute academic and/or clinical misconduct.
10. Professionalism is essential in physical therapy clinical practice. Professional behavior will be assessed by the Professional Behavior Tool. To successfully pass this course, the student must achieve a minimum of 70% on this tool.
11. To successfully complete this course, students must satisfactorily complete all the requirements of this course. Students are expected to be on time and attend every day of the clinical experience. Absences must comply with the attendance guidelines in the Student Handbook.
12. Students are expected to wear appropriate attire throughout the clinical experience. Use of cell phones are not allowed. Tardiness during clinical experiences will not be tolerated.

OTHER SPECIFIC COURSE INFORMATION

1. Academic Integrity

Refer to the Physical Therapy Student Handbook and the University “Academic Code of Conduct” in the H-Book

2. Professionalism

Physical therapists need to be respectful of all persons. Howard University, the College of Nursing & Allied Health Sciences, and the Department of Physical Therapy require all students to treat patients, clients, faculty, staff and classmates with professional rapport. Appropriate tone of voice and attitude is required in all interactions while associated with this Program. There will be no use of cell phones while participating in clinical affiliation activities.

3. Inclement Weather Policy

Please refer to the University website: <https://home.howard.edu/> and/or local news channels for notices regarding delayed arrival, early dismissal, or closures. In the event of a natural disaster, inclement weather, devastation or University closure, the instructor reserves the right to conduct class via blackboard collaborate at the normally scheduled class time, to not lose necessary educational delivery. Please also be sure to communicate with your CI/clinical site regarding inclement weather policies. If the site is open and the CI is present, you are expected to be present as well as long as you can do so safely. Any missed days will need to be made up.

4. Howard University Statement of ADA Procedures

Howard University is committed to providing access and reasonable accommodations to persons with documented disabilities in accordance with Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1973, and other pertinent federal, state, and local disability and anti-discrimination Laws. Students must self-identify to the Dean of the Office of Student Service, located at 2225 Georgia Avenue NW, Room 725. Students must register with the office within the first week of class and at the beginning of each subsequent semester for which accommodations are requested. Students will receive reasonable accommodations based on the recommendations of a licensed physician. A letter of accommodations will be given to students for delivery to the faculty, who will provide the accommodations. See the University’s ADA website: <http://www.howard.edu/specialstudentservices>.

5. Writing Matters

Writing is an essential tool for thinking and communicating in virtually every discipline and profession. Therefore, in this course I expect you to produce writing that is not only thoughtful and accurate, but also organized, clear, grammatical, and consistent with the conventions of the field. If your writing does not meet these standards, I may deduct points or ask you to revise. For assistance with your writing, go to the student section of the Writing across the Curriculum (WAC) website:

<http://www.cetla.howard.edu/Wac/students>. Another highly recommended website:
www.owlofpurdue.com

6. 6.Title IX

Howard University is committed to providing students with educational opportunities free from sexual harassment and discrimination based upon gender, gender expression, gender identity, sexual orientation, or marital status. The University strives to maintain an environment in which all members of the University Community are: (a) judged and rewarded solely on the basis of ability, experience, effort, and performance; and (b) provided conditions for educational and employment pursuits that are free from sexual and gender-based harassment and violence, other forms of interpersonal violence, stalking, and retaliation.

The Title IX Office exists to ensure the University adheres to that commitment.

This includes educating the University Community on the rights and protections that are provided by the law and ensuring that those rights and protections are provided to all members of the University community who participate in the Title IX process. This also includes directing individuals who are impacted to the support and resources available.

Contact the Title IX

Office Phone: (202) 806 2550

Email: TitleIX@howard.edu

Walk-in Hours: Tuesdays and Wednesdays, 10:30 am - 2:00 pm (*suspended until further notice*)

Location: Johnson Administration Building, Suite G06

Street Address: 2400 6th Street NW, Washington, DC 20059

**Howard University
Division of Allied Health
Sciences Department of
Physical Therapy**

Course Assessment of Student Professional Behavior.

Student _____

Date _____

Class _____

Professor _____

Date _____

Rate each element either Satisfactory (S) or Unsatisfactory (U)

If element is rated U please use the back side of this page to provide specific examples and dates to support your rating.

Ethical behavior	Honest and trustworthy in all settings, adheres to honor codes (e.g. regarding testing, plagiarism, adherence to confidentiality rules, etc.)	
Attitude	Clearly interested in learning, not selfish, shows concerns for other's welfare, caring, supportive of faculty, peers, staff, supervisors, etc.	
Self-control	No inappropriate display of temper or overt frustration; pleasant demeanor; comfortable to be around; avoids arguments with peers, supervisors, staff faculty, customers, . . .	
Response to constructive criticism	Positive and appropriate if coming from supervisors, peers, instructors, faculty, etc in all settings.	
Verbal communication	Word choice, tone, appropriateness for setting	
Body language and posture	Appropriate for task, audience, setting	
Responsibility/dependability	Management of self, assigned tasks, and interactions with others and adheres to time and attention requirements in classes, clinics and other off campus activities.	
Dress/hygiene	Appropriate for academic/clinical US setting, conservative makeup, use of jewelry, cleanliness of body and clothing, and neat in appearance. Adheres to established dress code in all settings	
Care of facility	Adheres to facility cleanliness/orderliness requirements; contributes to care of facility; avoids/prevents environmental damage	

This form does not override other existing Departmental or University policies

Appendix 7: Sample Remediation Plan

Howard University Department of Physical Therapy

Student Development Plan

Student: _____ **Date:** _____

Faculty Member: _____ **Advisor:** _____

Performance Issues: (Faculty will document the incident, situation, and objectives that require professional, academic or clinical development.)

Student Comments:

Performance Goals and Objectives:

- 1.
- 2.
- 3.

Action Plan:

- 1.
- 2.
- 3.

Follow-Up Dates:

Signatures

Faculty:	Date:
Advisor:	Date:
Student:	Date: