

# Clinical Education Student Manual

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2012

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# Department of Physical Therapy

## *Clinical Education*

Spring 2012

Congratulations, 5<sup>th</sup> year students!

You have successfully worked your way through the majority of didactic course work in the DPT program and have earned the opportunity to hone your physical therapy skills under the mentorship of experienced physical therapists at our affiliate sites. We are fortunate to have many hundreds of dedicated clinicians who have offered to generously volunteer their time and expertise to help you acquire the entry level skills you need to practice on your own as a licensed physical therapist.

This *Clinical Education Student Manual* is designed to help you navigate your last year of the physical therapy program. It describes the various phases of clinical education along with the policies and procedures that are in place to help ensure that the process goes as smoothly as possible.

It is important to realize that there are a number of confounding variables associated with the clinical education process that are beyond our control, including unanticipated staff changes at our clinical sites which can cause cancellations. This can be anxiety-producing, but students who seem to fare best are those who trust the process to provide them with valuable clinical experiences, *no matter what*. It can be uncomfortable to be in “limbo” but you do have a team of dedicated faculty and staff members in the Clinical Education office who stand ready and willing to help you through whatever come. We can only do that if you communicate freely and openly with us and that’s exactly what we will try to do with you. Please visit, email or call with questions and concerns no matter how small or inconsequential they seem. Allowing uncertainties to build up and hoping they will go away is not a good strategy!

On behalf of the faculty and staff of the Clinical Education team, we are very truly yours,



Christopher Cesario, PT, MBA, ACCE  
Interim Director of Clinical Education

P. S. As you prepare for your clinical year, please take a moment to reflect on the Mission and Philosophy Statements of our Department. The graduates described here are you!

## PHYSICAL THERAPY DEPARTMENT MISSION & PHILOSOPHY STATEMENTS

The Mission of the Department of Physical Therapy is to serve the profession of Physical Therapy, the university, and local and global society. The cornerstone of our program is experiential learning, which includes cooperative education, simulated patient interactions, service learning, clinical research, and international humanitarian opportunities. Through this unique, multifaceted approach to learning we:

- Educate skilled, autonomous, doctors of physical therapy who embrace evidence-based practice, are culturally competent and are equipped to work in a complex global health care environment • Promote professionalism, humanistic values, resourcefulness and innovation, and commitment to life-long learning
- Advance scholarship in areas related to physical therapist education and clinical practice to meet the changing needs of a global and technologically advancing world.

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### Physical Therapy Department Teaching Philosophy

The Physical Therapy Department's educational philosophy recognizes that becoming a physical therapist is a developmental process that allows students the opportunity to take risks, learn from mistakes, and continue to grow. We are committed to a process of actively-engaged learning that occurs in the classroom, the research laboratory, the community, clinical settings and internationally. We strive to provide challenging and leading-edge academic content in an environment supportive of professional development. Our educational philosophy is based upon a strong foundation of biological, psychological, social, and clinical sciences; experiential learning; evidence-based practice; ethical and professional expectations. This is supported by a commitment to promoting and improving the health of clients and society locally, nationally and globally. Academic content is student-centered and delivered using both traditional and innovative teaching methods including, but not limited to: lectures, small group projects and discussion, multimedia presentations, expert panel discussions, brainstorming, problem-based approaches, case studies, faculty-led research, patient simulation, virtual and online learning activities, and self-reflection. Experiential learning, a cornerstone of our curriculum, is embedded in academic course requirements including clinical education, cooperative education, service learning and capstone projects. Documents that support our educational philosophy include the APTA Normative Model, APTA Generic Abilities, APTA Guide to PT Practice, Core Values Document, and the Northeastern University Academic Plan of Experiential Learning.

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## THE CLINICAL EDUCATION OFFICE

The *Department of Physical Therapy* at Northeastern University is housed in the School of Health Professions, one of three schools within the Bouvé College of Health Sciences. Students are admitted into the program as freshmen and are awarded a Doctor of Physical Therapy (DPT) degree after six years.

Clinical education is an essential component of the Physical Therapy program. *Clinical education experiences* play a valuable role in an individual's transition from student to independent health care professional. It is our goal to continually develop and expand our professional clinical opportunities to meet the needs of our students in light of the changes in today's health care environment. The Department is committed to providing the resources needed to maintain a clinical education program that is mutually beneficial to our students and our clinical affiliates.

The Clinical Education faculty members coordinate clinical education experiences. The ***Clinical Education office*** is located in 308 Robinson Hall (RB). The main telephone number is 617-373-5200. The fax number is 617-373-7930. Faculty and staff are comprised of a Director (DCE), two Academic Coordinators of Clinical Education (ACCEs) and an Administrative Assistant.

## **CLINICAL EDUCATION FACILITIES**

Contractual clinical education agreements are established based on the educational opportunities offered, the type of specialty practice provided, and geographic location. Only departmental or clinical faculty can initiate contractual agreements. Students are encouraged to bring ideas and requests for new clinical sites to the ACCEs for consideration, ***but neither students nor their families are permitted to contact any site directly to negotiate a contract and/or placement.***

## **CONTRACTUAL AGREEMENTS**

All contract negotiations occur between the Academic Coordinators of Clinical Education (ACCEs) at Northeastern University and the Center Coordinator for Clinical Education (CCCE) or other designated person at the clinical facility. A written contractual agreement, executed by both the University and the clinical facility, must be in place before students will be allowed to begin clinical education experiences with new facilities. The primary purpose of the contractual agreement is to define the responsibilities of each party with respect to each other and to the students. Some features covered in the contracts include: malpractice liability insurance coverage; right of the clinical site to request the University to dismiss students with good cause; health requirements; educational preparedness; commitment to the principles of equal opportunity and affirmative action as required by federal law; and site-specific requirements such as the need to have a criminal record check (CORI) or drug screening prior to a clinical education experience. It is important to know that ***all costs related to site requirements are the responsibility of the student.***

## **INSURANCE**

Students registered for Clinical Education 1, 2 and 3 (CE1, CE2, CE3) are charged a small fee to obtain ***liability insurance*** coverage through Northeastern University. Under this plan students are covered for one million dollars per occurrence and three million dollars per aggregate. Students are billed approximately \$20 for this insurance coverage as part of their tuition payment. As such, the student does not have an individual policy but is covered under the University group plan. It is the responsibility of students to clear any potential blocks to registration (bursar, registrar, etc.) before going out on clinical education experiences. ***Unregistered students are not covered under the liability insurance policy and cannot participate in clinical education.***

All Northeastern University students are required to have ***health care insurance*** coverage. Students have the option to participate in the University's health insurance plan. Students who decline this option, must have personal or family health insurance coverage. It is not the responsibility of the clinical education facility to offer or provide health insurance to students.

Affiliating students are not considered employees of the clinical site and are not entitled to employee benefits. Specifically, they are ***not covered under the Workman's Compensation Act.*** In the case of an accident or emergency, a clinical site may provide emergency care but this will be at the student's expense, which may or may not be billable to his/her personal health insurance.

## GETTING READY FOR CLINICAL EDUCATION

### STUDENTS WITH DISABILITIES

It is the legal right of students with disabilities to receive reasonable accommodations during clinical education experiences. Students requesting accommodations must first be registered with the Disability Resource Center at Northeastern University. Students are encouraged to request accommodations as early as possible to facilitate effective support during clinical education experiences. Any student who does not disclose his/her disability and does not provide a written request for accommodations is not entitled to retrospective accommodations should difficulties arise due to disability-related concerns.

The Clinical Education faculty is supportive of students with disabilities and will provide assistance in identifying, documenting, and requesting accommodations by whatever means is comfortable students needing them. Assistance is also offered to staff at clinical sites who agree to accommodate the individual needs of students to minimize any confusion or hardship.

Essential Functions for Northeastern University Physical Therapy Students are included in the Appendix. Students anticipating difficulty with any of these essential functions should discuss their concerns with an ACCE well before the start date of the first clinical experience.

### CLINICAL EDUCATION SCHEDULE

Northeastern University DPT students currently complete three clinical experiences:

Clinical Education 1 – 8 weeks, Summer 1 of Year 5

Clinical Education 2 – 10 weeks, Fall of Year 6

Clinical Education 3 – 12 weeks, Spring of Year 6

Our goal is to assign all students one inpatient experience, one outpatient experience, and one experience that is consistent with their preferred practice environment. Course descriptions and expectations for the three Clinical Education courses are included in the Appendix.

### CLINICAL EDUCATION ASSIGNMENTS

Every effort is made to vary students' clinical experiences by having them affiliate at different types of facilities including hospitals, rehabilitation centers, community agencies and specialized facilities (e.g., pediatric facilities, geriatric facilities, sports medicine clinics, private practices, and burn units). Changes in facility rotations, cancellations, and other unexpected circumstances occasionally result in the need to reassign students after initial placements. Clinical sites are notified in writing when a student is placed at a facility and/or if it becomes necessary to cancel a placement.

***In general, students are not allowed to affiliate at clinical sites where they have completed a cooperative education experience.*** An exception to this rule is made when clinical sites prefer to have former co-op students affiliate with them when a prolonged period of time is needed for orientation. It is rarely permissible for students to affiliate at a satellite affiliated with a former co-op employer, unless the satellite offers a distinctly different experience and the supervisors are unfamiliar with the student.

***Students must expect to be placed at clinical sites out of state.*** In order to meet the educational needs of all students in the program, every student must expect to be placed at clinical sites that are beyond commutable distances from their homes or apartments. This means that students need to arrange for housing and transportation in other parts of the country. Students generally stay with family or friends or arrange for temporary housing in apartments or at other universities. The Internet has made identification of temporary housing a relatively simple matter and short term lease of personal transportation (e.g. zip cars, “rent-a-wreck”) is now available to students under the age of 25. ACCEs will work with individual students to help identify strategies to minimize inconvenience and stress to the greatest possible degree.

***To ensure that our policies and procedures reflect the most just system for all students, we rarely make exceptions to our standard placement procedures.*** Exceptions include documented medical conditions or extreme family circumstances that prohibit out-of-state placements. In these instances, however, students still must be prepared to commute within a 50-mile radius.

## **HEALTH CLEARANCE**

The University and our clinical affiliates require students to have a health examination and appropriate immunizations prior to the first clinical experience. ***It may be necessary to update certain health information prior to the start of the second and/or third clinical courses, depending on the requirements of the assigned clinical site.***

A complete list of Northeastern University’s Health Clearance Requirements can be found in the Appendix. It is the student’s responsibility to obtain the proper Health Clearance Form from the University’s Student Health and Counseling Center and send it to the CCCE along with other required materials prior to the start of the clinical experience. Students must provide the Clinical Education office with a copy of this form as well.

***It is the student’s responsibility to be aware of the health clearance policies of assigned clinical sites and to insure that all necessary items are completed.*** Information about health clearance requirements that go beyond University requirements are detailed in the Clinical Site Information Form (CSIF) and/or the site contract. ***Students are responsible for all costs incurred in the health clearance process.***

## **OSHA TRAINING**

Students are required to demonstrate a clear understanding of OSHA regulations regarding universal precautions and blood borne pathogens prior to attending the first clinical education experience. Documentation of attendance and course content will be provided to clinical sites upon request.

## **HIPAA**

The Health Insurance Portability and Accountability Act of 1995 (PL-104-191) is a federal law which, among other things, requires that health care providers develop and implement policies and procedures to ensure the integrity and confidentiality of patient information. Students are required to demonstrate an understanding of the law prior to attending their first clinical education experience. Documentation of attendance and course content will be provided to clinical sites upon request.

## **STUDENT INTEGRITY SCREENINGS**

Certain health care delivery systems, especially those providing services to children, elders, and people with disabilities, require screenings of personal integrity prior to accepting students. Screenings may include, but are not necessarily limited to, a Criminal Offender Record Information (CORI) check, Sexual Offender Record Information (SORI) check, and drug testing. Students are responsible for reading the CSIF and the contracts for each of their assigned sites to determine which of several possible procedures need to be followed to obtain this information. Please direct any questions about this process to your assigned ACCE.

## **STUDENT DATA FORM**

Students are required to complete a Student Data Form for each clinical. This form is designed as a self-evaluation tool and as a way for students to identify his/her learning style, level of experience, and learning objectives for each clinical course. Students will send a copy of this form to the CCCE with other introductory materials prior to the start of each clinical experience. CCCEs and Clinical Instructors (CIs) find this information helpful in planning meaningful clinical experiences for students. This form is available on our Clinical Education Blackboard Site.

## **EARLY INTERVENTION SPECIALTY EXPERIENCE**

Students who are progressing from the 3<sup>rd</sup> to the 4<sup>th</sup> year in the Physical Therapy program are eligible to apply for acceptance into a program leading to a certification as an early intervention practitioner. These students are required to complete 300 hours of clinical practice in early intervention to fulfill requirements of the program. It is the policy of this department to give priority placement at EI clinical sites to PT students who have been accepted into the EI Certification program. This priority will apply to Clinical Education 3 only. While we cannot guarantee a placement at an EI site, we will make every effort to recruit enough sites to offer this opportunity for the students who qualify. In the event that there are an insufficient number of sites to offer each student a placement, we will choose students at random for placement. Qualifying students will be instructed about this policy and advised to have an alternative plan to fulfill their EI clinical hours after graduation if needed.

## **GETTING SET**

### **ASSUMING RESPONSIBILITY**

This section of the manual has been entitled “getting set” to illustrate the importance of establishing the mind set needed to make the most of the final year of the program. The start of the first clinical education experience can be both exhilarating and anxiety-producing. There may be unwelcomed surprises, including last minute changes in your clinical assignments. Many students will have to temporarily relocate to other parts of the country, identify appropriate housing, and arrange for transportation. Some students will have to endure financial hardships to fulfill their clinical requirements.

The stress associated with clinical education may cause feelings of frustration, disappointment, and even anger. All of these emotions are natural responses to stress, but demonstration of these



emotions is highly inconsistent with professional behavior. At this point in your professional development, students are expected to maintain a high degree of professionalism in all career-related interactions.

Several strategies can be helpful to maintaining professionalism during stressful situations. A few ideas are listed here:

- Reflect back upon some of the relaxation strategies you learned in your Psychosocial course. Taking a few moments to prepare an appropriate response to a stressful situation is always a good idea.
- Practice professional behaviors early and often with faculty and classmates. Think about what makes certain behaviors “professional” and why they are important.
- Remember that academic and clinical faculty members who are involved in your clinical education experiences want you to succeed. Be thoughtful, respectful and honest in your communications with them. Sharing concerns in a constructive manner enhances the likelihood that they will be resolved in a constructive manner.
- Make note of any unprofessional behaviors you have observed and take steps to avoid doing the same thing yourself.
- Remember that the world of physical therapy is a relatively small one in which gossip and negativity are poorly tolerated. As professionals, physical therapists are held to a high measure of moral and ethical behavior. Accusations, however false, may need to be explained to ethical review boards and may even cost someone their license to practice.
- Check your public profile. Review all postings on Facebook and other public venues, including wall posts, and delete anything that reflects poorly upon people that are your “friends.” Limit access to personal information and eliminate photos that reflect poorly on choices you make in your social life.
- Give yourself time to reflect upon each day of your clinical experience. Ask yourself, “How could I have been more effective, more prepared?” Make a plan for the next day but be flexible enough to change the plan as needed.
- View unanticipated circumstances as learning opportunities. An unfriendly supervisor, a last minute cancellation, a longer commute... these are all examples of “real life” situations that you will face upon graduation. Clinical education is time limited and temporary and offers you an excellent opportunity to inform career choices – both what you will enjoy as well as what you will want to avoid.
- Adopt an “attitude of gratitude.” Realize how fortunate you are to be training for a wonderful career in physical therapy. You are almost there!

## **COMPLIANCE WITH POLICIES AND PROCEDURES**

Students are expected, at minimum, to follow all rules and policies, whether established by Northeastern University or clinical education sites. The CI and the CCCE have the right to enforce any and all policies of the facility, so an important part of your orientation is to ask questions to be certain you understand the expectations. Should any problem arise with non-compliance of policies or procedures, the CCCE or CI will notify the ACCE who will immediately try to assist the facility and the student in resolving the difficulties. If no mutually satisfactory resolution can be reached, the student will be removed. Any insubordinate, unsafe, unprofessional, or unethical behavior, which results in the clinical site requesting removal of a student, will automatically result in a grade of Unsatisfactory for that student.

Failure to report to the clinical site on any assigned day or leaving the clinical site without permission of the CCCE or ACCE will result in removal from the clinical site and a failing grade. This excludes emergencies or sick days for which prior permission is not possible. Documentation will be required for any extended period of illness or emergency.

## **ATTENDANCE**

Students are expected to attend each day scheduled by the clinical education facility, including days that Northeastern University may be closed due to inclement weather or holiday. A *total* of three days of absence are allowed across all three clinical experiences and these are reserved for illness and/or family emergencies (versus travel or personal business). Any additional days of absence must be made up in a manner that is acceptable to the clinical site(s). In case of illness, it is the student's responsibility to notify the CI or CCCE as soon as the clinic opens. Students are also required to call the University ACCE on the day of the absence.

The student must adhere to the schedule that is established by the CCCE at the clinical site. This might involve a non-traditional schedule such as four, ten hour days, weekends, or unconventional shifts.

Tardiness is not acceptable. In the event of an emergency, the student must call the clinic as soon as possible to notify the CCCE or CI of the situation. All missed time must be made up at the CI's convenience. Three or more episodes of unexcused tardiness will result in a failing grade for the clinical course. If the student is occasionally requested to work more than forty hours per week, this may be counted as make-up time.

## **DRESS CODE**

All students are expected to dress in a neat, professional manner while on clinical education experiences. It is the student's responsibility to determine the dress code of the facility prior to the first day of clinical education experience and to abide by this for the entire clinical experience. If the student does not meet the dress requirements of the clinical site, the CI or CCCE has the right to ask the student to leave and return with the appropriate attire. Missed time must be made up.

Students are expected to be neatly groomed at all times. Long hair must be tied back; nails should be short and neat. The use of artificial nails is forbidden. Jewelry, which might interfere with the safety or effectiveness of patient treatments, is prohibited. Students are asked to refrain from the use of colognes or scented cosmetics, as patients may be sensitive to fragrances. "Appropriateness" of student grooming and attire is determined by the CCCE and/or CI at the clinical site.

Students are required to wear a nametag that is clearly visible and displays the student's name and "Student Physical Therapist" when on a clinic assignment. The University will provide you with a name tag before the start of your first clinical experience. Please make sure you have the nametag available to wear on each of your clinical experiences. You must also wear a watch with a second hand. Some facilities may require "scrubs" or other specific uniform that will have to be purchased at your own expense.

## GROWING AND DEVELOPING

The Clinical Education year is one that is designed to facilitate your growth and development as a professional and physical therapist. It is vital that you remain open to feedback, including constructive criticism, in order to take full advantage of the mentorship that is available to you at this time.

The DPT program at Northeastern University has established minimum expected competency levels for each of your three clinical education experiences. These are outlined on the course Syllabi which can be found in the Appendix. The following are general criteria used to determine the final outcome of each clinical experience.

### THE CLINICAL PERFORMANCE INSTRUMENT

Northeastern University uses the Clinical Performance Instrument (CPI), which was developed by the APTA to guide the growth and development of physical therapist students into entry level clinicians. Shortly after the start of the clinical experience, students are matched to CIs to make the online version of the CPI available to both parties. For this reason, it is critical that students submit their *First Day on Site Forms* as quickly as possible to the Clinical Education office for processing. The information contained in that form is used to make the student/CI match and establishing the basis for assessing student performance during the clinical education experience. Information about accessing the online version of the CPI, as well as the PDF version of the same form, are both available on the Clinical Education Blackboard Site. Students and CIs are welcome to contact the clinical education office at any time to obtain assistance in locating and/or utilizing the CPI.

### GRADING CRITERIA

In accordance with APTA and University policies, the ACCE (not the CI) is responsible for assigning the final grade. Assigned grades are based on the information contained in the CPI and/or consultation with the student, CI and CCCE. The type of clinical rotation, type of patient diagnoses treated, degree of challenge presented, pace, and expectations of the clinic are all considered. Students will receive a grade of Satisfactory, Unsatisfactory, Withdrawal, or Incomplete. Any student who does not meet the minimum passing criteria cannot receive a grade of Satisfactory. Students are afforded one opportunity to repeat a Clinical Education experience to clear a grade of Unsatisfactory. *Two failures in Clinical Education will result in removal from the program.*

#### Satisfactory

- All criteria for passing are met. Minimum competency levels, as defined in the grading rubric have been reached.

#### Unsatisfactory

- Minimum competency levels, as defined in the grading rubric, have not been reached;
- The gap between student competence and clinic expectation is so great that the student will be unable to meet the objectives and is asked to leave the facility before the end of the assigned clinical period; or

- The CCCE requests removal of the student for good cause (e.g. insubordination, non-compliance with policies or procedures, unsafe, unprofessional, or unethical behavior).

### **Withdrawal**

Withdrawal from Clinical Education requires permission from an ACCE. Appeals to decisions made by ACCEs can be made to the Physical Therapy Department Academic Standing Committee.

In general, the following criteria must be met to receive a grade of Withdrawal:

- Student is unable to complete the course due to illness (medical documentation is required);
- Student is unable to complete the course due to family crisis or emergency; or
- Student, CCCE, and ACCE agree that the site is unable to meet or accommodate the student's learning needs.

### **Incomplete**

A grade of Incomplete is warranted if the following criteria are met:

- The student has reached the minimum competency levels required on the CPI; and
- Required materials are not received by the Clinical Education office before the grades are due at the Registrar's office.

According to University grading policies, students must meet the criteria for clearing an Incomplete within one calendar year from the date it is first recorded on the student's permanent record.

### **GRADE DISPUTE**

Any student who receives a grade other than "Satisfactory" has the right to appeal. The student should discuss the situation and appeals process with their academic advisor.

### **MIDTERM CONFERENCE**

Midway through each clinical education experience, the CI and the student independently complete the CPI. This provides both perspectives when the CI and the student meet to formally review the student's performance. Progress and areas for improvement should be noted and goals for the remainder of the clinical experience are set. Both the student and the CI are asked to sign and date the CPI to indicate that the document has been reviewed.

Once the CPI review has taken place, the assigned ACCE or another clinical faculty member from Northeastern University will contact the clinical site to conduct a *midterm conference*. Ideally, the University faculty member will be able to interview both the CI and the student. The CCCE may also participate in the midterm conference. Depending on the distance from the University and the needs of the clinical site and the student, this interview will either involve a site visit or a telephone interview. We will make every attempt that each student receive a minimum of one site visit during their clinical education experience.

The midterm conference provides an opportunity to discuss student's strengths, areas for growth, learning style, and goals. The student's feedback is an important component of this discussion. Midterm conferences also help to promote effective communication between the Northeastern University faculty and the clinical faculty. It enables the ACCEs and the clinical faculty to learn about the unique educational opportunities available at each facility as well as to establish and maintain good working relationships.

### **ACTION PLAN**

The midterm conference also provides a formal opportunity for University faculty to determine if there is a need for additional structure during the second half of the clinical experience. If the student is having difficulty achieving the required level of competency, an Action Plan will be developed. This plan will identify specific goals that need to be reached and strategies that will be employed to remediate the deficiencies in order for the student to pass the course. The faculty member, the CI, and the student will sign the Action Plan. The faculty member will follow-up with phone calls or visits as deemed necessary. The goal of the Action Plan is to help the student and clinical instructor(s) work together to facilitate successful completion of the clinical experience.

In addition to the midterm conference, the ACCE is always available to offer assistance to sites and students should any questions or concerns arise during the clinical education experience. The student, CI, and/or CCCE are encouraged to call or email ACCEs at any time and for any reason. It is also encouraged that if you feel there is an issue, that you contact your ACCE early so that they can offer assistance. The time to address the issue is when it is first encountered, rather than later in the experience when their advice or intervention cannot be of assistance to you.

### **FINAL CONFERENCE**

At the end of the clinical experience, the student and the CI will again complete their versions of the CPI and meet formally to review the results. An ACCE will participate if desired by clinical site personnel. Following the final review, the CI's copy of the CPI must be signed and dated by both parties. Northeastern University faculty members are generally not involved in the Final Conference, unless this is requested by clinical site personnel and/or students. Students are asked to ensure that both the student and CI sign off on the online CPI or sign the paper version of the CPI and send it to the University as soon as possible. All evaluations must be received before a grade can be issued.

## **REPEATING CLINICAL EXPERIENCES**

Each clinical education course is a prerequisite for subsequent clinical education courses. Therefore, students who do not pass a course must repeat that course before advancing to the next clinical education course in the program. For example, if a student does not pass Clinical Education 1, the clinical experience assigned for Clinical Education 2 will substitute for Clinical Education 1.

### **REMEDIATION PLAN**

Prior to repeating a failed clinical education course, the student and the ACCE will meet to develop a Remediation Plan. Students will be notified, in writing, as to the process involved in completing the remediation plan. It is the student's responsibility to develop a remediation plan and to set up an appointment to review the plan with his/her assigned ACCE. Upon review of the plan, the ACCE may determine one of three options: acceptance and approval of the plan, acceptance of the plan with specific modifications or non-acceptance of the plan with specific reasons documented. Guidelines are included in the Appendix. All objectives outlined in the plan must be met before the student is placed for a repeat clinical experience. The repeat clinical will be scheduled at a time and place to be determined by the ACCE, based on the educational needs of the student. The site at which the repeat clinical will occur will be informed by the ACCE that the student is repeating a clinical experience. A template to guide the development of a remediation plan can be found on the Clinical Education Blackboard Site.

### **DISMISSAL FROM THE DPT PROGRAM**

Failure to successfully complete this course a second time would result in dismissal from the DPT program.

## **GETTING READY FOR THE NEXT ONE**

Once the clinical education experience is complete, students are asked to reflect upon the experience and complete a number of required assignments to help them prepare for subsequent experiences. These assignments must be received and processed by the Clinical Education office before a grade for the clinical education experience can be submitted to the Registrar.

### **REFLECTION ASSIGNMENT**

Students are required to complete a written assignment designed to provide reflection of personal and professional growth. It will identify areas of practice that need further refinement. Guidelines for the reflection assignment are available on the Clinical Education Blackboard Site. Students will be expected to post each reflection assignment in their learning portfolio, currently on TurnItIn.

### **SITE EVALUATION**

Upon completion of each clinical experience, the student is asked to complete a Student Evaluation of the Clinical Education Experience. This form is available on the Clinical Education Blackboard site and is designed to provide feedback to the clinical facility and the ACCE regarding the opportunities and experiences at the clinical facility. ***The student is asked to provide the clinical site with a copy of this completed form.*** In addition, the student is expected

to post a copy in their learning portfolio on TurnItIn. Completed forms are made available on the E\*Value site for review by future students who are considering placement at the clinical site evaluated.

## **PROGRAM EVALUATION**

Students are also asked to evaluate their experiences with the ACCEs and the Clinical Education process in general. This provides the department with valuable feedback for maintaining aspects of the program that are working well and modifying those aspects that are not. Students will be prompted to complete the program evaluation via email which will contain a link to an anonymous survey. The only information that will be returned to the Clinical Education Office for grading purposes is a list of students who have completed the survey.

## APPENDIX



## **ESSENTIAL FUNCTIONS FOR PHYSICAL THERAPY STUDENTS**

Physical therapy students must be able to perform, with or without reasonable accommodations, each of these essential functions in order to fully participate in our program and successfully complete the requirements for a DPT.

### **Cognitive Functions**

1. Comprehend, retain, and retrieve complex information from the liberal arts, basic sciences, mathematics, and psychological and clinical sciences and apply this information to professional course work.
2. Comprehend, synthesize, and integrate information from written materials, demonstration, lectures, class discussions, laboratory practice sessions, and real and simulated patients.
3. Apply information obtained from classroom, laboratory, and written materials to the examination, evaluation and intervention of real and simulated patients.
4. Critically analyze information taken from lectures, class discussion, written materials, research literature, laboratory, and patient demonstrations to develop and support the rationale for appropriate patient examinations, evaluations, and interventions.
5. Determine the physical therapy needs of any patient with potential movement dysfunction.
6. Develop and document a physical therapy plan of care for any patient with movement dysfunction.
7. Demonstrate management skills including planning, organizing, supervising, and delegating.
8. Develop and apply programs of prevention and health promotion in a variety of client and patient populations.
9. Participate in the process of scientific inquiry.

### **Affective and Communication Functions**

1. Establish professional, empathic relationships with individuals from a variety of backgrounds, ages, and needs, based on mutual trust.
2. Recognize the impact and influence of lifestyle, socioeconomic class, culture, beliefs, race, and abilities on patients and colleagues.
3. Engage in respectful, non-judgmental interactions with individual from various lifestyles, cultures, beliefs, races, socioeconomic classes, and abilities.
4. Develop and maintain effective, respectful working relationships with professional colleagues, peers, patients, families, and the general public.
5. Work effectively as part of an interdisciplinary team.
6. Utilize appropriate professional verbal, nonverbal and written communication with patients, families, and colleagues.
7. Recognize the psychosocial impact of movement dysfunction and disability on the client and family; integrate these needs into the evaluation and plan of care.
8. Apply teaching and learning theories and methods in the healthcare and community environments.
9. Meet externally imposed deadlines and time requirements.
10. Effectively and consistently manage personal stress and the stress of others.
11. Effectively attend to people, information, and tasks in a complex, highly stimulating environment during an entire workday.

12. Practice in a safe, ethical, and legal manner, following guidelines for standard practice as established by federal, state, and local law, the University, clinical facilities, the APTA, and related professional organizations.
13. Demonstrate responsibility for self-assessment and the development of a life-long plan for professional growth and development.
14. Accept responsibility for all actions, reactions, and inactions.
15. Respond to medical crisis and emergencies in a calm, safe, and professional manner.
16. Speak and write effectively in English to convey information to other individuals and groups.
17. Understand and interpret the verbal, non-verbal, and written communications of others and respond in an appropriate, professional manner.

### **Psychomotor Functions**

1. Safely, reliably, and efficiently perform appropriate physical therapy procedures to examine the functional skills and gross motor system of patients across the lifespan. These include but are not limited to:
  - Cognitive, mental, emotional status
  - Endurance
  - Skin integrity
  - Sensation
  - Strength
  - Joint mobility
  - Joint motion and play
  - Muscle tone and reflexes
  - Movement patterns
  - Coordination
  - Balance
  - Development skills
  - Pain
  - Posture
  - Gait
  - Functional abilities
  - Assistive technology
  - Cardiopulmonary status
  - Segmental length, girth, and volume
2. Demonstrate the ability to observe and practice universal precautions
3. Demonstrate the ability to perform CPR and emergency first aid.
4. Safely, reliably, and efficiently perform treatment procedures for patients across the lifespan, using procedures that are appropriate for the patient's status and plan of care. These include, but are not limited to:
  - Therapeutic exercises to improve strength, ROM, or endurance
  - Developmental activities
  - Gait activities
  - Prosthetic and orthotic training
  - Wound care
  - Wheelchair training
  - Neurosensory techniques
  - Thermal agents and electrotherapy
  - Balance and coordination training

- Positioning techniques
  - Cardiopulmonary rehabilitation
  - Joint mobilization and soft tissue procedures
  - Functional activities, bed mobility, transfers
5. Safely and reliably read meters, dials, printouts, and goniometers.
  6. Manipulate and operate physical therapy equipment and monitoring devices.
  7. Demonstrate appropriate body mechanics and react safely and appropriately to sudden or unexpected movements of patients/classmates.
  8. Demonstrate the ability to work in an environment that requires significant physical activity and mobility throughout the workday in a way that does not compromise patient or therapist safety.

Sources:

AASIG Technical Standards, Essential Functions Document. Section on Education, September, 1998.

Ingram, D. (1997). Opinions of Physical Therapy Program Directors on Essential Functions, *Physical Therapy*, 77(1).

Simmons College Essential Functions, Boston, MA.

University of Rhode Island Essential Functions, Kingston, RI.

\*Approved by PT Faculty 11/10/99

## PROFESSIONAL BEHAVIORS

Physical therapy students are expected to display professional behavior both in the classroom and in the clinic. These behaviors include but are not limited to the following:

- Students are expected to arrive in the clinic on time, prepared, and dressed appropriately.
- Students should understand that “on time”, “prepared”, and “appropriately” are defined by the situation or task at hand or by the supervisor and may vary from one situation to another.
- Students should maintain an attitude appropriate to the professional task at hand.
- Students must accept that their ultimate duty is to the patient. As such, they should understand that professional duties and situations are about completing tasks and solving problems in ways that benefit others, either immediately or in the long term.
- Students are expected to place the importance of professional duties, tasks and problem solving above their own convenience.
- Students are expected to work effectively with other individuals to promote the good of the patient. As such, students are expected to pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for other to accomplish their work.
- Students are expected to give credit to others where credit is due. This includes using appropriate citations for all written work and/or in service presentations. Students are expected to take credit and responsibility for their own work and sign their work using appropriate credentials.
- Students are expected to take responsibility for their own actions, reactions, and inactions. They should not make excuses, blame others, or exhibit inappropriate emotional displays.
- Students are expected to know their limitations and not to accept professional duties or tasks for which they are personally or professionally unprepared.
- Students are expected to meet external time demands imposed by others.
- Students are expected to complete assignments in a timely manner.
- Students are expected to be aware that working in a health care profession means making a commitment to life long learning. This means that if additional information is needed, it is expected that the student knows how and where to obtain that information and will do so independently.

Adapted from: Michael R. Chial, University of Wisconsin. Posted on the ASHA list serve 12/2/97.

## **HEALTH CLEARANCE REQUIREMENTS UNIVERSITY HEALTH AND COUNSELING SERVICES**

All full-time and part-time Health Science majors (of any age, graduate or undergraduate) with clinical rotations must have documented proof of immunity on file at University Health and Counseling Services (UHCS) located in 135 Forsyth building. This includes documentation of TB testing results and immunity to Measles, Mumps, Rubella, Tetanus-Diphtheria, Hepatitis B, Meningitis and Varicella.

Proof of immunity records should be submitted to the UHCS. Only forms from the UHCS will be accepted by the clinical education office. Proof of immunity means documentation of the following:

**(1) TWO (2) MMR (Measles/Mumps/Rubella)**

Since 1968; after twelve months of age; thirty days apart if two doses are required

OR

**a) MEASLES**

- Two (2) immunizations (at least one month apart)
- OR positive Measles titer

**b) MUMPS**

- One (1) immunization
- OR positive Mumps titer

**c) RUBELLA**

- One (1) immunization
- OR positive Rubella titer

**(2) TETANUS/DIPHTHERIA (Td/Tdap)**

- One (1) immunization within the last ten (10) years

**(3) HEPATITIS B**

- Hepatitis B series of three\*
- OR positive titer

\*The second dose must be given at least 1 month after the first dose.

- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.

**(4) MENINGITIS**

- Immunization (menactra or menomune)
  - OR written signed waiver\*\*
- \*\*Commonwealth of Massachusetts waiver form attached.

**(5) VARICELLA**

- Positive titer
- OR Varicella immunization series of two

**(6) PPD**

- Test results within 12 months of assigned clinical experience
- Test results within 12 months of assigned clinical experience
- X-ray and clinical report required for positive results

**In addition, a student must have a letter of health clearance within 1 year for each clinical experience.**

\*Medical contraindications are acceptable but must be documented.

## ACTION PLAN

**This action plan will be initiated at midterm for any student who appears to be at risk for not meeting minimum competency guidelines.**

Student \_\_\_\_\_

Clinical Site \_\_\_\_\_

Clinical Instructor \_\_\_\_\_

Dates of Clinical Experience \_\_\_\_\_

Identified Problems:

Objectives to be met:

Plan to meet objectives:

\_\_\_\_ I agree to the plan and terms as outlined. I understand that I am at risk for not passing this clinical course.

\_\_\_\_\_  
Student /Date

\_\_\_\_\_  
Clinical Instructor/Date

\_\_\_\_\_  
NU Faculty/Date

\_\_\_\_ I do not agree to the terms as outlined. I understand that by not following this action plan I am placing myself at further risk for not passing this clinical course. My rebuttal to this action plan is:

\_\_\_\_\_  
Student/Date

## REMEDIATION PLAN

You have received a failing grade for PT \_\_\_\_\_. According to our policies and procedures you must design and complete a remediation plan prior to going out on a repeat clinical experience. Once the remediation plan is satisfactorily completed, you can repeat this course at the earliest possible time, to be determined by the ACCE. The conditions required for you to proceed to a repeat clinical education course include:

1. Following the instructions on the attached guide, please prepare a proposed remediation plan and submit it to (*assigned ACCE*) within two weeks of (*identify timeframe*).
2. Once the Clinical Education Office approves the plan, your ACCE will help you to carry out the details of the plan.
3. When you are near successful completion of the items outlined in your remediation plan, we will begin to plan for your repeat course.
4. In requesting a new clinical site for you, our contract with clinical facilities requires that we share the following information:
  - a) your strengths, areas for improvement and assessment of the competencies that were not satisfactorily completed in PTH \_\_\_\_\_;
  - b) our analysis of your difficulties and the learning plan you have used to prepare for this next experience; and
  - c) the fact that you are repeating this clinical course.

If you do not meet the minimum competencies during the repeat experience, you will receive a failing grade and be dismissed from the DPT program. If you have any questions, please contact me as soon as possible. I can be reached at 617-373-5988.

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Susan H. Ventura, PT, MEd, PhD, DCE  
Director of Clinical Education

**REMEDICATION PLAN WORKSHEET**  
**Please type your responses on a separate sheet of paper**

1. What do you see as areas of skill or performance that you need to develop in order to be successful in the clinic? Please be specific and utilize the graded CPI that you received during your unsuccessful clinical education experience.
2. For each area of need, describe a plan that you will follow to strengthen/improve your skills. The plan should include the resources you will utilize in following this plan.
3. For each area of need, write a behavioral objective, which you will achieve upon completion of this plan. Each objective must include:
  - a. The behavior or skill that you will demonstrate;
  - b. The conditions under which you will demonstrate the skill;
  - c. The way(s) in which your performance will be evaluated;
  - d. The person who will be responsible for evaluating your performance; and
  - e. The time frame for reaching the stated objective.

This plan must be submitted within 2 weeks of your receipt of this worksheet or other timeframe as approved by your ACCE. Your proposed remediation plan must be typed. Completion of this worksheet does not mean acceptance of the plan. You must meet with your assigned ACCE to discuss the plan. The ACCE will then determine if the plan is acceptable. You will receive documentation of the decision. No repeat clinical education experience will be scheduled until the remediation plan has been approved and completed.

-----  
(Please tear off and return this signed form to your ACCE immediately)

\_\_\_\_\_ I acknowledge receipt of the remediation plan document and agree to comply with the conditions as outlined.

\_\_\_\_\_ I acknowledge receipt of the remediation plan document, but I do not agree to comply with the conditions as outlined. As such, I understand that I will not be able to proceed in the Physical Therapy Program until I successfully complete a remediation plan.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date



## REMEDIATION PLAN STATUS

I have reviewed your remediation plan proposal. Upon review:

\_\_\_\_\_ I accept and approve the plan as written.

\_\_\_\_\_ I will accept the plan with the attached modifications.

\_\_\_\_\_ I do not accept or approve the plan as written. My reasons are attached.

\_\_\_\_\_  
ACCE Signature

\_\_\_\_\_  
Date

**NORTHEASTERN UNIVERSITY  
BOUVÉ COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF PHYSICAL THERAPY**

**PT 6441 Clinical Education 1**

**Faculty**            Professor Christopher Cesario, PT, MBA, ACCE  
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617-373-5193

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617-373-4778

**Office Hours**

ACCEs are available by phone and email to talk with students on a daily basis. Students are encouraged to contact their assigned ACCE at any time during the semester to discuss any questions, concerns, or problems. Students will be asked to contact an assigned faculty member at or about half way through the clinical. The assigned faculty member will talk with the student and the clinical instructor and/or the CCCE to discuss the student's progress. The purpose of this midterm conference is to ensure that the clinical education experience is going well for all concerned (student, CCCE and CI) and that the educational objectives are being met. This conference provides the University faculty member with an opportunity to identify any problems and address them with an Action Plan.

Credit Hours:    6 SH

Clock Hours:    Minimum, 320 hours per semester scheduled at clinical site

Suggested Texts: Guide to Physical Therapy Practice, textbooks from all professional courses

Prerequisite Course Requirements: successful completion of all prior course work

**Course Description**

This course provides students with opportunities to practice examination, evaluation, and intervention skills previously learned in the classroom and on co-op. Students will work under the supervision and guidance of a licensed physical therapist. Students will function as a member of the health care team providing consultation and educational services to others. Students will refine documentation skills learned in the classroom. They will have the opportunity to develop administrative skills and to supervise support personnel. Students will complete a written assignment designed to guide them through a reflection of personal and professional growth and to identify areas of practice that need to be strengthened during Clinical Education 2. Students must have transportation available, since assignment to clinical sites outside of Boston and Massachusetts is likely. **Students are responsible for all costs including, but not limited to, all transportation, housing, and background checks, uniforms and other requirements of the clinical site.**

## Course Objectives

The student is expected to effectively manage non-complex patients with a variety of diagnoses. The objectives are divided into categories of Practice Expectations as outlined in the Normative Model for Physical Therapist Education: Version 2004.<sup>1</sup> Student progress is recorded via the Physical Therapy Clinical Performance Instrument (CPI)<sup>2</sup> and CPI-Web<sup>3</sup>.

### Professional Practice Expectations

The student is expected to:

- ◆ Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers and policy makers with **minimal to moderate** guidance and supervision (CPI #6, PT CPI Web #4), CC-5.17
- ◆ Adapt delivery of care to reflect respect and sensitivity to individual difference and provide effective culturally competent instruction with **minimal to moderate** guidance and supervision (CPI #8, PT CPI Web #5), CC-5.18, CC-5.41
- ◆ Demonstrate professional and responsible behavior with **minimal** guidance and supervision (CPI #2, #3, PT CPI Web #2), CC-5.11
- ◆ Adhere to ethical and legal standards of behaviors and fiscal management with **minimal to moderate** guidance and supervision (CPI #4, #5, #20 PT CPI Web #3, 17), CC-5.1
- ◆ Participate in activities addressing quality of service delivery with **moderate** guidance and supervision (CPI #16, PT CPI Web #12), CC-5.37
- ◆ Apply the principles of logic and the scientific method to the practice of physical therapy with **considerable** guidance and supervision (CPI #9, PT CPI Web #12, 13), CC-5.23
- ◆ Demonstrate effective teaching methods to educate others (patients, family, caregivers, staff, students, other health care providers) with **moderate** guidance and supervision (CPI #15, PT CPI Web #14), CC-5.26
- ◆ Implement a self directed plan for professional development and lifelong learning with **cueing** to guide and support efforts (CPI #23, PT CPI Web #6), CC-4

### Patient and Client Management Expectations

The student is expected to:

- ◆ Screen patients using procedures to determine the effectiveness of and need for physical therapy services with **considerable** guidance and supervision (CPI #10, PT CPI Web #8), CC-5.27
- ◆ Perform a physical therapy patient examination with **minimal** guidance and supervision for non-complex patients and **moderate** guidance and supervision for complex patients (CPI #11, PT CPI Web #9), CC-5.28, CC-5.29, CC-5.30
- ◆ Evaluate clinical findings to determine physical therapy diagnosis and prognosis with **minimal** guidance and supervision for non-complex patients and **moderate** guidance and supervision for complex patients (CPI #12, PT CPI Web #10, 11), CC 5.31, CC-5.32, CC-5.33
- ◆ Design a physical therapy culturally competent, patient centered plan of care that integrates goals, treatment, outcomes, and discharge plan with **minimal** guidance and supervision for non-complex patients and **moderate** guidance and supervision for complex patients (CPI #13, PT CPI Web #12), CC-5.34, CC-5.35, CC-5.36, CC-5.37, CC-5.38
- ◆ Perform physical therapy interventions in a competent manner with **moderate** guidance and supervision for noncomplex patients, and **considerable** guidance and supervision for complex patients (CPI #14, PT CPI Web #13), CC-5.39, CC-5.40
- ◆ Practice in a safe manner with **minimal** guidance and supervision (CPI #1, PT CPI Web #1), CC-5.43
- ◆ Produce complete, clear, accurate documentation with **minimal** guidance and supervision for non-complex patients and **moderate** guidance and supervision for complex patients (CPI #7, PT CPI Web #15), CC-5.42

## **Practice Management Expectations**

The student is expected to:

- ◆ Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups, and communities with **minimal** guidance and supervision for non-complex situations and **moderate** guidance and supervision for complex situations (CPI #24, PT CPI Web #13 ), CC-5.50, CC-5.51, CC-5.52
- ◆ Address patient need for services other than physical therapy with **minimal** guidance and supervision for non-complex patients and **moderate** guidance and supervision for complex patients (CPI #18, PT CPI Web #7, 8), CC-5.27
- ◆ Manage resources to achieve goals of the practice setting with **moderate** guidance and supervision (CPI #19, PT CPI Web #16, 17), CC-5.36
- ◆ Utilize support personnel according to legal standards and ethical guidelines with **moderate** guidance and supervision (CPI #21, PT CPI Web #13), CC-5.40
- ◆ Demonstrate an understanding of economic/fiscal factors in the delivery of physical therapy services with **moderate** guidance and supervision, (CPI #19, 20, PT CPI Web # 17) CC-5.58
- ◆ Provide consultation to individuals, businesses, schools, government agencies, or other organizations with **moderate** guidance and supervision (CPI #17, PT CPI Web #8), CC-5.62
- ◆ Demonstrate understanding that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job descriptions with **cueing** (CPI #22, PT CPI Web #3), CC-5.63, CC-5.64, CC-5.65, CC-5.66

## **Course Grading Criteria**

All students must complete a reflection assignment, evaluations of **both** the clinical site and clinical education, and complete an in-service at the clinical site. The following minimum competencies must be reached by the final.

PT Clinical Performance Instrument Web (electronic version)

<b>Criteria #</b>	<b>Minimum Competency Required by Final</b>
1-4	At or above "Intermediate" level
5-18	At or above "Advanced Beginner" level

## **Professional Expectations**

Academic dishonesty will not be tolerated under any circumstances. Refer to the Student Handbook for information about disciplinary action in cases of academic dishonesty.

**NORTHEASTERN UNIVERSITY  
BOUVÉ COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF PHYSICAL THERAPY**

**PT 6442 Clinical Education 2**

**Faculty** Professor Christopher Cesario, PT, MBA, ACCE  
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617-373-4778

**Office Hours**

ACCEs are available by phone and email to talk with students on a daily basis. Students are encouraged to contact their assigned ACCE at any time during the semester to discuss any questions, concerns, or problems. Students will be asked to contact an assigned faculty member at or about half way through the clinical. The assigned faculty member will talk with the student and the clinical instructor and/or the CCCE to discuss the student's progress. The purpose of this midterm conference is to ensure that the clinical education experience is going well for all concerned (student, CCCE and CI) and that the educational objectives are being met. This conference provides the University faculty member with an opportunity to identify any problems and address them with an Action Plan.

**Credit Hours:** 6 SH

**Clock Hours:** Minimum, 400 hours per semester scheduled at clinical site

**Suggested Texts:** Guide to Physical Therapy Practice, textbooks from all professional courses

**Prerequisite Course Requirements:** PT 6441

**Course Description**

This course provides students with additional opportunities to practice examination, evaluation, and intervention skills previously learned in the classroom and during Clinical Education 1. Students will be expected to function at a higher level requiring less supervision and guidance from a licensed physical therapist than they needed in their first clinical education experience. Students will be involved in all aspects of physical therapy care, functioning as a member of the health care team. Students will further refine documentation skills, have the opportunity to develop administrative skills, and supervise support personnel. Students will complete a written assignment designed to guide them through a reflection of personal and professional growth and to identify areas of practice that need to be strengthened during Clinical Education 3. Students must have transportation available, since assignment to clinical sites outside of Boston and Massachusetts is likely. **Students are responsible for all costs including, but not limited to, all transportation, housing, and background checks, if required by the clinical site.**

## **Course Objectives**

Students are expected to effectively manage noncomplex patients with minimal guidance and manage increasingly complex patients with moderate guidance. The objectives are divided into categories of Practice Expectations as outlined in the Normative Model for Physical Therapist Education: Version 97.<sup>1</sup> Student progress is recorded via the Physical Therapy Clinical Performance Instrument (CPI)<sup>3</sup>.

## **Professional Practice Expectations**

The student is expected to:

- ◆ Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers and policy makers **independently** (CPI #6, PT CPI Web #14), CC-5.17
- ◆ Adapt delivery of care to reflect respect and sensitivity to individual difference and provide effective culturally competent instruction **independently** (CPI #8, PT CPI Web #5), CC-5.18, CC-5.41
- ◆ Demonstrate professional and responsible behavior **independently** (CPI #2, #3, PT CPI Web #2), CC-5.11
- ◆ Adhere to ethical and legal standards of behaviors and fiscal management with **minimal to moderate** guidance and supervision in new or complex situations (CPI #4, #5, #20, PT CPI Web #3, 17), CC-5.1
- ◆ Participate in activities addressing quality of service delivery with **minimal** guidance and supervision (CPI #16, PT CPI Web #12), CC-5.37
- ◆ Apply the principles of logic and the scientific method to the practice of physical therapy with **moderate** guidance and supervision (CPI #9, PT CPI Web #12, 13), CC-5.23
- ◆ Demonstrate effective teaching methods to educate others (patients, family, caregivers, staff, students, other health care providers) with **minimal** guidance and supervision (CPI #15, PT CPI Web #14), CC-5.26
- ◆ Implement a self-directed plan for professional development and lifelong learning **independently** (CPI #23, PT CPI Web #6), CC-4

## **Patient and Client Management Expectations**

The student is expected to:

- ◆ Screen patients using procedures to determine the effectiveness of and need for physical therapy services with **moderate** guidance and supervision (CPI #10, PT CPI Web #8), CC-5.27
- ◆ Perform a physical therapy patient examination with **moderate** guidance and supervision (CPI #11, PT CPI Web #9), CC-5.28, CC-5.29, CC-5.30
- ◆ Evaluate clinical findings to determine physical therapy diagnosis and prognosis with **moderate** guidance and supervision (CPI #12, PT CPI Web #10, 11), CC 5.31, CC-5.32, CC-5.33
- ◆ Design a physical therapy culturally competent, patient centered plan of care that integrates goals, treatment, outcomes, and discharge plan with **considerable** guidance and supervision (CPI #13, PT CPI Web #12), CC-5.34, CC-5.35, CC-5.36, CC-5.37, CC-5.38
- ◆ Perform physical therapy interventions in a competent manner independently for noncomplex patients, and **moderate** guidance and supervision for complex patients (CPI #14, PT CPI Web #13), CC-5.39, CC-5.40
- ◆ Practice in a safe manner with **minimal** guidance and supervision in new or complex situations (CPI #1, PT CPI Web #13), CC-5.43
- ◆ Produce complete, clear, accurate documentation with **minimal** guidance and supervision (CPI #7, PT CPI Web #15), CC-5.42

**NORTHEASTERN UNIVERSITY  
BOUVÉ COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF PHYSICAL THERAPY**

**PT 6448 Clinical Education 3**

**Faculty** Professor Christopher Cesario, PT, MBA, ACCE  
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Mary J. Hickey DPT, MHP, OCS  
308G Robinson Hall  
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617-373-4778

**Office Hours**

ACCEs are available by phone and email to talk with students on a daily basis. Students are encouraged to contact their assigned ACCE at any time during the semester to discuss any questions, concerns, or problems. Students will be asked to contact an assigned faculty member at or about half way through the clinical. The assigned faculty member will talk with the student and the clinical instructor and/or the CCCE to discuss the student's progress. The purpose of this midterm conference is to ensure that the clinical education experience is going well for all concerned (student, CCCE and CI) and that the educational objectives are being met. This conference provides the University faculty member with an opportunity to identify any problems and address them with an Action Plan.

**Credit Hours:** 9 SH

**Clock Hours:** Minimum, 480 hours per semester scheduled at clinical site

**Suggested Texts:** Guide to Physical Therapy Practice, textbooks from all professional courses

**Prerequisite Course Requirements:** PT 6442

**Course Description**

This course provides students with the opportunity to meet entry level requirements to practice as a physical therapist. Students continue to practice examination, evaluation, intervention, documentation and administrative skills under the supervision and guidance of a licensed physical therapist, but are expected to function at the level of a new graduate by the completion of this experience. A written assignment will be included. Designed to guide students through reflection of what they have learned, this assignment will help students identify who they are as professionals, to establish early career goals, and provide insight for the need to be a life-long learner. Students must have transportation available, since assignment to clinical sites outside of Boston and Massachusetts is likely. **Students are responsible for all costs including, but not limited to, all transportation, housing, and background checks, if required by the clinical site.**

**Course Objectives**

Students are expected to effectively manage noncomplex patients with minimal guidance and manage increasingly complex patients with moderate guidance. The objectives are divided into categories of

Practice Expectations as outlined in the Normative Model for Physical Therapist Education: Version 97.<sup>1</sup> Student progress is recorded via the Physical Therapy Clinical Performance Instrument (CPI)<sup>3</sup>.

### **Professional Practice Expectations**

The student is expected to:

- ◆ Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers and policy makers **independently** (CPI #6, PT CPI Web #4), CC-5.17
- ◆ Adapt delivery of care to reflect respect and sensitivity to individual difference and provide effective culturally competent instruction **independently** (CPI #8, PT CPI Web #5), CC-5.18, CC-5.41
- ◆ Demonstrate professional and responsible behavior **independently**(CPI #2, #3, PT CPI Web #2), CC-5.11
- ◆ Adhere to ethical and legal standards of behaviors and fiscal management **independently** (CPI #4, #5, 20, PT CPI Web #3, 17), CC-5.1
- ◆ Participate in activities addressing quality of service delivery **independently** (CPI #16, PT CPI Web #12), CC-5.37
- ◆ Apply the principles of logic and the scientific method to the practice of physical therapy with **minimal** guidance and supervision (CPI #9, PT CPI Web #12, 13), CC-5.23
- ◆ Demonstrate effective teaching methods to educate others (patients, family, caregivers, staff, students, other health care providers) **independently** (CPI #15, PT CPI Web #14), CC-5.26
- ◆ Implement a self directed plan for professional development and lifelong learning **independently** (CPI #23, PT CPI Web #6), CC-4

### **Patient and Client Management Expectations**

The student is expected to:

- ◆ Screen patients using procedures to determine the effectiveness of and need for physical therapy services **independently** (CPI #10, PT CPI Web #8), CC-5.27
- ◆ Perform a physical therapy patient examination **independently** (CPI #11, PT CPI Web #9), CC-5.28, CC-5.29, CC-5.30
- ◆ Evaluate clinical findings to determine physical therapy diagnosis and prognosis **independently** (CPI #12, PT CPI Web #10, 11), CC 5.31, CC-5.32, CC-5.33
- ◆ Design a physical therapy culturally competent, patient centered plan of care that integrates goals, treatment, outcomes, and discharge plan **independently** (CPI #13, PT CPI Web #12), CC-5.34, CC-5.35, CC-5.36, CC-5.37, CC-5.38
- ◆ Perform physical therapy interventions in a competent manner independently for noncomplex patients and with **consultation** for complex patients (CPI #14, PT CPI Web #13), CC-5.39, CC-5.40
- ◆ Practice in a safe manner **independently** (CPI #1, PT CPI Web #1), CC-5.43
- ◆ Produce complete, clear, accurate documentation **independently** (CPI #7, PT CPI Web #15), CC-5.42

### **Practice Management Expectations**

The student is expected to:

- ◆ Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups, and communities **independently** (CPI #24, PT CPI Web #13), CC-5.50, CC-5.51, CC-5.52
- ◆ Address patient need for services other than physical therapy **independently** (CPI #18, PT CPI Web #7, 8), CC-5.27
- ◆ Manage resources to achieve goals of the practice setting **independently** (CPI #19, PT CPI Web #16, 17), CC-5.36



- ◆ Utilize support personnel according to legal standards and ethical guidelines **independently** (CPI #21, PT CPI Web #13), CC-5.40
- ◆ Demonstrate an understanding of economic/fiscal factors in the delivery of physical therapy services **independently** (CPI #19, 20, PT CPI Web #17) CC-5.58
- ◆ Provide consultation to individuals, businesses, schools, government agencies, or other organizations **independently** with consultation (CPI #17, PT CPI Web #8), CC-5.62
- ◆ Demonstrate understanding that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job **independently** (CPI #22, PT CPI Web #3), CC-5.63, CC-5.64, CC-5.65, CC-5.66

### Course Grading Criteria

PT Clinical Performance Instrument Web (electronic version)

Students are expected to attain a minimum competency level at or above “Entry level” Criteria #1 - #4 on the PT CPI Web and a at least a score of “Advanced Intermediate” on Criteria #5 - #18. See Table below. Students must also complete a reflection assignment, and evaluations of **both** the clinical site and clinical education program.

Criteria #	Minimum Competency Required by Final
1-4	At or above “Entry” level
5-18	At or above “Advanced intermediate” level

### Professional Expectations

Academic dishonesty will not be tolerated under any circumstances. Refer to the Student Handbook for information about disciplinary action in cases of academic dishonesty. Unprofessional behavior will not be tolerated under any circumstances. Refer to the Student Clinical Education Manual for guidelines and expectations.

### Content Outline

Content covered on a day to day and week to week basis will vary depending upon site location, patient/client availability, and students’ previous cooperative education experiences.

**Northeastern University  
Bouvé College of Pharmacy and Health Sciences  
Department of Physical Therapy**

**STUDENT CLINICAL EDUCATION CONTRACT**

I hereby attest that I have read and understand all policies and procedures set forth in the Student Clinical Education Manual of the Physical Therapy Department of Northeastern University.

I agree to abide by all of the Department and University policies and procedures that relate to my preparation and experiences in Physical Therapy Clinical Education.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature