

**GUIDE TO CLINICAL EDUCATION**  
**UNIVERSITY OF DELAWARE**  
**DOCTOR OF PHYSICAL THERAPY**

University of Delaware  
Physical Therapy Dept.  
301 McKinly Lab  
Newark, DE 19716

Website: [www.udel.edu/PT/](http://www.udel.edu/PT/)

Ken Seaman, MA, PT, ACCE  
*Full-time Internships*  
(PHYT 831,832,833)  
(302) 831-2430 [seaman@udel.edu](mailto:seaman@udel.edu)

Stacie Larkin, M.Ed., PT, ACCE  
*Part-time Integrated Clinical Experiences*  
(PHYT 812, 821, 822)  
(302) 831-4152 [slarkin@udel.edu](mailto:slarkin@udel.edu)

## TABLE OF CONTENTS

Purpose of the Clinical Education Guide.....	3
Philosophy of Clinical Education .....	3
Emphasis of Clinical Education .....	3
Facility/Rotations Descriptions and Associated Acronyms.....	4
Structure of Clinical Education.....	6
Objectives of Clinical Education .....	6
Weekly Summary/Planning Form - Self-Assessment.....	7
Function of Various Individuals in Clinical Education.....	7
Establishing New Clinical Internship Sites .....	8
Internship Selection .....	8
Internship Expenses.....	8
Attendance .....	9
Failure of an Internship .....	9
Clinical Education Seminar and Career Day.....	9
Proof of Medical History.....	10
Other Considerations .....	11
Where to find .....	11
Post Exposure Evaluation & Follow-up Procedure .....	12
Bloodborne Pathogens Exposure Procedures.....	14

### Appendix A – Forms:

First Report of Injury .....	15
Clinical Education Information Sheet.....	16
Clinical Site Information Form (CSIF).....	17
Sample of Descriptive Paragraph.....	36
Preclinical Student Information Form .....	37
Intern Profile .....	38
Full-time Clinical Internships Choice Sheet – Rotation 1 .....	42
Full-time Clinical Internships Choice Sheet – Rotation 2&3 .....	43
Contractual Agreement between U of D and Facility .....	44
Weekly Summary/Planning Form.....	48
Full-time Internship Objectives and Grading Criteria.....	50
New England Grading Tool and Guidelines .....	56
Student Evaluation of Clinical Education Experience .....	79
Student Evaluation of ACCE .....	87

### Appendix B - Physical Therapy Curriculum with Course Descriptions.....92

## **I. PURPOSE OF THE GUIDE TO CLINICAL EDUCATION (GCE)**

This guide is intended to provide both the Intern and the Center Coordinator for Clinical Education (CCCE) information regarding important aspects of the clinical education phase of the University of Delaware's Doctor of Physical Therapy curriculum (DPT).

It is the intern's responsibility to thoroughly familiarize themselves with this guide and to address questions regarding any aspects of this guide or clinical education to the Academic Coordinator for Clinical Education (ACCE) or the Chairman of the University's Physical Therapy Department prior to attending the internship.

In addition the CCCE will also receive a copy of the GCE prior to the commencement of the internship. It is requested that both the CCCE and Clinical Instructor (CI) read the (GCE) before the intern's arrival at the affiliation. In addition it can be used as a reference during the internship experience.

## **II. PHILOSOPHY OF CLINICAL EDUCATION**

*To study the phenomenon of disease without books is to sail an uncharted sea,  
while to study books without patients is not to go to sea at all.  
Sir William Osler*

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

## **III. EMPHASIS OF CLINICAL EDUCATION**

Clinical education should take place in a broad spectrum of clinical settings. This spectrum should include the opportunity to experience team care and the interdisciplinary approach to health service. As well, the entry-level educational program must have as its primary concern the preparation of the professional generalist. Although special needs and interests may be met and encouraged, the opportunity for true specialization should be investigated after the entry post-graduate level.

\*Descriptions of the various available categories of clinical facilities and/or types of rotations are presented below.

**\*\*\*FACILITY/ROTATION DESCRIPTION AND ASSOCIATED CODES\*\*\***

<b><u>ACRONYM</u></b>	<b><u>FACILITY DESCRIPTION</u></b>
<b>NGRIP</b>	<b>Neurological/general rehabilitation/inpatient.</b> This is a facility/rotation offering adult rehabilitation, primarily on an inpatient basis, but there may also be an outpatient service. The facility may offer some pediatric experience but is not designed as a pediatric clinic.
<b>NGROP</b>	<b>Neurological/general rehabilitation/outpatient.</b> This is a facility/ rotation offering adult rehabilitation, on an outpatient basis. Although, there may also be an inpatient service present but inpatient experience opportunities may be limited or non-existent for the particular rotation allotted us.
<b>NGRP</b>	<b>Neurological with or without general rehabilitation using a programmatic approach to service delivery.</b> This is a facility or rotation consisting of working <u>primarily</u> with one or two neurological diagnoses, e.g., spinal cord injury, traumatic brain injury, stroke, etc.
<b>ORTHGRP</b>	<b>Orthopedic type of diagnosis with or without general rehabilitation.</b> This type of facility/rotation would <u>primarily</u> deal with inpatient orthopedic post-primary rehabilitation, e.g. amputation, hip or knee replacement etc., but may also contain <u>some</u> other diagnoses, e.g. cardiac, oncology, neurological, etc.
<b>IPAC</b>	<b>Inpatient acute care.</b> This signifies a hospital offering <u>primarily</u> inpatient acute care. There may or may not be an opportunity for <u>some</u> outpatient experience.
<b>IPACOP</b>	<b>Inpatient acute care and outpatient.</b> This signifies a facility with both inpatient acute care and significant outpatient programs/services.
<b>OPORSP</b>	<b>Outpatient orthopedic and sports physical therapy.</b> This is primarily an outpatient service that treats a <u>significant</u> amount of sports related injuries.
<b>OPGEN</b>	<b>Outpatient general.</b> This describes one of two possibilities. Usually it signifies a private practice or outpatient facility working with different kinds of client diagnoses. It may also signify a hospital that is offering only an outpatient rotation. By virtue of the fact that it is outpatient, probably most of the work is orthopedics. Expect a large population of clients with vertebral involvement.

**ACRONYM****FACILITY DESCRIPTION****GERIAT**

**Geriatrics.** This may be a facility/rotation located in a nursing home or a skilled nursing care facility (SNF). This type of experience may or may not meet the requirement for a rehabilitation rotation (check with ACCE).

**IPPED**

**Inpatient Pediatric.** This facility/rotation offers general pediatrics on an inpatient basis. There may also be an opportunity to experience neonatal intensive care (NICU) training as well. It may or may not fulfill the requirement for general rehabilitation (check with ACCE).

**OPPED**

**Outpatient Pediatric.** This type of facility/rotation offers pediatric experience on an outpatient basis either from a hospital, rehabilitation center, private practice or in a school system.

**SPEC**

**Specialty.** Please specify type, e.g. hand, burns, wound care, etc. on the information sheet.

#### IV. STRUCTURE OF CLINICAL EDUCATION

##### **Full-time Clinical Internships**

There are three full-time clinical internships, the first being in the beginning of the second year and the last two in the fall semester of the last year. The first internship is a minimum of six weeks and is intended to be in an acute care or sub-acute type of setting (primary care facility). The final two are at least eight weeks in duration with one being in a post-primary care (rehabilitation); the remaining internship is an elective and can take place in various types of physical therapy environments.

##### **Part-time Integrated Clinical Experiences**

There are three required part-time clinical experiences in the following areas: orthopedics (PHYT 821), geriatrics (PHYT 822), and pediatrics (PHYT 812). The geriatric and orthopedic experiences are semester long experiences and will take place in either the spring of year one, the fall of year two, the winter of year two or the spring of year 2. The pediatric clinical experience will occur during the summer of year three.

#### V. OBJECTIVES FOR CLINICAL EDUCATION

Both descriptive and numerical objectives for each internship are provided in the "New England Consortium" (NEC) grading tool. **It is the intern's responsibility to be aware of the criteria required for successful completion of each internship.** Signing the New England grading tool does not constitute agreement with the evaluation, but rather denotes that the intern has read and understands the grading.

The intent of the specific passing criteria for individual internships is to provide the intern with guidelines as to what is expected at every level of their clinical training. During the internship experience the intern is strongly encouraged to continually review the competencies in each category of the NEC. She/he should then apply them to recent experiences and/or patient situations and through investigation and reflection seek to improve upon the applicable competencies.

## VI. WEEKLY SUMMARY/PLANNING FORM - SELF-ASSESSMENT

**Weekly Summary/Planning Form:** A copy this form can be found on Page 48 of this manual (located on the web in the DPT Clinical Education/Forms area). We ask that the intern complete the form on a weekly basis and that the CI address these items on the reverse side of this intern self-evaluation tool (“Clinical Instructor Feedback” section). If additional delineation of competencies needs to be addressed, please refer to the New England grading tool for a more detailed explanation. Copies of the form should be available for both the student and facility file. We ask the facilities to please send us a copy of these forms at the end of the affiliation along with the New England grading tool.

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

## VII. FUNCTION OF VARIOUS INDIVIDUALS INVOLVED IN THE CLINICAL EDUCATION EXPERIENCE

- a. **ACCE** - To coordinate the University based aspect of the clinical education program. This includes establishment of new internship sites as well as maintenance of existing internship sites; act as an intermediary between the University, facility, CCCE, CI and intern through personal visits and/or phone contact. The ACCE may or may not be assisted in this function by one or more of the University based Physical Therapy staff.
  - b. **CCCE** - To coordinate and supervise the facility based aspect of the clinical education program. This includes acting as a liaison between the Facility, ACCE, CI, and intern. \*In addition it includes the establishment of clinical instructor criteria for that particular facility as well as the assignment of the CIs.
  - c. **CI** - To supervise, facilitate, and evaluate the intern. This includes providing the intern with as many diverse clinical experiences as is possible. This will allow the highest possible attainment of numerical scores, on as many competencies as the internship can afford and that the intern can realize.
  - d. **Intern** - To assume the role of an active learner. This includes a thorough understanding of the objectives for each rotation as well as the expectations of the Facility, University, ACCE, CI, and CCCE regarding the clinical internship.
- It should be noted that each individual facility has their own criteria for qualification of clinical instructors. There may or may not be specific guidelines as to what qualifies an individual to be a clinical instructor for a particular facility. Since we affiliate with over 300 different facilities the ACCE cannot possibly evaluate each individual potential clinical instructor. It is essential that if the intern, at any time, has a concern regarding their particular CI, that they immediately contact their CCCE and the ACCE of the University Physical Therapy Department. In addition, the CCCE and CI are not considered University employees.

## VIII. ESTABLISHING NEW INTERNSHIP SITES

All internships will be established by the ACCE. Under no circumstances are students allowed to contact facilities to establish a new internship. With the permission of the ACCE the student may acquire the name of the contact person at a particular facility. The ACCE may then decide to pursue the establishment of a new clinical internship.

Due to financial and logistical considerations, every effort will be made to develop new internship sites in geographical areas already established. Deviance from this policy will be handled on a case by case basis.

## IX. INTERNSHIP SELECTION

In order to provide the best internship experiences, the ACCEs take an active role in matching up students with available sites for each internship rotation. A list of internship opportunities will be presented to the students. Clinical Site Information Forms (CSIF), Previous Student Evaluations of their Clinical Experience, and Clinic Descriptive Paragraphs (on the Web) are available to give the student information on the internship and the facility. Students will submit their prioritized list of internship choices (a copy of the request form can be found in Appendix A) to the ACCEs at designated times throughout the year. The ACCEs will decide together as to how to best match up the students with the available clinics. Part of the request form will allow each student to express any special interests or needs that they feel the ACCEs should consider. We believe that with our knowledge of both the students and the sites, this method will provide the most optimal matches. Internships are to be set up only by the ACCEs – all communication between the clinical facility and the University must go through the ACCEs.

There are two types of internships: internships that are reserved exclusively for us and **“first come, first served” (FCFS)** internships. FCFS means a facility has offered the same slot to more than one university, and the PT program that responds first and guarantees they will assign an intern to this slot will have it reserved for them. Many facilities have chosen to offer their internship slots on a FCFS basis to ensure their slots are taken, because in the past schools could not utilize all the slots that were reserved exclusively for them. Some facilities send their available internship slots for the following year in March and April, while others do not send their slots until later in the year. As a result of increased competition for internships, we have adopted the philosophy of letting our students commit to these “first come, first served” high quality sites as they become available. Once a student has chosen a clinical site for an internship and the facility has confirmed they will accept our intern, the student is then committed to attend this internship (even if an internship he/she desires more becomes available at a later date).

## X. INTERNSHIP EXPENSES

In choosing clinical internships the highest priority should be given to the quality of the internships available, regardless of financial or personal considerations! Students should expect to incur additional living expenses during their three internship experiences. All expenses incurred regarding clinical internships are the sole responsibility of the intern. In the event an internship is canceled, every effort will be made to replace the canceled internship with a similar type, and for as little expense to the intern as possible.

## **XI. ATTENDANCE**

The intern is expected to work the normal hours of the facility and/or their CI's hours and is expected to adhere to the policies of the facility. The intern may request one day off per internship of the final two internships for the purpose of job interviews; the intern should offer to make up this time off sometime during that affiliation. In the event of illness the intern must contact their CI or CCCE and notify them of the circumstances. More than three absences during any rotation may constitute grounds for remediation.

## **XII. FAILURE OF AN INTERNSHIP**

### **Full-time Clinical Internship**

In the event an internship is terminated prior to completion of the internship, and it is determined to be the fault of the intern, this will constitute grounds for failing. Other guidelines for the successful completion of the internship are described in detail in the NEC. In the event an internship is failed the student may be terminated from the program. If it is determined that remediation is justified then the internship may be repeated at a time convenient to all concerned. If the first internship is failed, the student will not be allowed to continue with the didactic portion of their curriculum until the internship has been satisfactorily completed, i.e., typically means waiting a year for the next didactic cycle to commence. Since all didactic preparation is completed prior to the final internships, these internships can be remediated at a time appropriate to all involved. Such remediation is accomplished in a fashion and time frame that is in the best interest of all concerned. Failure of two internships will result in the student being terminated from the physical therapy program.

## **XIII. CLINICAL EDUCATION SEMINAR AND CAREER DAY**

There will be clinical education meetings conducted throughout the curriculum as seen fit by the ACCE, students or faculty. Notice of times will be announced as soon as they can be arranged. Attendance is considered **mandatory** as part of a PHYT 831-832-833 requirement.

Annually a PT career day is conducted on campus for both the benefit of our clinical affiliation facilities and our students. It provides both the student and the facility representatives from many of our affiliating facilities an occasion to meet and discuss potential career opportunities.

**Attendance at this event is also a requirement for PHYT 831-832-833.**

## **XIV. PROOF OF MEDICAL HISTORY**

**PRE-CLINICAL PHYSICAL EXAMINATION** - Each student is required to get a physical exam by **January/February of Year 1** (prior to the first integrated clinical experience) and updated again by **January/February of Year 2**. For the purpose of continuity, it is strongly recommended that this exam be performed at the Student Health Center (SHC) - 831-2226. If the student decides to have their own physician conduct the examination, a record of this should be provided to the Student Health Center and the Physical Therapy Dept.

Students need to make two appointments: 1) With the immunization staff for the PPD, tetanus if needed, Hepatitis B if needed, and blood work; 2) With the nurse practitioner two days after the blood work for the physical. This appointment will last 45 minutes. They will give the student results of the blood work and PPD (paper copy).

**The physical exam for Physical Therapy students includes:**

- Tetanus (if none within the last 10 years)
- Urinalysis
- CBC
- PPD (\$5.00 - must have within one year of last day of second affiliation)
- Hepatitis B (\$29 per shot, series of three shots)

**Verification of immunizations includes:**

- Proof of rubella vaccine after 12 months of age (or immune rubella antibody blood test)
- Proof of mumps vaccine after 12 months of age (or immune mumps antibody tests)
- Proof of rubeola vaccine – two doses – one at 12 months or later and another after 15 months of age. (If born prior to 1957, students are exempt from items above).

Some medical facilities are requiring that students coming for clinical experience have an R.P.R. (syphilis). Also, they could require a rubella antibody blood test or a varicella (chicken pox) antibody blood test. The varicella screen is not necessary if you have documented proof that you had chicken pox.\* This is not the case with rubella; a titer is the only proof presently acceptable to the medical facilities. The rubella screen must be done at least one month after administration of the rubella vaccine. (These lab costs are not covered by the Student Health Fee - can be scheduled later if needed)

*\*The varicella screen or documented proof of chicken pox is usually required by many of our clinics for the Pediatric integrated internship (Summer of Year 3).*

## **MEDICAL INFORMATION NEEDED FOR ROTATION 2-3 AND INTEGRATED CLINICAL EXPERIENCES IN YEAR 2:**

Students do not need to have another complete physical done unless the affiliation site requires it. (Students should read facilities' contracts, CSIF forms and descriptive paragraphs to see what medical information they require.) Please note: the Student Health Center will only do a recheck if the student had their first physical with them.

**The following must be up-to-date:**

- PPD (must have within one year of last day of final affiliation)
- Tetanus shots (10 years).

To have the PPD (\$5.00) done at the Student Health Center, an appointment must be made with the Immunization Staff (831-2226). The student should go back 48-72 hours later to have it read (no appointment needed for that).

## **XV. OTHER CONSIDERATIONS/WHERE TO FIND**

Students are required to attend a seminar on contact precautions and HIPPA training (Health Insurance Portability & Accountability Act and its accompanying regulations). CPR certification will also be done annually. These seminars will be scheduled in the Winter Sessions of Year 1-2.

Some affiliation sites may have additional requirements prior to allowing students to participate in an internship (e.g., personal liability insurance, criminal background check\*, drug tests, additional medical requirements, etc.). It is the student's responsibility to read their chosen internship facilities' contracts, CSIF forms, and descriptive paragraphs on the website to see what specific information they require.

Students also need proof of health insurance (this can be purchased at considerable savings through the University of Delaware health plan).

All costs incurred by the students regarding any requirements by the University or internship sites are the responsibility of the students.

In summary, the intern is expected to have in their possession (can be furnished within 24 hours): 1) Updated medical records which contain proof of a physical exam no older than one year to the date of the last day of the internship, medical history, titers, and inoculation history (see details on page 10); 2) Proof of CPR no older than one year to the date of the last day of the internship; 3) Updated resume; 4) Updated "Pre-Clinical Information Sheet"; 5) Where required, proof of professional liability insurance; 6) Proof of attendance at a seminar on contact precautions and HIPPA training.

*\*Please note: A Delaware Criminal background check for childcare will be required during the Spring of Year 2 for the Pediatric Integrated experience. This background check will probably be different than the one required by your affiliation site, especially if your clinic is not located in Delaware. If your clinic requires a background check, you need to check with them on their specific requirements.*

### **WHERE TO FIND:**

#### **Clinical Site Information Forms (CSIF) and Previous student evaluations on affiliation sites:**

In black file cabinets located in Room 303 (sample CSIF form is located in Appendix A)

#### **Descriptive Paragraphs on the Web (see page 36 of this manual for more information):**

<http://www.udel.edu/PT/current/clinicaleducation.shtml#descriptions>

#### **Contracts:**

You will be given a form to sign after choosing your internship stating that you have read and understand your clinic's contract agreement. If your clinic has a "nonstandard" agreement with the University of Delaware, you will receive a copy of the affiliation agreement. If your clinic uses the standard University of Delaware agreement, please refer to the copy located in Appendix A.

#### **Preclinical Intern Information Form; Intern Profile; Weekly Summary/Planning Form; Choice Sheets:**

<http://www.udel.edu/PT/clined/clined.html#forms>

## **XVI. University of Delaware - Post Exposure Evaluation & Follow-up Procedure**

### **Department of Occupational Health & Safety**

1. If an exposure occurs, first determine if emergency medical help is required. Examples of when emergency medical help would be required are excessive bleeding, loss of consciousness, and broken bones. If emergency medical help is required, call 9-911 for police or ambulance on the campus.
2. For a non-life-threatening emergency, administer first aid. Allow a penetrating injury to bleed. Wash the injury site thoroughly with soap and water or rinse the exposed mucous membrane thoroughly with water. If anyone assists with first aid they should wear gloves. An apron or gown and eye protection may be necessary if a potential for splashing exists. It is the University's policy that personal protective equipment appropriate for the potential hazard is worn, but it is recognized that in certain emergency situations this may not be possible.
3. Any exposure that occurs must be treated immediately. Preventive treatment for HIV exposures, if indicated, should be started within 2-3 hours of the exposure. If you are sent to a clinic or emergency room, make it clear that you have had a bloodborne exposure so you receive timely care.
4. The source of the exposure should be identified if possible, without causing further injury to anyone else. This could simply mean identifying the patient from whom the specimen came.
5. Contact DOHS (831-1433 or 831-8475) with information regarding the incident **AS SOON AS POSSIBLE**. To notify DOHS of an exposure after normal business hours, call Public Safety at 831-2222 and ask that DOHS be contacted. If you do not receive a call back from DOHS immediately, you can call the Student Health Service at 831-2226 and speak to a nurse there. The Health Service can contact a physician after hours. The employee will be referred to a medical provider approved by DOHS. If the employee desires, they may go to their own personal physician rather than the provider designated by DOHS. It is the responsibility of the employee to provide DOHS with the name and address of the personal physician prior to the first visit so DOHS can provide the physician with the necessary information prior to the treatment of the employee. An injured student may be referred to Student Health or to the medical provider approved by DOHS; contact DOHS to determine the appropriate healthcare provider for the exposure. Timely evaluation by a healthcare provider may minimize the complications from an exposure.
6. If an exposure occurs at a clinical location, follow their procedures for reporting the exposure at the facility if indicated. The facility may test the source patient and/or the exposed individual. The exposure must still be reported to the DOHS as soon as possible. Follow appropriate reporting procedures within the injured individual's department as well.
7. As soon as feasible fill out the Exposure Report Form. Forms are available at DOHS. If possible, the employee or student will take a copy of it to the medical provider when they are referred. Otherwise, it will be sent as soon as possible. DOHS will send the other necessary information, as required by the OSHA BBP Standard, regarding the exposure to the medical provider.

## Post-Exposure Evaluation and Follow-Up Procedure (Cont)

8. Following the exposure, appropriate paperwork must be filed. An injured employee must complete the "Employer's Report of Occupational Injury or Disease." An injured student must complete a "First Report of Injury." The employee, supervisor, or safety committee for the injured subject must complete an "Accident/Loss Investigation Report."
9. The source individual's blood, or material the individual was exposed to, may be tested to determine HBV and HIV status. This shall be done in accordance with the Delaware Annotated Code, title 16, Sections 1202 and 1203.
10. The exposed individual will be evaluated by the medical provider, including testing for HBV and HIV serological status if the individual consents.
11. Post-exposure prophylaxis, when medically indicated, counseling, and evaluation of reported illnesses will be performed by the medical provider. The medical provider shall inform the exposed individual of any test results, including those performed on the source individual, if such tests were run.
12. The medical provider will furnish DOHS with a written opinion for hepatitis B vaccination limited to whether hepatitis B vaccination is indicated for the employee, and if the employee has received the vaccination. The written opinion will also include that the employee has been informed of the results of the evaluation, and that the employee has been told about any medical conditions resulting from the exposure which require further evaluation or treatment.
13. Any follow-up care will be provided by the approved medical provider or the employee's personal physician if they so elect. Any treatment or follow-up care resulting from the exposure shall be at no cost to the employee. All exposure follow-ups shall remain confidential.

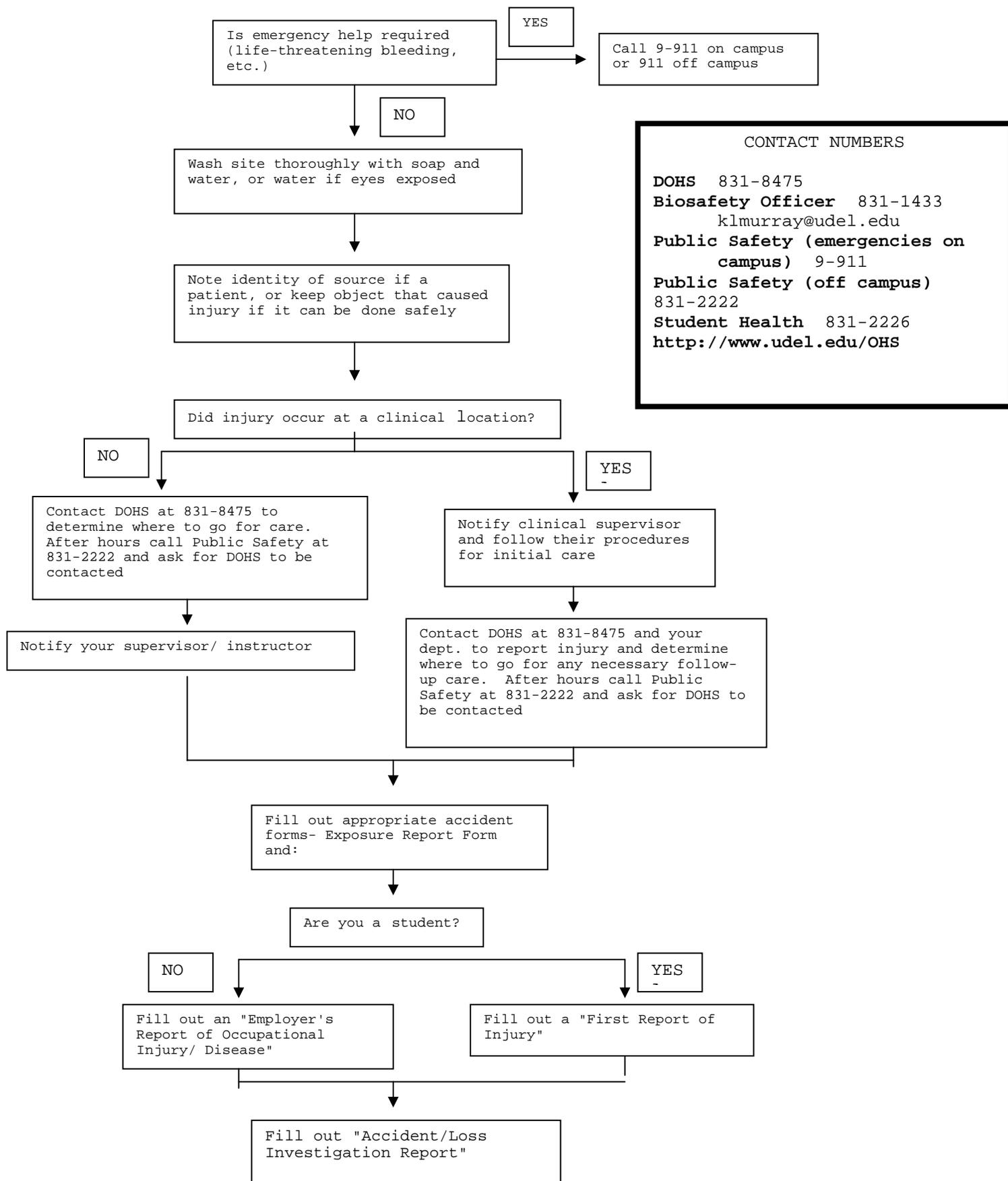
If you have any questions regarding these procedures, or about bloodborne pathogens or other biosafety issues, please contact Krista Murray, Biosafety Officer, via e-mail at [Klmurray@udel.edu](mailto:Klmurray@udel.edu), or by phone at 831-1433.

OHS 1/2000

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## BLOODBORNE PATHOGENS EXPOSURE PROCEDURES

NOTE: Any exposure must be reported and treated as soon as possible, but within 2-3 hours. You must make it clear to any healthcare facility you go to that this is a bloodborne exposure to get expedient care.



**FIRST REPORT OF INJURY -  Student -  Visitor**

**(This form applies to students and visitors who are not employed by the University of Delaware)**

1. Submit To: University of Delaware  
Occupational Health & Safety, 132 General Services Bldg.
2. Nature of Business: Educational Institution
3. Location of Place Where Accident Occurred: \_\_\_\_\_  
\_\_\_\_\_ University Property  Yes  No
4. Date of Injury: \_\_\_\_\_ Day of Week \_\_\_\_\_ Hour \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_
5. Name of Person Reporting Injury: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)
6. Name of Injured: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)
7. Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)
8. Social Security Number: \_\_\_\_\_
9. Check ( 3 ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_
10. Insured by: \_\_\_\_\_
11. Describe fully how accident occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Nature and Location of Injury (describe fully exact location of amputations or fractures, right or left):  
\_\_\_\_\_  
\_\_\_\_\_
13. Names and Addresses of Witnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Name and Address of Physician: \_\_\_\_\_
15. Name and Address of Hospital: \_\_\_\_\_
16. Date of this Report: \_\_\_\_\_ Signature of Person Recording: \_\_\_\_\_

# UNIVERSITY OF DELAWARE DOCTOR OF PHYSICAL THERAPY Full-time Clinical Internships – 2005

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*PLEASE REVIEW & MAKE ANY CHANGES TO YOUR ADDRESS LABEL (clinic i.d. # is for UofD computer use)*

There are 3 full-time clinical internships, the first being in the summer after the first year of didactic preparation and the final two in the fall semester of the last year. The first internship is 6 weeks and is intended to be in an acute or subacute type of setting at a primary care facility. The final two are 8 weeks in duration, with one being post-acute adult or pediatric rehabilitation; the remaining internship is an elective and can take place in various types of physical therapy settings (e.g. orthopaedics, pediatrics, hand, etc).

*Please indicate next to the appropriate time blocks the number of students you can accept during each time slot, along with the appropriate code which best describes each type of rotation.*

	<u>No. of Students</u>	<u>Type of Rotation</u> <i>(please circle choice)</i>
<b>Acute/Subacute – 6 weeks</b> <b>2nd Year DPT Student Affiliation:</b>		
July 18 - August 26, 2005	_____	IPAC or IPACOP or Subacute

	<u>No. of Students</u>	<u>Type of Rotation</u>	
<b>Rehab or Elective – 8 weeks</b> <b>3rd Year DPT Student Affiliations:</b>			
August 29 – October 21, 2005	_____	_____	Rehab or Elective*
October 24 – December 16, 2005	_____	_____	Rehab or Elective*
<i>*See rotation description code list attached.</i>			

If you cannot possibly accommodate a student in 2005, please write "INACTIVE YEAR 2005" at the top of this sheet, update your contact information, and return in the envelope provided.



**We should have all student assignments completed by October, 2004.**

**If your facility offers slots on a "first come, first served" basis and you need firm confirmation of the internship selection earlier, please write "yes" here: \_\_\_\_\_**

Is housing available? \_\_\_\_\_ Approximate cost? \_\_\_\_\_  
Do you offer a stipend? \_\_\_\_\_ Discounted meals? \_\_\_\_\_ Parking? \_\_\_\_\_

**Please return by April 30, 2004 to:**  
**Chris Mahoney, University of Delaware, PT Dept, 301 McKinly Lab, Newark, DE 19716-2590**  
**If this is not possible, please call (302) 831-3345 or e-mail: cmahoney@udel.edu. Thank you!**

UNIVERSITY OF DELAWARE  
CLINICAL SITE INFORMATION FORM  
2005

NAME OF FACILITY:

ADDRESS - STREET:

CITY/STATE/ZIP:

FACILITY PHONE:

E-MAIL ADDRESS:

FACILITY WEB SITE:

CCCE:

**CLINICAL SITE INFORMATION FORM (CSIF)**  
**developed by**  
**APTA Department of Physical Therapy Education**  
 (revised 11-1-99)

**Why have a consistent Clinical Site Information Form?**

The primary purpose of this form is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites. This information will facilitate clinical site selection, student placements, assessment of learning experiences and clinical practice opportunities available to students; and provide assistance with completion of documentation for accreditation in clinical education.

**How is the form designed?**

The form is divided into two sections, [Information for Academic Programs - Part I](#) (pages 3-14) and [Information for Students - Part II](#) (pages 15-17), to allow ease in retrieval of information for academic programs and for students, especially if the academic program is using a database to manage the information. Duplication of information being requested is kept to a minimum except when separation of Part I and Part II of the form would omit critical information needed by both students and the academic program. The form is also designed using a check-off format wherever possible to reduce the amount of time required for completion. This instrument can be retrieved from APTA's website at [www.apta.org](http://www.apta.org). Simply select the link titled "PT Education", then the link titled "Clinical Education" and choose "Clinical Site Information Form".

Although using a computer to complete the form is not mandatory, it is highly recommended to facilitate legible updates with minimal time investment from your facility. Additionally, the information provided will be more legible to students, academic programs, and the APTA's Department of Physical Therapy Education. The form includes several features designed to streamline navigation, including a hyperlinked [index](#) on page 18. (Please note that several of the hyperlinks contained in the document require your computer to have an open internet connection and a web browser).

If you prefer to complete the form manually, you may download the CSIF from APTA's website (see above). If you do not have access to a computer for this purpose, hard copies of the CSIF are available from the APTA Department of Physical Therapy Education, as well as from all PT and PTA academic programs through their Academic Coordinator of Clinical Education (ACCE).

**What should I do once the form has been completed?**

We encourage you to invest the time to complete the form thoroughly and accurately. Once the form has been completed, the clinical education site may e-mail the instrument to each academic program with which it affiliates, minimizing administrative time and associated costs. **Please remember to make a copy of this form and retain for your records!** To assist in maintaining accurate and relevant information about your physical therapy service for academic programs and students, we encourage you to update this form on an annual basis.

In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, we request that a copy of the completed form be e-mailed to the Department of Physical Therapy Education at [csif@apta.org](mailto:csif@apta.org) or mail to:



**American Physical Therapy Association**  
**Department of Physical Therapy Education**  
 1111 North Fairfax Street  
 Alexandria, Virginia 22314

**DIRECTIONS FOR COMPLETION:****If using a computer to complete this form:**

When completing this form, after opening the original form, and before entering your facility's information, **save the form**. The title should be your zip code, your site's name, and the date (eg, 90210BevHillsRehab10-26-99. Please note that the date must be set apart with dashes; if slashes are used, the computer will unsuccessfully search for a directory and return an error message). Saving the document will preserve the original copy on the disk or hard drive, allowing for you to easily update your information. When completing, use the tab key or arrow keys to move to the desired blank space (the form is comprised of a series of tables to enable use of the tab key for easier data entry). Enter relevant information only in blank spaces as appropriate to your clinical site.

**What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?**

If your physical therapy service is associated with multiple satellite sites (for example, corporate hospital mergers) that offer clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, you will need to complete **pages 3 and 4**. On **page 3**, provide the primary clinical site for the clinical experience. On **page 4**, indicate other clinical sites or satellites associated with the primary clinical site. **Please note that if the individual facility information varies with each satellite site that offers a clinical experience, it will be necessary to duplicate a blank CSIF and complete the form for each satellite site that offers different clinical learning experiences.**

**What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?**

If specific items on the form do not apply to your clinical education site at the time you are completing the form, please leave the item blank. Opportunities to provide comments have been made available throughout the form.

## CLINICAL SITE INFORMATION FORM

<b>I. Information About the Clinical Site</b>				Date ( / / )	
Person Completing Questionnaire					
E-mail address of person completing questionnaire					
Name of Clinical Center					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
PT Department Fax					
PT Department E-mail					
Web Address					
Director of Physical Therapy					
Director of Physical Therapy E-mail					
Center Coordinator of Clinical Education (CCCE) / Contact Person					
CCCE / Contact Person Phone					
CCCE / Contact Person E-mail					

**Complete the following table(s) if there are multiple sites that are part of the same health care system or practice. Copy this table before entering information if you need more space.**

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
Center Coordinator of Clinical Education/contact (CCCE)				E-mail	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
Center Coordinator of Clinical Education/contact (CCCE)				E-mail	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
Center Coordinator of Clinical Education/contact (CCCE)				E-mail	

*Clinical Site Accreditation/Ownership*

Yes	No		Date of Last Accreditation/Certification
		1. Is your clinical site certified/ accredited? If no, go to #3.	
		2. If yes, by whom?	
		JCAHO	
		CARF	
		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
		Other	
		3. Who or what type of entity owns your clinical site? ___ PT owned ___ Hospital Owned ___ General business / corporation ___ Other (please specify)_____	

4. Place the **number 1** next to your clinical site’s primary classification -- noted in **bold type**. Next, if appropriate, mark (X) **up to four additional bold typed categories** that describe other clinical centers associated with your primary classification. Beneath each of the **five possible bold typed categories**, mark (X) the specific learning experiences/settings that best describe that facility.

	<b>Acute Care/Hospital Facility</b>		Functional Capacity Exam- FCE		spinal cord injury
	University teaching hospital		industrial rehab		traumatic brain injury
	Pediatric		other (please specify)		other
	Cardiopulmonary		<b>Federal/State/County Health</b>		<b>School/Preschool Program</b>
	Orthopedic		Veteran’s Administration		school system
	Other		pediatric develop. ctr.		preschool program
	<b>Ambulatory Care/Outpatient</b>		adult develop. ctr.		early intervention
	Geriatric		other		other
	hospital satellite		<b>Home Health Care</b>		<b>Wellness/Prevention Program</b>
	Medicine for the arts		Agency		on-site fitness center
	Orthopedic		Contract service		other
	pain center		Hospital based		<b>Other</b>
	Pediatric		other		international clinical site
	Podiatric		<b>Rehab/Subacute Rehab</b>		administration
	sports PT		Inpatient		research
	Other		Outpatient		other
	<b>ECF/Nursing Home/SNF</b>		Pediatric		
	<b>Ergonomics</b>		Adult		
	work hardening/conditioning		Geriatric		

4a. Which of these best characterizes your clinic’s location? Indicate with an ‘X’.

	Rural		suburban		urban
--	-------	--	----------	--	-------

5. If your clinical site provides inpatient care, what are the number of:

	Acute beds
	ECF beds
	Long term beds
	Psych beds
	Rehab beds
	Step down beds
	Subacute/transitional care unit
	Other beds (please specify):
	<b>Total Number of Beds</b>

## II. Information about the Provider of Physical Therapy Service at the Primary Center

6. PT Service hours

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

7. Describe the staffing pattern for your facility: Standard 8 hour day\_\_\_\_ Varied schedules\_\_\_\_  
(Enter additional remarks in space below, including description of weekend physical therapy staffing pattern).

--

8. Indicate the number of full-time and part-time budgeted and filled positions:

	Full-time budgeted	Part-time budgeted
PTs		
PTAs		
Aides/Techs		

9. Estimate an average number of **patients per therapist treated per day** by the provider of physical therapy.

INPATIENT		OUTPATIENT	
	Individual PT		Individual PT
	Individual PTA		Individual PTA
	Total PT service per day		Total PT service per day

### III. Available Learning Experiences

10. Please mark (X) the *diagnosis related* learning experiences available at your clinical site:

	Amputations		Critical care/Intensive care		Neurologic conditions
	Arthritis		Degenerative diseases		Spinal cord injury
	Athletic injuries		General medical conditions		Traumatic brain injury
	Burns		General surgery/Organ Transplant		Other neurologic conditions
	Cardiac conditions		Hand/Upper extremity		Oncologic conditions
	Cerebral vascular accident		Industrial injuries		Orthopedic/Musculoskeletal
	Chronic pain/Pain		ICU (Intensive Care Unit)		Pulmonary conditions
	Connective tissue diseases		Mental retardation		Wound Care
	Congenital/Developmental				Other (specify below)

11. Please mark (X) all *special programs/activities/learning opportunities* available to students during clinical experiences, or as part of an independent study.

	Administration		Industrial/Ergonomic PT		Prevention/Wellness
	Aquatic therapy		Inservice training/Lectures		Pulmonary rehabilitation
	Back school		Neonatal care		Quality Assurance/CQI/TQM
	Biomechanics lab		Nursing home/ECF/SNF		Radiology
	Cardiac rehabilitation		On the field athletic injury		Research experience
	Community/Re-entry activities		Orthotic/Prosthetic fabrication		Screening/Prevention
	Critical care/Intensive care		Pain management program		Sports physical therapy
	Departmental administration		Pediatric-General (emphasis on):		Surgery (observation)
	Early intervention		Classroom consultation		Team meetings/Rounds
	Employee intervention		Developmental program		Women's Health/OB-GYN
	Employee wellness program		Mental retardation		Work Hardening/Conditioning
	Group programs/Classes		Musculoskeletal		Wound care
	Home health program		Neurological		Other (specify below)

12. Please mark (X) all *Specialty Clinics* available as student learning experiences.

	Amputee clinic		Neurology clinic		Screening clinics
	Arthritis		Orthopedic clinic		Developmental
	Feeding clinic		Pain clinic		Scoliosis
	Hand clinic		Preparticipation in sports		Sports medicine clinic
	Hemophilia Clinic		Prosthetic/Orthotic clinic		Other (specify below)
	Industry		Seating/Mobility clinic		

13. Please mark (X) all *health professionals* at your clinical site with whom students might observe and/or interact.

	Administrators		Health information technologists		Psychologists
	Alternative Therapies		Nurses		Respiratory therapists
	Athletic trainers		Occupational therapists		Therapeutic recreation therapists
	Audiologists		Physicians (list specialties)		Social workers
	Dietitians		Physician assistants		Special education teachers
	Enterostomal Therapist		Podiatrists		Vocational rehabilitation counselors
	Exercise physiologists		Prosthetists /Orthotists		Others (specify below)

14. List all PT and PTA education programs with which you currently affiliate.


15. What criteria do you use to select clinical instructors? (mark (X) all that apply):

	APTA Clinical Instructor Credentialing		Demonstrated strength in clinical teaching
	Career ladder opportunity		No criteria
	Certification/Training course		Therapist initiative/volunteer
	Clinical competence		Years of experience
	Delegated in job description		Other (please specify)

16. How are clinical instructors trained? (mark (X) all that apply)

	1:1 individual training (CCCE:CI)		Continuing education by consortia
	Academic for-credit coursework		No training
	APTA Clinical Instructor Credentialing		Professional continuing education (eg, chapter, CEU course)
	Clinical center inservices		Other (please specify)
	Continuing education by academic program		

17. On *pages 9 and 10* please provide information about individual(s) serving as the CCCE(s), and on *pages 11 and 12* please provide information about individual(s) serving as the CI(s) at your clinical site.





**CLINICAL INSTRUCTOR INFORMATION**

Provide the following information on all PTs or PTAs employed at your clinical site **who are CIs**.

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure

(Continued on next page)



18. Indicate professional educational levels at which you accept PT and PTA students for clinical experiences (**mark (X) all that apply**).

Physical Therapist		Physical Therapist Assistant	
<input type="checkbox"/>	First experience	<input type="checkbox"/>	First experience
<input type="checkbox"/>	Intermediate experiences	<input type="checkbox"/>	Intermediate experiences
<input type="checkbox"/>	Final experience	<input type="checkbox"/>	Final experience
<input type="checkbox"/>	Internship	<input type="checkbox"/>	

	PT		PTA	
	From	To	From	To
19. Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.				
20. Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.				

	PT	PTA
21. Average number of PT and PTA students affiliating <u>per year</u> .		

22. What is the procedure for managing students with exceptional qualities that might affect clinical performance (eg, outstanding students, students with learning/performance deficits, learning disability, physically challenged, visually impaired)?

23. **Answer if the clinical center employs only one PT or PTA.** Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Yes	No	
		24. Does your clinical site provide written clinical education objectives to students? If no, go to # 27.
		25. Do these objectives accommodate:
		the student's objectives?
		students prepared at different levels within the academic curriculum?
		academic program's objectives for specific learning experiences?
		students with disabilities?
		26. Are all professional staff members who provide physical therapy services acquainted with the site's learning objectives?

27. When do the CCCE and/or CI discuss the clinical site's learning objectives with students?

**(mark (X) all that apply)**

	Beginning of the clinical experience		At mid-clinical experience
	Daily		At end of clinical experience
	Weekly		Other

28. How do you provide the student with an evaluation of his/her performance? **(mark (X) all that apply)**

	Written and oral mid-evaluation		Ongoing feedback throughout the clinical
	Written and oral summative final evaluation		As per student request in addition to formal and ongoing written & oral feedback
	Student self-assessment throughout the clinical		

Yes	No	
		29. Do you require a specific student evaluation instrument other than that of the affiliating academic program? If yes, please specify:

**OPTIONAL: Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).**

## Information for Students - Part II

### I. Information About the Clinical Site

Yes	No	
		1. Do students need to contact the clinical site for specific work hours related to the clinical experience?
		2. Do students receive the same official holidays as staff?
		3. Does your clinical site require a student interview?
		4. Indicate the time the student should report to the clinical site on the first day Of the experience:

### *Medical Information*

Yes	No		Comments
		5. Is a Mantoux TB test required? a) one step _____ b) two step _____	
		5a. If yes, within what time frame?	
		6. Is a Rubella Titer Test or immunization required?	
		7. Are any other health tests/immunizations required prior to the clinical experience? a) If yes, please specify:	
		8. How current are student physical exam records required to be?	
		9. Are any other health tests or immunizations required on-site? a) If yes, please specify:	
		10. Is the student required to provide proof of OSHA training?	
		11. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
		12. Is the student required to have proof of health insurance? a) Can proof be on file with the academic program or health center?	
		13. Is emergency health care available for students? a) Is the student responsible for emergency health care costs?	
		14. Is other non-emergency medical care available to students?	
		15. Is the student required to be CPR certified? (Please note if a specific course is required). a) Can the student receive CPR certification while on-site?	
		16. Is the student required to be certified in First Aid? a) Can the student receive First Aid certification on-site?	

Yes	No		Comments
		17. Is a criminal background check required (eg, Criminal Offender Record Information)?	
		a) Is the student responsible for this cost?	
		18. Is the student required to submit to a drug test?	
		19. Is medical testing available on-site for students?	

*Housing*

Yes	No		Comments
		20. Is housing provided for male students?	
		for female students? (If no, go to #26)	
\$		21. What is the average cost of housing?	
		22. If housing is <b>not</b> provided for either gender:	
		a) Is there a contact person for information on housing in the area of the clinic? (Please list contact person and phone #).	
		b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	
		23. Description of the type of housing provided:	
		24. How far is the housing from the facility?	
		25. Person to contact to obtain/confirm housing:	
		Name:	
		Address:	
		City:	State: Zip:

*Transportation*

Yes	No		Comments
		26. Will a student need a car to complete the clinical experience?	
		27. Is parking available at the clinical center?	
\$		a) What is the cost?	
		28. Is public transportation available?	
		29. How close is the nearest bus stop (in miles) to your site?	
		a) train station?	
		b) subway station?	
		30. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	
		31. Please enclose printed directions and/or a map to your facility. <b>Travel directions can be obtained from several travel directories on the internet. (eg, <a href="#">Delorme</a>, <a href="#">Microsoft</a>, <a href="#">Yahoo</a>).</b>	

## Meals

Yes	No		Comments
		32. Are meals available for students on-site? (If no, go to #33)	
		Breakfast (if yes, indicate approximate cost)	\$ _____
		Lunch (if yes, indicate approximate cost)	\$ _____
		Dinner (if yes, indicate approximate cost)	\$ _____
		a) Are facilities available for the storage and preparation of food?	

## Stipend/Scholarship

Yes	No		Comments
		33. Is a stipend/salary provided for students? If no, go to #36	
		a) How much is the stipend/salary? (\$ / week)	
		34. Is this stipend/salary in lieu of meals or housing?	
		35. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

## Special Information

Yes	No		Comments
		36. Is there a student dress code? If no, go to # 37.	
		a) Specify dress code for men:	
		b) Specify dress code for women:	
		37. Do you require a case study or inservice from all students?	
		38. Does your site have a written policy for missed days due to illness, emergency situations, other?	

## Other Student Information

Yes	No			
		39. Do you provide the student with an on-site orientation to your clinical site?		
<b>(mark X)</b>		a) What does the orientation include? <b>(mark (X) all that apply)</b>		
		Documentation/billing		Required assignments (eg, case study, diary/log, inservice)
		Learning style inventory		Review of goals/objectives of clinical experience
		Patient information/assignments		Student expectations
		Policies and procedures		Supplemental readings
		Quality assurance		Tour of facility/department
		Reimbursement issues		Other (specify below)

## In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical teachers and role models. Your contributions to students' professional growth and development ensure that patients today and tomorrow receive high-quality patient care services.

## Index

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<a href="#"><u>Saving the Completed Form</u></a> .....	Page 2
<a href="#"><u>Affiliated PT and PTA Educational Programs</u></a> .....	Page 8
<a href="#"><u>Arranging the Experience</u></a> .....	Page 15
<a href="#"><u>Required Background</u></a> .....	Page 16
<a href="#"><u>Required Medical Tests</u></a> .....	Page 15
<a href="#"><u>Available Learning Experiences</u></a> .....	
<a href="#"><u>Diagnosis</u></a> .....	Page 7
<a href="#"><u>Health Professionals on Site</u></a> .....	Page 8
<a href="#"><u>Specialty Clinics</u></a> .....	Page 7
<a href="#"><u>Special Programs/Activities/Learning Opportunities</u></a> .....	Page 7
<a href="#"><u>Center Coordinators of Clinical Education (CCCEs)</u></a> .....	
<a href="#"><u>Education</u></a> .....	Page 9
<a href="#"><u>Employment Summary</u></a> .....	Page 9
<a href="#"><u>Information</u></a> .....	Page 9
<a href="#"><u>Teaching Preparation</u></a> .....	Page 10
<a href="#"><u>Clinical Instructors</u></a> .....	
<a href="#"><u>Information</u></a> .....	Page 11-12
<a href="#"><u>Selection Criteria</u></a> .....	Page 8
<a href="#"><u>Training</u></a> .....	Page 8
<a href="#"><u>Clinical Site Accreditation</u></a> .....	Page 5
<a href="#"><u>Clinical Site Ownership</u></a> .....	Page 5
<a href="#"><u>Clinical Site Primary Classification</u></a> .....	Page 5
<a href="#"><u>Information about the Clinical Site</u></a> .....	Page 3
<a href="#"><u>Information about Physical Therapy Service</u></a> <a href="#"><u>at Primary Center</u></a> .....	Page 6
<a href="#"><u>Satellite Site Information</u></a> .....	Page 4
Physical Therapy Service.....	
<a href="#"><u>Hours</u></a> .....	Page 6
<a href="#"><u>Number of Patients</u></a> .....	Page 6
<a href="#"><u>Staffing</u></a> .....	Page 6
Student Information.....	
<a href="#"><u>Housing</u></a> .....	Page 16
<a href="#"><u>Meals</u></a> .....	Page 17
<a href="#"><u>Other</u></a> .....	Page 17
<a href="#"><u>Stipends</u></a> .....	Page 17
<a href="#"><u>Transportation</u></a> .....	Page 17

## DESCRIPTIVE PARAGRAPHS

Descriptive Paragraphs can be found on our website at:

<http://www.udel.edu/PT/current/clinicaleducation.shtml#descriptions>

### The following information is requested from our internship sites:

Size of Center - # of beds

Type of Center: - "Acute General, Rehab, Teaching, State Residential Center, Outpatient, etc.

Location if Uncommon - "Located on 25 acres one-half hour from N.Y. City. Accessible by Train."

Diagnosis and Ages Most Commonly Treated - Please be fairly explicit, e.g., "C.V.A.'s, amputees and a few young spinal cord patients," rather than "neurological."

Other Learning Experiences - "Daily Staff inservice program, daily medical rounds, weekly rehabilitation conferences, home visits, surgery observation, video-tape library, etc."

Other Information which sets the Clinic Apart - "Heavy orientation to PNF, staff NDT trained, therapeutic pool, cardiac program, pylon fabrication, etc."

Special Situations or Policies - "Students must spend one week on chest PT, student usually may choose area of rotation, etc."

Room and Board - Type and cost if any. Please attempt to provide some information even if clinic does not offer housing. This is usually a deciding factor.

Staff: - Number of P.T.'s, P.T.A.'s, and aides.

Name of Center Coordinator of Clinical Education (CCCE)

### Sample of paragraph on the web:

#### **24Christiana Care H.S.-Christiana Hospital #167**

Physical Therapy Dept.

4755 Ogletown-Stanton Rd.

Newark, DE 19718

(302) 733-1040

(302) 733-1031 PT Dept.

Website: [www.ChristianaCare.org](http://www.ChristianaCare.org)

**E-mail:** Tkirk@ChristianaCare.Org

A 780-bed, Level one trauma/teaching hospital located approximately 20 min. south of the city of Wilmington. Variety of inpatients and outpatients seen, adults and children with diagnoses including (but not limited to): lymphedema, brain injury-head trauma, neurological, amputees, spinal cord injuries, head trauma, cardio-pulmonary, orthopedic and medical/surgical. A total therapeutic approach to patient care is utilized focusing on eventual transfer to a rehabilitation setting, skilled nursing facility or return to home environment. The student will have the opportunity to participate in many related disciplines including occupational therapy, speech therapy, stroke unit, orthopedic unit and surgery. Learning experiences include a weekly M.D./patient care rounds, trauma rounds, inservice programs, and the team approach to patient care. Students are required to present an inservice to the staff during affiliation. A medical library is on the premises for research. Free parking and meals are provided to the student.

**Staff:** 13 PTs, 5 PTAs, 2 Aides

**CCCE:** Terri Kirk, PT

On the first day of assignment, students should report to CCCE in PT Department at 7:30 AM. Students should expect a workday from 7:30 AM to 4:00 PM. Dress Regulations: Street clothes - clean with neat appearance; white lab coat with ID badge -- no jeans. Shoes must be flat with a rubber sole. No housing arrangements available. Directions from points North: I-95 South to Churchman's Road Exit. Go west approx. 1/2 mi. on Churchman's Road; From points South: Take I-95 N to the Rt. 7 N. Exit. Turn left at the traffic light onto Churchman's Rd

Free parking

Pts./Day ~ 100

\*\*\*

\*Note: **24** = 2004 (this paragraph was updated for 2004 internships); #167 is our Clinic I.D. #

**University of Delaware  
Doctor of Physical Therapy**

**Preclinical Intern Information Form**

**Name:**

**School Address:**

**Phone:**

**E-mail:**

**Affiliation Dates:**

**Address While Affiliating:**

**Home Address:**

**Home Phone:**

**Emergency Contact:**

**Contact Phone:**

**Relationship:**

**Do you have health insurance, with whom:**

**Briefly describe the learning type that best describes you:**

**Physical Therapy experiences and/or any other Allied Health experience:**

**Degrees conferred:**

**Goals for this internship (include any desired learning experiences or special needs/interests):**

**Part-time Integrated**

**Internship Type**

**No.**

**Dates**

1

2

3

**Full-time**

**Internship Type**

**No.**

**Dates**

1

2

3

preclin03

**University of Delaware  
Doctor of Physical Therapy  
INTERN PROFILE**

**Name:**

**Internship # & Dates:**

<b>Please check:</b>	<b>Clinical Experience</b>	<b>Classroom Experience</b>	<b>Comfortable</b>	<b>Comments</b>
<b>Evaluation</b>				
Postural Assessment				
Gait Analysis				
MMT				
Isokinetic				
Human Development				
Reflex Testing				
Wound Assessment				
Prosthetic Assessment				
Soft Tissue Assessment				
Balance/Coord. Assessmt.				
Wheelchair Assessment				
Home Assessment				
Tone Assessment				
Goniometry				
Ligamentous Testing				
Neck				
TMJ				
Shoulder				
Elbow				

<b>Please check:</b>	<b>Clinical Experience</b>	<b>Classroom Experience</b>	<b>Comfortable</b>	<b>Comments</b>
Wrist/Hand				
Low Back				
S-I Joint				
Hip				
Knee				
Ankle/Foot				
<b>Treatment</b>				
Cardiac				
Pulmonary				
Wound Care				
Muscle Energy				
McKenzie				
Cyriax Approach				
Myofascial Release				
Maitland Approach				
<b>Modalities</b>				
Ultrasound				
Electrical Stimulation				
Ultrasound/E-stim Combo				
TENS				
Phonophoresis				
Iontophoresis				
Hot Packs/Cryotherapy				
Paraffin				
Massage				
Mechanical Traction				

<b>Please check:</b>	<b>Clinical Experience</b>	<b>Classroom Experience</b>	<b>Comfortable</b>	<b>Comments</b>
Whirlpool				
<b>ROM</b>				
Stretching in PROM				
Joint Mobilizations				
<b>Exercise</b>				
Aqua				
Manual Resistance				
Sling Suspension				
Isotonic Machines				
Isokinetic Machines, etc.				
Proprioception (BAPS)				
PNF				
NDT				
Rood				
Brunstrum				
Motor Control				
<b>Work Hardening</b>				
Functional Capacity Assessment				
Work Simulation				
<b>Documentation/Paperwork</b>				
Narrative Note				
Dictation				
Computer Documentation				
SOAP/Problem-Oriented System				
Recording History				
Recording Objective Material				

<b>Please check:</b>	<b>Clinical Experience</b>	<b>Classroom Experience</b>	<b>Comfortable</b>	<b>Comments</b>
Assessing				
Devising Plan				
Making ST/LT Goals				
Assessing Discharge				
Discharge Note				
Billing				
<b>Additional</b>				
Brace/Splints				
Orthotics				
Prosthetics				
Casting				
Scheduling of Patients				

Profile03

**Full-time Clinical Internships Choice Sheet – 2005****Due:**

Put in brown  
envelope in Clinical  
Ed box in Faculty  
Mailroom (top shelf)

**Name:****Date:****Prioritized List of Choices****Rot. 1 July 18 to August 26, 2005**

Clinic Name/#	Location	Internship type
1.		
2.		
3.		
4.		
5.		

**Special Considerations:**

**What experience do you have in PT (volunteer/paid/prior internships)?**

**Personal/family issues need to be made aware of:**

**Geographic desirability / flexibility:**

**Why have you chosen these facilities? Have they been chosen to meet special objectives or personal needs? If so, what?**

**Other:**

## **Full-time Clinical Internships Choice Sheet – 2005**

**Put in brown envelope in  
Clinical Ed box in Faculty  
Mailroom (top shelf)**

**Name:**

**Date:**

### **Prioritized List of Choices**

#### **Rot. 2 8/29-10/21/05**

Clinic Name/#	Location	Internship type
1.		
2.		
3.		
4.		
5.		

#### **Rot. 3 10/24-12/16/05**

Clinic Name/#	Location	Internship type
1.		
2.		
3.		
4.		
5.		

### **Special Considerations:**

**What experience do you have in PT (volunteer/paid/prior internships)?**

**personal/family issues need to be made aware of:**

**geographic desirability / flexibility:**

**Why have you chosen these facilities? Have they been chosen to meet special objectives or personal needs? If so, what?**

**Other:**

CLINICAL FACILITY AGREEMENT

This is an agreement between the University of Delaware Physical Therapy Department, hereinafter called UNIVERSITY, and

\_\_\_\_\_, \_\_\_\_\_,  
 Facility City, State  
 hereinafter called CLINICAL CENTER.

PURPOSE

The purpose of the Affiliation Agreement is to permit a clear understanding of the roles and responsibilities of the participants, namely UNIVERSITY and CLINICAL CENTER, in the conduct of the educational program which includes a clinical phase.

OBJECTIVES

The objectives of this Affiliation Agreement are for the participants to agree to provide the pre-clinical and clinical education necessary to produce educated personnel at the graduate degree level who will qualify for state licensure, and who can function effectively in a professional environment. In meeting this objective, each participant should maintain its autonomy and inherent rights.

STRUCTURE OF AGREEMENT

This document will provide for the UNIVERSITY and CLINICAL CENTER a basic and all-encompassing agreement covering matters of a general nature.

JOINT RESPONSIBILITIES

1. Neither UNIVERSITY nor CLINICAL CENTER will show any discrimination on the grounds of sex, race, creed, or color in the admission of qualified students to any affiliated program, nor in the provision of instruction for such students.
2. The number of students, their program of education within the CLINICAL CENTER, and the scheduling of their education at the CLINICAL CENTER will be determined by mutual agreement between the CLINICAL CENTER and the UNIVERSITY.
3. A copy of any printed rules and regulations and a calendar for both UNIVERSITY and CLINICAL CENTER activities should be made available to both participants.

4. The dismissal of a student for academic or disciplinary reasons will be the responsibility of the UNIVERSITY, but the CLINICAL CENTER maintains the right to remove a student from the clinical education portion of the program, if a student's behavior should be violative of existing rules and regulations of the CLINICAL CENTER in such matters as procedure, policies, conduct, manner of dress, patient contact, and in such other respects as the CLINICAL CENTER may require to prevent interference with its proper operation. Both UNIVERSITY and CLINICAL CENTER should determine jointly when and if a student, who has been removed from the clinical phase of the program, should be permitted to return to the clinical phase.

#### RESPONSIBILITIES OF UNIVERSITY

1. The UNIVERSITY shall have control over all phases of the administration of the program, curriculum content, evaluation, faculty appointments, admission requirements, promotion and graduation, and such other matters as are internal to the UNIVERSITY. The UNIVERSITY will maintain the necessary records of the students.

2. The philosophy of the program will be determined by the UNIVERSITY. It will be an integrated, university program with a clinical rotation phase, amounting to a total of two to three graduate years.

3. The UNIVERSITY will assign students to the CLINICAL CENTER for their clinical education in accordance with the UNIVERSITY calendar and the agreement reached on the capacity of the CLINICAL CENTER to accommodate students for the necessary experience.

4. Where appropriate, and if required by accreditation or other considerations, clinical personnel will be given UNIVERSITY appointments. The rights and responsibilities of appointees will be those which are established by the UNIVERSITY.

5. The UNIVERSITY will provide a faculty member who will serve as liaison with the clinical instructors.

6. The UNIVERSITY will provide certain benefits and accord privileges to the clinical faculty, appropriate to their role in the program. Reimbursement of expenses for clinical faculty will be based upon established UNIVERSITY policies.

7. The UNIVERSITY warrants that it carries professional and general liability insurance, with single limits of at least \$1,000,000 per occurrence, to protect itself and its participating students and faculty members, from the consequences of bodily injury arising out of negligence, malpractice, error, or mistake in the rendering or failure to render of any professional service by said students or faculty members, with respect to this educational clinical experience program in the CLINICAL CENTER.

8. The UNIVERSITY agrees to indemnify and hold harmless the CLINICAL CENTER and its directors, trustees, officers, and employees from and against all claims and liabilities (including reasonable attorney's fees and expenses incurred in the defense thereof) relating to personal injury or property damage arising out of the actions or omissions of the UNIVERSITY's students, faculty members, employees or agents in connection with their duties under the program.

#### RESPONSIBILITIES OF CLINICAL CENTER

1. The CLINICAL CENTER will make appropriate facilities available to the UNIVERSITY and will assist the latter in performance of the program.

2. The CLINICAL CENTER shall provide clinical instruction and supervision of the students by qualified personnel, who meet the standards of recognized professional accrediting agencies or state agencies and the stated objectives of the educational program.

3. The CLINICAL CENTER shall provide emergency health services to the students during the hours of clinical assignment at the students own expense.

4. The CLINICAL CENTER shall permit students and faculty to have use of cafeteria, and parking facilities, if available, at the same rate of charges as for employees.

5. The CLINICAL CENTER will provide time for the clinical instructor to attend clinical supervisors' meetings and conferences called by the UNIVERSITY as part of the educational program.

6. The CLINICAL CENTER will provide cooperation when asked, in formal evaluation of the students and will maintain the records and reports required by the UNIVERSITY for conducting the educational program.

7. The CLINICAL CENTER warrants that it carries professional and general liability insurance with limits of at least \$1,000,000 per occurrence to cover itself and its personnel (including those who may also have clinical appointments at the University) from the consequences of negligence, malpractice, error, or mistake in the rendering or failure to render of any professional service, which includes the program covered by this agreement.

8. The CLINICAL CENTER agrees to indemnify and hold harmless the UNIVERSITY and its trustees, officers, employees and students from and against any and all claims and liabilities (including reasonable attorney's fees and expenses incurred in the defense thereof) relating to personal injury or property damage to the extent arising out of conditions existing at the CLINICAL CENTER or arising out of the acts or omissions of the CLINICAL CENTER's employees or agents in connection with their duties at the CLINICAL CENTER including without limitation their supervisory duties under the program.

MISCELLANEOUS

- 1. The student is responsible for any personal, health, and travel insurance.
- 2. The student is responsible for obtaining and documenting any immunizations/vaccinations required by UNIVERSITY and CLINICAL CENTER.
- 3. Modification of the agreement can be effected by written mutual consent of both parties. This contract is for a five-year term, after which it will continue on a year to year basis unless cancelled by either party in writing.
- 4. Any provisions not included herein are to be subject to annual agreement between the UNIVERSITY and the appropriate administrative official of the CLINICAL CENTER.
- 5. Each party agrees that it shall give the other party prompt notice of any claim, threatened or made, or suit instituted against it which could result in a claim for indemnification above.

Officials signing the agreement for the participating institutions:

University of Delaware

\_\_\_\_\_  
Facility

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Stuart Binder-Macleod, Ph.D., P.T.  
Professor and Chair  
Physical Therapy

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**WEEKLY SUMMARY/PLANNING FORM**

**Intern's Name:**

**Week:**

**Reviewer's Name:**

**1. Three things that went well:**

- a.
- b.
- c.

**2. Three things to improve on:**

- a.
- b.
- c.

**3. Goals achieved this week:**

**4. Goals for next week:**

**5. Strategies to achieve goals (what will you do – i.e., review charts, research tx protocols, etc.):**

**6. Feedback for your Clinical Instructor:**

## Clinical Instructor Feedback

<b>Strongly Agree:</b>	I agree with greater than 80% of the intern's comments
<b>Moderately Agree:</b>	I agree with 60 to 79% of the intern's comments
<b>Mildly Agree:</b>	I agree with 40 to 59% of the intern's comments
<b>Disagree:</b>	I agree with less than 40% of the intern's comments

Using the above scale, please rate the following comments:

**\*Please note: if any statement receives less than “moderately agree,” (you agree with less than 60% of the intern’s comments), please review with the intern and have the intern revise the form until a “moderately agree” consensus is reached.**

<i>Check Appropriate Box:</i>	<b>I Strongly Agree With</b>	<b>I Moderately Agree With</b>	<b>I Mildly Agree With</b>	<b>I Disagree With</b>
1. Intern's list of things that went well				
2. Intern's list of things that need improvement.				
3. Intern's list of goals achieved this week.				
4. Intern's goals for next week.				
5. Intern's identified strategies for achieving his/her goals.				

### COMMENTS:

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Instructor's Signature

\_\_\_\_\_  
Date

weeklysummary2/04

**UNIVERSITY OF DELAWARE  
PHYSICAL THERAPY  
FULL-TIME INTERNSHIP OBJECTIVES & EVALUATION FORM**

*(See Physical Therapy Student Clinical Performance Evaluation –  
New England Consortium form - Page 54)*

**Clinical Internships**

**PHYT 831 – Clinical Internship I – Acute Care**

**PHYT 832 – Clinical Internship II – Rehabilitation**

**PHYT 833 – Clinical Internship III – Elective**

*Please note: The rehabilitation or elective internships, regardless of the sequence that they are actually attended, must be registered with the appropriate course number; e.g., Elective Internship is PHYT 833 and the Rehabilitation type is PHYT 832.*

Ken Seaman, MA, PT, Academic Coordinator for Clinical Education  
3 Credit Hours (3 internship experiences – total of 9 credit hours)  
Summer Session II, Fall Session III (two internships)

**Course Description**

Full-time clinical experiences conducted under the supervision of qualified physical therapists in various types of health care facilities selected to provide a wide range of professional learning opportunities.

**Method of Evaluation**

Pass/Fail; see attached "**Internship Objective**" description and grading tool.

**Attendance**

Daily attendance required. Absences must be approved by the Clinical Coordinator. More than three absences during any internship may be basis for remediation.

## **FULL-TIME INTERNSHIP OBJECTIVES**

There are three required full-time internships included in the physical therapy curriculum. The first internship is in an acute care setting and one of the second or third internships is conducted in a post-primary rehabilitation setting (required). The remaining Elective internship can take place in some other type of setting; i.e., orthopedics, pediatrics, hand, geriatrics, etc.

Although personal experience may influence an individual's performance, it is still expected that the affiliating intern achieve the established competency level for that particular internship, (as described after each internship objective description). The "New England Consortium" grading tool is used as the basis for determining the appropriate behaviors upon which competency will be based for each of the three internships.

**Very Important Notation on the Utilization of N/O:** Depending on the characteristic of a particular competency, the diagnosis encountered, and the experience of the intern, some competencies will be more difficult to realize than others. In such cases a reasonable number of exposures, trials or observations is suggested prior to assigning a grade. Some examples of this might be facilitation or inhibition of tone, certain mobilization techniques, assessment and goal setting etc. When the proper number of exposures to the more difficult competencies, (as determined by the facility) has not been achieved, assignment of a **N/O** with comment is suggested. Liberal use of N/O with comment rather than attempting to assign a numerical grade is strongly advised. For example: two exposures to wound care is normally not enough for appropriate grading. N/O should be assigned with a comment such as "even though intern is minimally exposed to this skill, competency is where expected at this level." In those areas that deal with safety and ethical considerations, certain key competencies, with the expected minimal competency scores, are clearly described in the grading tool.

### **Internship 1**

**Educational Background:** Prior to the first internship students have had a full year of didactic training (see attached curriculum).

**Internship 1 Objectives:** During this six-week affiliation interns will seek clinical experience in conducting fundamental evaluations resulting in the design, implementation and documentation of appropriate "in house" and home rehabilitation programs. Particular attention should be paid to the development of time management, treatment progression, program creativity skills and caretaker instruction. Additionally, the intern should be striving to develop effective communication skills, as well as the development of both personal and professional style in dealing with the patient and all who are involved with his or her care. The intern is expected to demonstrate safe and ethical behavior at all times.

**Internship 1 Grading Criteria:** It is expected that the intern achieve a minimum competency level of **3** or higher in **50%** of the criteria, with the remaining **50%** being at least a level **2** (**in each individual category**). A level **1** or **0** rating in any skill, during any internship may result in failure of the internship.

## **Internships 2 & 3**

**Educational Background:** Following the first internship the students return for a year of didactic and integrated clinical preparation (see attached curriculum).

**Internship 2 & 3 Objectives:** Interns have now completed all of their didactic training and are expected to develop entry level competency not only in clinical areas previously outlined but also in neurotherapeutic treatment techniques, management of the patient in a rehabilitation setting (as well as any particular type of specialty facility such as cardiac, geriatric, pediatric, etc.). Throughout the course of Internships 2 & 3, the intern is expected to progressively develop skills in the evaluation and treatment of patients with neurological, integumentary, cardiopulmonary and musculoskeletal conditions. Additionally, it is anticipated the intern will continue to advance in his/her abilities to function professionally, efficiently and effectively as part of the healthcare team.

.....

**Internship 2 Grading Criteria – Rehabilitation or Elective/Specialty Elective Affiliation:** It is expected that in Category IV (**Problem-Solving Process**) that the intern attain a level **4** rating in at least **50%** of the criteria, level **3** in at least **30%**, and a level **2** in the remaining **20%**. In the other categories it is expected that the intern achieve a minimum competency level of **4** in **60%** of the criteria with a minimum of **20%** at a level **3** and **20%** at least at a level **2** (**in each individual category**).

.....

**Internship 3 Grading Criteria for Elective Affiliation:** A level of **4** should be achieved in **60%** of the competencies with the remaining **40%** being at least a level **3** (in each individual category).

**Internship 3 Grading Criteria for Rehabilitation or Specialty Elective\* Affiliation:** It is expected that in Category IV (**Problem-Solving Process**) that the intern attain a level **4** rating in at least **50%** of the criteria, level **3** in at least **30%**, and a level **2** in the remaining **20%**. In the other categories it is expected that the intern achieve a minimum competency level of **4** in **60%** of the criteria with a minimum of **20%** at a level **3** and **20%** at least at a level **2** (**in each individual category**).

**\*The ACCE or CCCE determines whether an elective qualifies as a “Specialty Elective” internship. Examples of this type of internship include Pediatrics, Burns, Cardiac, and Wounds .**

## Doctor of Physical Therapy Curriculum

### Year 1- Summer (7 weeks)

Course Number	Title	Credits
PHYT600	PT as a Profession	1
PHYT622	Clinical Gross Anatomy	6
PHYT641	Rounds I	1 P/F

### Year 1 - Fall

Course Number	Title	Credits
PHYT604	Functional Anatomy & Biomechanics	4
PHYT606	Research	3
PHYT624	Basic Evaluation Techniques	2
PHYT631	PT in the Acute Care Environment	4
PHYT635	Thermal Agents & Soft Tissue	2
PHYT642	Rounds II	1 P/F

### Year 1 - Winter

Course Number	Title	Credits
PHYT620	Educational Process in Community Health	1
PHYT632	Applied Physiology I	3
PHYT643	Rounds III	1 P/F
PHYT626	Advanced Regional Anatomy	Optional Elective

### Year 1 - Spring

Course Number	Title	Credits
PHYT623	Clinical Neuroscience	4
PHYT633	Applied Physiology II	3
PHYT634	Electrotherapy	4
PHYT644	Rounds IV	1 P/F
PHYT801	Medical Science I - General Medicine	3
<i>*PHYT821/822</i>	<i>Ortho or Geriatric Integ Experience</i>	<i>May be taken during this semester</i>

## Year 2 - Summer I (7 weeks)

Course Number	Title	Credits
PHYT608	Musculoskeletal Evaluation & Treatment	4
PHYT641	Rounds I	1 P/F
PHYT802	Medical Science II - Orthopedics	3

## Summer II (6 weeks)

Course Number	Title	Credits
PHYT831	Clinical Internship I - Acute Care	3 P/F

## Year 2 - Fall

Course Number	Title	Credits
PHYT642	Rounds II	1 P/F
PHYT803	Medical Science III - Neurology	3
PHYT804	Neurophysiologic Evaluation & Treatment	4
PHYT805	Rehabilitation	4
PHYT806	Geriatrics	3
*PHYT821/822	<i>Ortho or Geriatric Integ Experience</i>	<i>May be taken during this semester</i>

## Year 2 - Winter

Course Number	Title	Credits
PHYT643	Rounds III	1 P/F
PHYT807	Advanced Seminar	5
PHYT626	Advanced Regional Anatomy	Optional Elective
*PHYT821/822	<i>Ortho or Geriatric Integ Experience</i>	<i>May be taken during this semester</i>

## Year 2 - Spring

Course Number	Title	Credits
PHYT644	Rounds IV	1 P/F
PHYT808	Spine Management	4
PHYT809	Psychosocial Aspects of Health and Disease	4
PHYT810	Clinical Management and Administration	2
*PHYT821/822	<i>Ortho or Geriatric Integ Experience</i>	<i>May be taken during this semester</i>

## Year 3 - Summer (7 weeks)

Course Number	Title	Credits
PHYT641	Rounds I	1 P/F
PHYT811	Pediatrics	4
PHYT812	Pediatrics Integrated Clinical Experience	1 P/F

## Year 3 - Fall

Course Number	Title	Credits
PHYT832	Clinical Internships II - Rehabilitation	3 P/F
PHYT833	Clinical Internships III - Elective	3 P/F

\*In addition, students are required to take the following courses for one semester either the Spring of Year I or Fall, Winter or Spring of Year II.

Course Number	Title	Credits
PHYT821	Orthopedic Integrated Clinical Experience	3 P/F
PHYT822	Geriatric Integrated Clinical Experience	3 P/F

**University of Delaware  
Department of Physical Therapy**

**Physical Therapy Student Clinical  
Performance Evaluation  
(New England Consortium)**

**Student** \_\_\_\_\_

**Clinical Facility** \_\_\_\_\_

**Type of Clinical Experience** \_\_\_\_\_

**Dates** \_\_\_\_\_

**Course Number** \_\_\_\_\_

**Center Coordinator** \_\_\_\_\_

**Clinical Instructor(s)** \_\_\_\_\_  
\_\_\_\_\_

**Days Absent** \_\_\_\_\_ **Reason** \_\_\_\_\_

**Were days made up?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **How many?**

## Guidelines for Completion of the New England Consortium Form

This document is being used to evaluate the clinical performance of all entry level physical therapy students attending New England schools. Please review the following guidelines prior to assessing student performance. (Note: A detailed discussion of the purposes of clinical education and the principles and concepts of evaluation have been included separately for your review).

1. Familiarize yourself with the *Evaluation Form* in general and specifically the rating scale on page 3.
2. Familiarize yourself with the objectives for this clinical experience that were provided to you by the academic institution.
3. Use this document at midterm and final to rate the student's performance on each of the applicable objectives and subobjectives. Use N/O or N/A where necessary. The student is also required to complete a self-evaluation at midterm and final.
  - a. Grade the student against entry-level competence. Do not grade a first affiliation student based on how well they are doing for their level of preparation.
  - b. Base your grades on the most frequently observed level of performance. No grade should be based on an isolated incident. Do not allow subjective impressions, first impressions, or your fear of failing a student to cloud your judgment.
  - c. Each grade should reflect the student's performance at that specific point in time; i.e., midterm or final. Avoid "averaging" how the student performed over the first half of the affiliation or over the whole affiliation.

**Ex.** Initially a student had difficulty completing a LE MMT without a lot of verbal input and some physical assistance from you. However, within the last week (week 4 of an 8 week affiliation) you have observed the student complete 3 LE MMTs independently. This student should receive at least a "3" since he/she is independent at this activity now.

  - d. Use the comment section to indicate that the student required significant input initially, as in the example above, or to provide anecdotal information to support grades.
  - e. An asterisk (\*) beside an objective indicates that it is considered an essential competency. Any rating below a "3" will be interpreted as clinical incompetence and may result in failure of the clinical experience. Full documentation of such incompetence must be provided to the student, the CCCE and the ACCE.
  - f. Use whole numbers only throughout the *Evaluation Form*. Do not use decimals (2.5, 3.7) or plusses or minuses (2+, 3-).
4. Complete pages 20, 21 and 23 at midterm.
5. Complete pages 21, 22 and 23 at final.
6. Return the *Evaluation Form* within 3 working days of the completion of the affiliation. Any failing education must be reported to the ACCE as soon as possible.

## New England Consortium Rating Scale

### Definitions:

The following definitions are provided for consistency and clarity. Please use the rating scale below to indicate the student's level of competence for each of the stated objectives.

- 4** - Consistently meets the stated objective. The student seeks confirmation from the clinical instructor.

Confirmation - Student confers with the clinical instructor prior to, or following an activity for the purpose of sharing information and/or validating decision-making. The student is capable of functioning safely and independently.

- 3** - Consistently meets the stated objective. The student needs guidance from the clinical instructor.

Guidance - Student needs advice from the clinical instructor to expand knowledge or skills. The presence of the clinical instructor in the immediate vicinity is not necessary.

- 2** - Meets the stated objective with inconsistencies. The student requires supervision from the clinical instructor.

Supervision - The student needs verbal cueing or physical assistance from the clinical instructor. The presence of the clinical instructor in the immediate vicinity is necessary.

- 1**- Does not meet the stated objective. The student requires constant supervision from the clinical instructor.

Constant Supervision - The student requires continuous verbal cueing or continuous physical assistance from the clinical instructor.

N/A - Not Applicable - Objective is not applicable to this clinical situation.

N/O - Not Observed - Objective was not observed to the extent that a rating is appropriate.

- \* - The asterisk indicates competencies which are felt to be essential for satisfactory completion of the clinical experience. These relate to safety and adherence to ethical, legal, and administrative procedures. Any inconsistencies (rating below "3") found in the essential competencies will be interpreted as clinical incompetence and may result in failure of the clinical experience. Full documentation of such inconsistencies must be provided to the student, CCCE and ACCE.

## I. PROFESSIONAL BEHAVIOR AND ATTITUDE

	<b>Midterm</b>	<b>Final</b>
<b>1.0 Demonstrates a professional and ethical behavior and attitude:</b>	_____	_____
1.1 Is punctual and dependable and adheres to scheduled assignments.	_____	_____
1.2 Wears appropriate attire.	_____	_____
* 1.3 Adheres to ethical and legal standards or practice.	_____	_____
1.4 Demonstrates initiative, enthusiasm and professional curiosity.	_____	_____
1.5 Accepts criticism and responds in a manner which reflects an understanding of constructive criticism.	_____	_____
1.6 Demonstrates active listening that shows the student is receptive to learning.	_____	_____
1.7 Accepts responsibility for learning.	_____	_____
1.8 Participates in appropriate continuing education within the facility or area.	_____	_____
1.9 Takes active role in establishing goals for this clinical experience.	_____	_____
1.10 Shows respect for others (patient/peers).	_____	_____
1.11 Treats patients in a manner which reflects dignity and concern for human life.	_____	_____
* 1.12 Maintains confidentiality and uses discretion when conversing with, and in front, of patients.	_____	_____
1.13 Expresses a positive attitude which reflects cooperation.	_____	_____
1.14 Willingly accommodates to changing situations.	_____	_____
1.15 Maintains a balance between personal and professional relationships.	_____	_____
1.16 Demonstrates awareness of own strengths and weaknesses and actively seeks to improve self.	_____	_____

**Comments** (Section 1.0)

Midterm

Final

### SECTION I - PROFESSIONAL BEHAVIOR AND ATTITUDE

**Final** Total # of 1's \_\_\_\_\_ 2's \_\_\_\_\_ 3's \_\_\_\_\_ 4's \_\_\_\_\_

Total # Items Grade \_\_\_\_\_ Pass / Fail (Circle) Initials \_\_\_\_\_

**II. SAFETY**

	<b>Midterm</b>	<b>Final</b>
<b>2.0 Demonstrates safe practice:</b>	_____	_____
2.1 Observes health and safety regulations.	_____	_____
2.2 Recognizes changes in the patient's physiological and psychological status.	_____	_____
* 2.3 Responds to changes in the patient's physiological and psychological status.	_____	_____
2.4 Develops safe patient care programs.	_____	_____
* 2.5 Implements safe patient care programs.	_____	_____
2.6 Uses good body mechanics for self and patient.	_____	_____
* 2.7 Uses accepted techniques for safe handling of patients.	_____	_____
2.8 Requests appropriate assistance when necessary.	_____	_____
2.9 Offers assistance in a timely manner.	_____	_____
2.10 Demonstrates awareness of contraindications/precautions to treatment.	_____	_____

*Comments* (Section 2.0)MidtermFinal**SECTION II - SAFETY****Final** Total # of 1's \_\_\_\_\_ 2's \_\_\_\_\_ 3's \_\_\_\_\_ 4's \_\_\_\_\_**Total # Items Grade** \_\_\_\_\_ **Pass / Fail (Circle)** **Initials** \_\_\_\_\_

### III. INTERPERSONAL RELATIONSHIPS AND COMMUNICATION SKILLS

	Midterm	Final
<b>3.0 Verbal Communication:</b>		
3.1 Speaks with tact and diplomacy.	_____	_____
3.2 Uses tone of voice appropriate to the situation.	_____	_____
3.3 Expresses questions/requests/needs in a clear & easily understood manner.	_____	_____
3.4 Responds to questions/requests/needs in a clear and easily understood manner.	_____	_____
3.5 Uses terminology appropriate to the level of the listener (refrains from using inappropriate slang or jargon).	_____	_____
3.6 Establishes effective relationships with patient/family.		
3.6.1 Offers appropriate introduction.	_____	_____
3.6.2 Secures and develops the patient's interest and confidence.	_____	_____
3.6.3 Prepares patient/family psychologically for treatment/discharge.	_____	_____
3.6.4 Maintains appropriate leadership in patient/family interactions.	_____	_____
3.6.5 Maintains appropriate leadership in patient/self interactions.	_____	_____
3.6.6 Explains purpose of chosen treatment procedures accurately.	_____	_____
3.6.7 Provides appropriate and timely feedback.	_____	_____
3.6.8 Demonstrates active listening.	_____	_____
3.6.9 Communications are organized and logical.	_____	_____
3.7 Establishes effective relationships with clinical instructor(s).		
3.7.1 Initiates communication.	_____	_____
3.7.2 Strives to maintain an open and honest relationship with the clinical instructor(s).	_____	_____
3.7.3 Acknowledges feedback received.	_____	_____
3.7.4 Asks relevant questions in a timely manner.	_____	_____
3.7.5 Demonstrates understanding of the supervisory role of the clinical instructor.	_____	_____
3.7.6 Gives appropriate and timely feedback to supervisor.	_____	_____
3.8 Establishes and maintains effective relationships with other members of the health care team.		
3.8.1 Initiates communication where appropriate.	_____	_____
3.8.2 Demonstrates preparation when relating information to other staff.	_____	_____
3.8.3 Discusses patient's status in a clear and concise manner.	_____	_____
3.8.4 Reports accurate and pertinent information.	_____	_____
3.8.5 Recognizes the responsibilities of each member of the health care team.	_____	_____
3.8.6 Makes appropriate referrals.	_____	_____

### III. INTERPERSONAL RELATIONSHIPS AND COMMUNICATION SKILLS (Cont.)

		<b>Midterm</b>	<b>Final</b>
<b>4.0 Non-verbal Communication:</b>			
4.1	Recognizes the effects of his/her own non-verbal communication upon others.	_____	_____
4.2	Adjusts own posture, gesture and facial expressions to meet situational demands.	_____	_____
4.3	Correctly interprets and responds to the non-verbal behaviors of others (i.e. patients, family, team members).	_____	_____

*Comments* (Sections 3 and 4)

Midterm

Final

### III. INTERPERSONAL RELATIONSHIPS AND COMMUNICATION SKILLS (Cont.)

		Midterm	Final
<b>5.0 Documentation:</b>			
5.1	Maintains documentation format in accordance with policies of the faculty.	_____	_____
5.2	Writes in an organized, logical and concise manner.	_____	_____
5.3	Writes legibly using correct spelling and grammar.	_____	_____
5.4	Uses appropriate medical terminology and abbreviations.	_____	_____
5.5	Information contained in written material is accurate.	_____	_____
5.6	Written materials are submitted in a timely manner.	_____	_____
5.7	Written material is appropriate to the level of the reader.	_____	_____
5.8	Associated documents such as flow sheets and other forms are appropriate and accurate.	_____	_____
5.9	Billing information is complete and submitted in a timely manner.	_____	_____

*Comments (Section 5)*

Midterm

Final

### SECTION III - INTERPERSONAL RELATIONSHIPS AND COMMUNICATION SKILLS

**Final** Total # of 1's \_\_\_\_\_ 2's \_\_\_\_\_ 3's \_\_\_\_\_ 4's \_\_\_\_\_

**Total # Items Grade** \_\_\_\_\_ **Pass / Fail (Circle)** **Initials** \_\_\_\_\_

#### IV. PROBLEM SOLVING PROCESS

		<b>Midterm</b>	<b>Final</b>
<b>6.0 Recognition of physical therapy problem(s):</b>			
6.1	Clearly identifies physical therapy problem(s) to be addressed.	_____	_____
6.2	Perceives area(s) in which structure and function is abnormal.	_____	_____
6.3	Clearly identifies other medical and non-medical problems.	_____	_____
6.4	Recognizes and responds properly to inappropriate physical therapy referrals.	_____	_____
6.5	Acknowledges other potential health problems relating to physical therapy needs.	_____	_____

*Comments* (Section 6)

Midterm

Final

#### IV. PROBLEM SOLVING PROCESS (Cont)

		<b>Midterm</b>	<b>Final</b>
<b>7.0 Definition of physical therapy problem(s):</b>			
7.1	Explains to the clinical instructor the nature of the problem(s).	_____	_____
7.2	Determines the general extent of the problem(s).	_____	_____
7.3	Delineates the physical therapy problem(s) from other patient problems.	_____	_____

*Comments* (Section 7)

Midterm

Final

#### IV. PROBLEM SOLVING PROCESS (Cont)

		<b>Midterm</b>	<b>Final</b>
<b>8.0</b>	<b>Analysis of the physical therapy problem(s):</b>		
8.1	Identifies the components of the patient's problem(s).	_____	_____
8.2	Recognizes the relationships between the component parts of the problem(s).	_____	_____
8.3	Determines the physiological needs and resources of the patient.	_____	_____
8.4	Determines the psychosocial needs and resources of the patient.	_____	_____
8.5	Determines the environmental needs and resources of the patient.	_____	_____
8.6	Recognizes the patient's own individual goals.	_____	_____

*Comments* (Section 8)

Midterm

Final

#### IV. PROBLEM SOLVING PROCESS (Cont)

	<b>Midterm</b>	<b>Final</b>
<b>9.0 Management of physical therapy data:</b>		
9.1 Organizes available data.	_____	_____
9.2 Identifies needs for additional information.	_____	_____
9.3 Seeks out and reviews available resources.	_____	_____
9.4 Selects appropriate and effective physical therapy evaluative procedures.	_____	_____
9.5 Implements selected evaluative procedures correctly.		
9.5.1 Cognitive assessment/mental status.	_____	_____
9.5.2 Monitoring vital signs.	_____	_____
9.5.3 Skin condition and vascular integrity.	_____	_____
9.5.4 Wound assessment.	_____	_____
9.5.5 Anthropometric measurements; e.g. girth, leg length, skin fold, etc.	_____	_____
9.5.6 Sensation.	_____	_____
9.5.7 Strength assessment.		
9.5.7a Manual.	_____	_____
9.5.7b Mechanical (isokinetic, etc).	_____	_____
9.5.8 Tone assessment.	_____	_____
9.5.9 Reflex assessment.	_____	_____
9.5.10 Movement pattern assessment.	_____	_____
9.5.11 Coordination assessment.	_____	_____
9.5.12 Balance assessment.	_____	_____
9.5.13 Gross motor/developmental assessment.	_____	_____
9.5.14 Orthopedic assessment.		
9.5.14a Soft tissue assessment.	_____	_____
9.5.14b Joint motion/play.	_____	_____
9.5.15 Pain assessment.	_____	_____
9.5.16 Cardiac assessment.	_____	_____
9.5.17 Pulmonary assessment.	_____	_____
9.5.18 Posture assessment.	_____	_____

	<b>Midterm</b>	<b>Final</b>
<b>9.0 Management of physical therapy data (Cont):</b>		
9.5.19 Gait analysis.	_____	_____
9.5.20 Functional assessment.	_____	_____
9.5.21 Electrodiagnosis.	_____	_____
9.5.22 Orthotic assessment.	_____	_____
9.5.23 Prosthetic assessment.	_____	_____
9.5.24 Wheelchair assessment.	_____	_____
9.5.25 Assessment of ambulatory devices.	_____	_____
9.5.26 Other	_____	_____

*Comments* (Section 9)

Midterm

Final

#### IV. PROBLEM SOLVING PROCESS (Cont)

	<b>Midterm</b>	<b>Final</b>
<b>10.0 Development of a solution(s) to the physical therapy problem(s):</b>		
10.1 Correctly interprets physical therapy evaluative data.	_____	_____
10.2 Understands the relationship between physical data and other data collected.	_____	_____
10.3 Prioritizes patient problems according to patient needs.	_____	_____
10.4 Establishes realistic goals.		
10.4.1 Establishes realistic and timely short term goals.	_____	_____
10.4.2 Establishes realistic and timely long term goals.	_____	_____
10.5 Considers patient/family needs in goal setting.	_____	_____
10.6 Selects treatment method(s) most appropriate to patient.	_____	_____
10.7 Selects appropriate methods/mechanisms to adapt the patient's environment to assure optimal function.	_____	_____
10.8 Explains and justifies rationale behind selected treatment methods.	_____	_____
10.9 Designs a comprehensive plan of care.	_____	_____
10.10 Anticipates patient/family needs for discharge.	_____	_____
10.11 Prepares patient for discharge.	_____	_____

*Comments* (Section 10)

Midterm

Final

#### IV. PROBLEM SOLVING PROCESS (Cont)

	<b>Midterm</b>	<b>Final</b>
<b>11.0 Implementation of the solution(s):</b>		
11.1 Effectively applies all physical therapy therapeutic techniques appropriate to patient needs. •		
11.1.1 Physical agents.	_____	_____
11.1.2 Therapeutic exercises and procedures.	_____	_____
11.1.3 Developmental activities.	_____	_____
11.1.4 Neurophysiological treatment techniques.	_____	_____
11.1.5 Functional activities.	_____	_____
11.1.6 Assistive/adaptive devices/equipment.	_____	_____
11.1.7 Therapeutic equipment.	_____	_____
11.1.8 Wound care.	_____	_____
•Please comment on specific techniques.		
11.2 Treats patient in a logical sequence to enhance comfort and efficiency.	_____	_____
11.3 Creatively adapts treatment techniques according to the patient's individual responses.	_____	_____
11.4 Effectively adapts the patient's environment to reduce or eliminate barriers to optimal function.	_____	_____
11.5 Assigns supportive personnel appropriate tasks with adequate follow-up.	_____	_____
11.6 Educates patient/family regarding physical therapy management and home program.	_____	_____

**Comments** (Section 11)

Midterm

Final

**IV. PROBLEM SOLVING PROCESS (Cont)**

	<b>Midterm</b>	<b>Final</b>
<b>12.0 Evaluation of problem outcome:</b>		
12.1 Reassesses patient problem(s) at appropriate intervals.	_____	_____
12.2 Reevaluates and modifies treatment plan and goals when appropriate.	_____	_____
12.3 Recognizes when the patient has received optimal benefit from physical therapy.	_____	_____

*Comments* (Section 12)

Midterm

Final

**SECTION IV - PROBLEM SOLVING PROCESS**

**Final** Total # of 1's \_\_\_\_\_ 2's \_\_\_\_\_ 3's \_\_\_\_\_ 4's \_\_\_\_\_

**Total # Items Grade** \_\_\_\_\_ **Pass / Fail (Circle)** **Initials** \_\_\_\_\_

**V. ADMINISTRATIVE/MANAGEMENT SKILLS**

	<b>Midterm</b>	<b>Final</b>
<b>13.0 Demonstrates administrative/management skills:</b>		
13.1 Organizes time effectively and works within time limits.	_____	_____
13.2 Uses free time productively.	_____	_____
13.3 Demonstrates the ability to treat patients simultaneously.	_____	_____
13.4 Identifies administrative procedures (i.e. billing, scheduling, transportation, coordination with other appointments, etc.) required.	_____	_____
13.5 Maintains working area in a manner conducive to efficiency and safety.	_____	_____
13.6 Uses appropriate governmental, community, educational and professional resource agencies.	_____	_____
13.7 Demonstrates awareness of capabilities of supportive personnel.	_____	_____
13.8 Utilizes supportive personnel appropriately.	_____	_____

*Comments* (Section 13)

Midterm

Final

**SECTION V - ADMINISTRATIVE/MANAGEMENT SKILLS**

**Final** Total # of 1's \_\_\_\_\_ 2's \_\_\_\_\_ 3's \_\_\_\_\_ 4's \_\_\_\_\_

**Total # Items Grade** \_\_\_\_\_ **Pass / Fail (Circle)** **Initials** \_\_\_\_\_



## **VII. PRINCIPLES OF RESEARCH**

	<b>Midterm</b>	<b>Final</b>
<b>15.0 Demonstrates skills in clinical research:</b>		
15.1 Identifies physical therapy research problem.	_____	_____
15.2 Identifies appropriate research methods.	_____	_____
15.3 Develops valid research hypotheses with rationale.	_____	_____
15.4 Initiates literature review.	_____	_____
15.5 Completes thorough and appropriate review of the literature.	_____	_____
15.6 Submits proposal in a timely manner.	_____	_____
15.7 Adheres to format used by facility.	_____	_____
15.8 Schedules subjects and/or equipment appropriately.	_____	_____
15.9 Assures safety of subjects as appropriate during all phases of research.	_____	_____
15.10 Accurately and efficiently executes research method for data collection.	_____	_____
15.11 Accurately and appropriately analyzes data.	_____	_____
15.12 Seeks assistance when needed.	_____	_____
15.13 Integrates research findings with clinical practice.	_____	_____

*Comments* (Section 15)

Midterm

Final

### **SECTION VII - PRINCIPLES OF RESEARCH**

**Final** Total # of 1's \_\_\_\_\_ 2's \_\_\_\_\_ 3's \_\_\_\_\_ 4's \_\_\_\_\_

**Total # Items Grade** \_\_\_\_\_ **Pass / Fail (Circle)** **Initials** \_\_\_\_\_

## Mid-term Summary

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**Areas of Strength:**

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**Areas to Strengthen:**

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**Ideas/Plans for Improving Areas to Strengthen:**

(To be implemented by student and/or clinical instructor)

Date of Discussion \_\_\_\_\_

Student Signature \_\_\_\_\_

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



## Final Summary

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**Areas of Strength:**

---

**Areas to Strengthen:**

---

**Summary of Clinical Education**

Date of Discussion \_\_\_\_\_

Student Signature \_\_\_\_\_

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

Based on the objectives for this clinical experience, please rate this student's overall *Mid-term* performance, and indicate with an (X):

	<b>Meets Objectives</b>	<b>Needs Improvement</b>
I. Professional behavior and attitude.	_____	_____
II. Safety.	_____	_____
III. Interpersonal relationships and communication skills.	_____	_____
IV. Problem-solving process.	_____	_____
V. Administration/management skills.	_____	_____
VI. Inservice/case presentation.	_____	_____
VII. Principles of research.	_____	_____

Based on the objectives for this clinical experience, please rate this student's overall *Final* performance, and indicate with an (X):

	<b>Meets Objectives</b>	<b>Needs Improvement</b>
I. Professional behavior and attitude.	_____	_____
II. Safety.	_____	_____
III. Interpersonal relationships and communication skills.	_____	_____
IV. Problem-solving process.	_____	_____
V. Administration/management skills.	_____	_____
VI. Inservice/case presentation.	_____	_____
VII. Principles of research.	_____	_____

**PHYSICAL THERAPIST STUDENT EVALUATION:**

**CLINICAL EXPERIENCE  
AND  
CLINICAL INSTRUCTION**

**June 10, 2003**

American Physical Therapy Association  
Department of Physical Therapy Education  
1111 North Fairfax Street  
Alexandria, Virginia 22314

## PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

### Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

### Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

**Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA**

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**GENERAL INFORMATION AND SIGNATURES**

General Information

Student Name \_\_\_\_\_

Academic Institution \_\_\_\_\_

Name of Clinical Education Site \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Clinical Experience Number \_\_\_\_\_ Clinical Experience Dates \_\_\_\_\_

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications for students supervised in this academic program. I understand that my personal information will not be available to students in our program files.

\_\_\_\_\_  
Student Name (Provide signature) \_\_\_\_\_ Date

\_\_\_\_\_  
Primary Clinical Instructor Name (Print name) \_\_\_\_\_ Date

\_\_\_\_\_  
Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned \_\_\_\_\_

Highest degree earned \_\_\_\_\_ Degree area \_\_\_\_\_

Years experience as a CI \_\_\_\_\_

Years experience as a clinician \_\_\_\_\_

Areas of expertise \_\_\_\_\_

Clinical Certification, specify area \_\_\_\_\_

APTA Credentialed CI  Yes  No

Other CI Credential \_\_\_\_\_ State  Yes  No

Professional organization memberships  APTA  Other \_\_\_\_\_

\_\_\_\_\_  
Additional Clinical Instructor Name (Print name) \_\_\_\_\_ Date

\_\_\_\_\_  
Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned \_\_\_\_\_

Highest degree earned \_\_\_\_\_ Degree area \_\_\_\_\_

Years experience as a CI \_\_\_\_\_

Years experience as a clinician \_\_\_\_\_

Areas of expertise \_\_\_\_\_

Clinical Certification, specify area \_\_\_\_\_

APTA Credentialed CI  Yes  No

Other CI Credential \_\_\_\_\_ State  Yes  No

Professional organization memberships  APTA  Other \_\_\_\_\_

**SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE**

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
2. Clinical Experience Number \_\_\_\_\_
3. Specify the number of weeks for each applicable clinical experience/rotation.  
 \_\_\_\_\_ Acute Care/Inpatient Hospital Facility      \_\_\_\_\_ Private Practice  
 \_\_\_\_\_ Ambulatory Care/Outpatient      \_\_\_\_\_ Rehabilitation/Sub-acute Rehabilitation  
 \_\_\_\_\_ ECF/Nursing Home/SNF      \_\_\_\_\_ School/Preschool Program  
 \_\_\_\_\_ Federal/State/County Health      \_\_\_\_\_ Wellness/Prevention/Fitness Program  
 \_\_\_\_\_ Industrial/Occupational Health Facility      \_\_\_\_\_ Other \_\_\_\_\_

Orientation

4. Did you receive information from the clinical facility prior to your arrival?       Yes       No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?       Yes       No
6. What else could have been provided during the orientation? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Patient/Client Management and the Practice Environment**

**For questions 7, 8, and 9, use the following 4-point rating scale:**

**1= Never      2 = Rarely      3 = Occasionally      4 = Often**

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

<i>Diversity Of Case Mix</i>	<i>Rating</i>	<b>Patient Lifespan</b>	<b>Rating</b>	<b>Continuum Of Care</b>	<b>Rating</b>
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the Guide to Physical Therapist Practice. Rate all items in the shaded columns using the above 4-point scale.

<b>Components Of Care</b>	<b>Rating</b>	<b>Components Of Care</b>	<b>Rating</b>
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? \_\_\_\_\_  
 \_\_\_\_\_

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):  
 Physical therapist students  
 Physical therapist assistant students  
 Students from other disciplines or service departments (Please specify \_\_\_\_\_)
12. Identify the ratio of students to CIs for your clinical experience:  
 1 student to 1 CI  
 1 student to greater than 1 CI  
 1 CI to greater than 1 student; Describe \_\_\_\_\_
13. How did the clinical supervision ratio in Question #12 influence your learning experience? \_\_\_\_\_  
 \_\_\_\_\_
14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)  
 Attended in-services/educational programs  
 Presented an in-service  
 Attended special clinics  
 Attended team meetings/conferences/grand rounds  
 Directed and supervised physical therapist assistants and other support personnel  
 Observed surgery  
 Participated in administrative and business practice management  
 Participated in collaborative treatment with other disciplines to provide patient/client care (Please specify disciplines) \_\_\_\_\_  
 Participated in opportunities to provide consultation  
 Participated in service learning  
 Participated in wellness/health promotion/screening programs  
 Performed systematic data collection as part of an investigative study  
 Other; Please specify \_\_\_\_\_

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. \_\_\_\_\_

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*Overall Summary Appraisal*

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
- Time well spent; would recommend this clinical education site to another student.
- Some good learning experiences; student program needs further development.
- Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? \_\_\_\_\_

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18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed. \_\_\_\_\_

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19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? \_\_\_\_\_

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20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience? \_\_\_\_\_

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21. What curricular suggestions do you have that would have prepared you better for this clinical experience?

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## SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

### Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree    2=Disagree    3=Neutral    4=Agree    5=Strongly Agree

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation     Yes     No    Final Evaluation     Yes     No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation \_\_\_\_\_

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Final Evaluation \_\_\_\_\_

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25. What did your CI(s) do well to contribute to your learning?

Midterm Comments \_\_\_\_\_

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Final Comments \_\_\_\_\_

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26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments \_\_\_\_\_

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Final Comments \_\_\_\_\_

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**Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.**

UNIVERSITY OF DELAWARE  
PHYSICAL THERAPY PROGRAM

Evaluation of the Academic Coordinator of Clinical Education

Name of ACCE

Date

Performed by a. Student

b. Clinical Faculty

(Please check appropriate category. Name is optional)

Interpersonal Relations and Communication

1. Did the ACCE demonstrate good communication skills in which s/he effectively listened and responded with constructive feedback?
 

<ol style="list-style-type: none"> <li>a. Always</li> <li>b. Usually</li> <li>c. Sometimes</li> <li>d. Rarely</li> <li>e. Never</li> </ol>	<p>Comments:</p>
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2. Did the ACCE appear to enjoy her role and was the ACCE enthusiastic about clinical education?
 

<ol style="list-style-type: none"> <li>a. Very enthusiastic</li> <li>b. Enthusiastic</li> <li>c. Moderately Enthusiastic</li> <li>d. Minimally Enthusiastic</li> <li>e. Unenthusiastic</li> </ol>	<p>Comments:</p>
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3. Was the ACCE approachable and did s/he make herself/himself available to discuss problems and progress before assignment and during the affiliation period?
 

<ol style="list-style-type: none"> <li>a. Very Approachable and <b>Available.</b></li> <li>b. Approachable and Available</li> <li>c. Moderately approachable and Available</li> <li>d. Minimally approachable and available</li> <li>e. Unapproachable and unavailable</li> </ol>	<p>Comments:</p>
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4. Was the ACCE effective and fair in handling problems or concerns?
 

<ol style="list-style-type: none"> <li>a. Very Effective and Fair</li> <li>b. Effective and Fair</li> <li>c. Somewhat Effective and Fair</li> <li>d. Rarely Effective and Fair</li> <li>e. Ineffective and Unfair</li> </ol>	<p>Comments:</p>
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5. Did the ACCE encourage problem-solving and self-assessment on the part of the student and the clinical faculty?
- a. Very Encouraging
  - b. Encouraging
  - c. Somewhat Encouraging
  - d. Rarely Encouraging
  - e. Unencouraging
- Comments:
6. Did the ACCE demonstrate respect for and interest in students?
- a. Always
  - b. Usually
  - c. Sometimes
  - d. Rarely
  - e. Never
- Comments:
7. Did the ACCE demonstrate respect for clinicians?
- a. Always
  - b. Usually
  - c. Sometimes
  - d. Rarely
  - e. Never
- Comments:
8. Did the ACCE demonstrate respect for academic faculty?
- a. Always
  - b. Usually
  - c. Sometimes
  - d. Rarely
  - e. Never
- Comments:
9. Was the ACCE flexible and pleasant to deal with?
- a. Very Flexible and Pleasant
  - b. Flexible and Pleasant
  - c. Somewhat Flexible and Pleasant
  - d. Rarely Flexible and Pleasant
  - e. Inflexible and Unpleasant
- Comments:
10. Did the ACCE demonstrate good public relation skills, i.e., did s/he serve as an effective liaison between the university and the clinical site?
- a. Very Good and Effective
  - b. Good and Effective
  - c. Somewhat Good and Effective
  - d. Rarely Good and Effective
  - e. Poor and Ineffective
- Comments:

11. Did the ACCE help people work together and resolve conflict?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never

Comments:

Clinical Education Process

12. Did the ACCE successfully develop interinstitutional agreements efficiently and with a wide range of facilities to meet the special needs of students?

- a. Very Successful
- b. Successful
- c. Somewhat Successful
- d. Rarely Successful
- e. Unsuccessful

Comments:

13. Did the ACCE effectively assist in the development of clinical education facilities and faculty through meetings, on-site visits and written correspondence?

- a. Very Effective
- b. Effective
- c. Somewhat Effective
- d. Rarely Effective
- e. Ineffective

Comments:

14. Was the ACCE knowledgeable about clinical education?

- a. Very Knowledgeable
- b. Knowledgeable
- c. Somewhat Knowledgeable
- d. Not Very Knowledgeable
- e. Unknowledgeable

Comments:

15. Did the ACCE function as an effective agent for change in the educational curriculum and a catalyst in the entire clinical education program?

- a. Very Effective
- b. Effective
- c. Moderately Effective
- d. Rarely Effective
- e. Ineffective

Comments:

16. Was the ACCE knowledgeable and responsive to the programs and the problem within the clinical education center?

- a. Very Knowledgeable and Responsive
- b. Knowledgeable and Responsive
- c. Somewhat knowledgeable and responsive
- d. Rarely Knowledgeable and Responsive
- e. Ignorant and Indifferent

Comments:

17. Was the ACCE well-organized and efficient in the administration of the clinical education program, e.g., were materials and forms sent on time. etc.
- a. Very Organized and Efficient
  - b. Organized and Efficient
  - c. Somewhat Organized and Efficient
  - d. Rarely Organized and Efficient
  - e. Unorganized and Inefficient
- Comments:
18. Did the ACCE keep the center well-informed?
- a. Always
  - b. Usually
  - c. Sometimes
  - d. Rarely
  - e. Never
- Comments:
19. Did the ACCE visit and/or communicate with the center and the student on a regular and appropriate schedule?
- a. Very Appropriate
  - b. Appropriate
  - c. Moderately Appropriate
  - d. Not Very Appropriate
  - e. Inappropriate
- Comments:
20. Did the ACCE provide the student with organized, sufficient and accessible background information about the various facilities?
- a. Very Organized, Sufficient and Accessible
  - b. Organized, Sufficient and Accessible
  - c. Somewhat Organized, Sufficient and Accessible
  - d. Rarely Organized, Sufficient and Accessible
  - e. Unorganized, Insufficient, and Inaccessible
- Comments:
21. Was the ACCE perceptive and considerate of the needs of the student and the learning experience provided at the clinics when assigning students?
- a. Very Considerate and Perceptive
  - b. Considerate and Perceptive
  - c. Somewhat Considerate and Perceptive
  - d. Rarely Considerate and Perceptive
  - e. Never Considerate and Perceptive
- Comments:

22. Did the ACCE effectively orient the students to clinical education and did s/he keep them well-informed?

- a. Very Effective
- b. Effective
- c. Somewhat Effective
- d. Minimally Effective
- e. Ineffective

Comments:

23. Did the ACCE maximize the learning experience through the use of objectives, process, evaluation and feedback?

- a. Very Good Use Of
- b. Good Use Of
- c. Somewhat Made Use Of
- d. Rarely Made Use Of
- e. Never Made Use Of

Comments:

24. Did the ACCE prepare appropriate, reliable and valid instruments of evaluation which reflect the specific objectives?

- a. Very Appropriate, Reliable,  
and Valid
- b. Appropriate, Reliable,  
and Valid
- c. Somewhat Appropriate, Reliable,  
and Valid
- d. Rarely Appropriate, Reliable  
and Valid
- e. Inappropriate, Unreliable, and Invalid

Comments

## Doctor of Physical Therapy Curriculum

### Year 1- Summer (7 weeks)

Course Number	Title	Credits
PHYT600	PT as a Profession	1
PHYT622	Clinical Gross Anatomy	6
PHYT641	Rounds I	1 P/F

### Year 1 - Fall

Course Number	Title	Credits
PHYT604	Functional Anatomy & Biomechanics	4
PHYT606	Research	3
PHYT624	Basic Evaluation Techniques	2
PHYT631	PT in the Acute Care Environment	4
PHYT635	Thermal Agents & Soft Tissue	2
PHYT642	Rounds II	1 P/F

### Year 1 - Winter

Course Number	Title	Credits
PHYT620	Educational Process in Community Health	1
PHYT632	Applied Physiology I	3
PHYT643	Rounds III	1 P/F
PHYT626	Advanced Regional Anatomy	Optional Elective

### Year 1 - Spring

Course Number	Title	Credits
PHYT623	Clinical Neuroscience	4
PHYT633	Applied Physiology II	3
PHYT634	Electrotherapy	4
PHYT644	Rounds IV	1 P/F
PHYT801	Medical Science I - General Medicine	3
<i>*PHYT821/822</i>	<i>Ortho or Geriatric Integ Experience</i>	<i>May be taken during this semester</i>

## Year 2 - Summer I (7 weeks)

Course Number	Title	Credits
PHYT608	Musculoskeletal Evaluation & Treatment	4
PHYT641	Rounds I	1 P/F
PHYT802	Medical Science II - Orthopedics	3

## Summer II (6 weeks)

Course Number	Title	Credits
PHYT831	Clinical Internship I - Acute Care	3 P/F

## Year 2 - Fall

Course Number	Title	Credits
PHYT642	Rounds II	1 P/F
PHYT803	Medical Science III - Neurology	3
PHYT804	Neurophysiologic Evaluation & Treatment	4
PHYT805	Rehabilitation	4
PHYT806	Geriatrics	3
*PHYT821/822	<i>Ortho or Geriatric Integ Experience</i>	<i>May be taken during this semester</i>

## Year 2 - Winter

Course Number	Title	Credits
PHYT643	Rounds III	1 P/F
PHYT807	Advanced Seminar	5
PHYT626	Advanced Regional Anatomy	Optional Elective
*PHYT821/822	<i>Ortho or Geriatric Integ Experience</i>	<i>May be taken during this semester</i>

## Year 2 - Spring

Course Number	Title	Credits
PHYT644	Rounds IV	1 P/F
PHYT808	Spine Management	4
PHYT809	Psychosocial Aspects of Health and Disease	4
PHYT810	Clinical Management and Administration	2
*PHYT821/822	Ortho or Geriatric Integ Experience	May be taken during this semester

## Year 3 - Summer (7 weeks)

Course Number	Title	Credits
PHYT641	Rounds I	1 P/F
PHYT811	Pediatrics	4
PHYT812	Pediatrics Integrated Clinical Experience	1 P/F

## Year 3 - Fall

Course Number	Title	Credits
PHYT832	Clinical Internships II - Rehabilitation	3 P/F
PHYT833	Clinical Internships III - Elective	3 P/F

\*In addition, students are required to take the following courses for one semester either the Spring of Year I or Fall, Winter or Spring of Year II.

Course Number	Title	Credits
PHYT821	Orthopedic Integrated Clinical Experience	3 P/F
PHYT822	Geriatric Integrated Clinical Experience	3 P/F

## Doctor of Physical Therapy Course Descriptions

**PHYT600 - PT as a Profession: (1)**

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

**PHYT604 - Functional Anatomy & Biomechanics: (4)**

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

**PHYT606 - Research Methods: (3)**

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

**PHYT608 - Musculoskeletal Evaluation & Treatment: (4)**

In-depth analysis of evaluation and treatment strategies of spinal and extremity joints, muscles and connective tissue. Emphasizes research on the physiological basis of immobilization and remobilization. The diagnoses, prognosis, treatment, consultation and basis for referral of orthopedic and musculoskeletal disorders is examined.

**PHYT620-Educational Process in Community Health: (1)**

Focuses on the learning/teaching process as defined in the Guide to Physical Therapy Practice for application to the teaching roles of the health professional.

**PHYT622 - Clinical Gross Anatomy: (6)**

Emphasis on structural and functional aspects of regions of body under study by means of human cadaver, bones, surface anatomy, lectures, computer technology and demonstrations. Clinical significance of anatomical structures is stressed.

**PHYT623 - Clinical Neuroscience: (4)**

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

**PHYT624 - Basic Evaluation Techniques: (2)**

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

**PHYT631 - Physical Therapy in the Acute Care Environment: (4)**

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

**PHYT632 - Applied Physiology I: (3)**

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

**PHYT633 - Applied Physiology II: (3)**

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

**PHYT634 - Physical Agents and Electrotherapy : (4)**

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

**PHYT635 - Thermal Agents & Soft Tissue (2)**

**PHYT641 - Rounds I : (1)**

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

**PHYT642 - Rounds II: (1)**

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

**PHYT643 - Rounds III: (1)**

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

**PHYT644 - Rounds IV: (1)**

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

**PHYT801 - Medical Science - General Medicine: (3)**

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

**PHYT802 - Medical Science II - Orthopedics: (3)**

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

**PHYT803** - Medical Science III - Neurology: (3)  
Lectures of basic principles of neurology throughout the lifespan. Emphasis placed on medical principles related to diseases most frequently encountered in physical therapy practice.

**PHYT804** - Neurophysiologic Evaluation and Treatment: (4)  
Basic evaluation and treatment methods for managing patients with neurological dysfunctions. Analysis of these methods in light of current issues and theories of motor control, motor learning and neurobehavioral plasticity. Emphasis on learning strategies for treatment rather than through details of specific approaches.

**PHYT805** - Rehabilitation: (4)  
Advanced instruction in the theory, research and clinical skills necessary for the comprehensive management of clients in a rehabilitation setting with an emphasis on building evidence-based program plans.

**PHYT806** - Geriatrics: (3)  
The personal-social, biological, socioeconomic and physiological factors accompanying the aging process will be examined and their impact on physical therapy intervention explored.

**PHYT807** - Advanced Seminar: (5)  
Lectures pursue various topics in greater depth and develop advanced clinical skills. Topics include wound care, hand therapy, women's health issues, vestibular rehabilitation and aquatic therapy.

**PHYT808** - Spine Management: (4)  
Discusses the biomechanics, pathophysiology, and disability associated with spine pain and dysfunction. Includes an understanding of the role of the physical therapy evaluation in the determination and implementation of physical therapy interventions.

**PHYT809** - Psychosocial Aspect of Health and Disease: (4)  
Discusses the psychosocial characteristics of patient populations and therapists that impact on the rehabilitation process. Death and dying, social implications of illness diagnosis and other topics are discussed.

**PHYT810** - Clinical Management: (2)  
Discusses concepts of administration and issues in the management of hospital clinics, private practice and consultative ventures. Students introduced to current trends in billing and reimbursement strategies being used by clinicians.

**PHYT811** - Pediatrics: (4)  
Instruction in the theory, research and clinical skills necessary for the comprehensive management of pediatric clients and their families. Emphasis on the incorporation of modern developmental science into evidence-based program plans.

**PHYT812** - Pediatrics Integrated Clinical Experience: (1)  
Mentored clinical experience in pediatric health care facilities.

**PHYT821** - Orthopedic Integrated Clinical Experience: (3)  
Mentored clinical experience in University of Delaware Physical Therapy Clinic. Emphasis is orthopedic with some exposure to outpatients with other diagnoses. All students participate in this experience for one semester.

**PHYT822** - Geriatric Integrated Clinical Experience: (3)  
Student participation in local physical therapy settings evaluating and treating geriatric clients under the supervision of a licensed physical therapist. All students participate in this experience for one semester.

**PHYT831** - Clinical Internship I - Acute Care: (3)  
A six-week, full-time clinical experience in an acute care hospital setting. Students directly participate in all aspects of patient care under the supervision of a licensed physical therapist. Students involved in all aspects of patient care including, but not limited to, evaluation, treatment, patient and family education, charting, billing, and discharge planning.

**PHYT832** - Clinical Internship II - Rehabilitation: (3)  
An eight-week, full-time clinical experience in a rehabilitation setting. Students participate in direct patient care under the supervision of a licensed physical therapist. Students involved in all aspects of patient care including, but not limited to, evaluation, treatment, patient and family education, charting, billing, team conferences with related disciplines, and discharge planning.

**PHYT833** - Clinical Internship III - Elective: (3)  
An eight-week, full-time clinical experience under the supervision of a licensed physical therapist. Students may choose the type of experience they desire. Types available include acute care, orthopedics, rehabilitation or a specialty area.

