

College of Health Professions

Clinical Education Manual

Department of Rehabilitation Sciences

Physical Therapy Division

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Section I: Mission and Objectives / Outcomes

Program Mission

The mission of the Doctor of Physical Therapy program is to prepare evidence-based, ethical, inclusive, and compassionate entry-level physical therapists with a diversity of backgrounds and experiences. The program seeks to improve the human experience for the citizens of South Carolina and beyond by emphasizing promotion of health, prevention of disease and injury, and the optimization of movement.

Program Goals

The goals of the Doctorate of Physical Therapy Program are to:

- Recruit, educate, and graduate a student population of diverse backgrounds and experiences.
- Prepare evidence-based, ethical, inclusive, and compassionate students.
- Provide a curriculum to emphasize promotion of health, prevention of disease and injury, and the optimization of movement.
- Prepare students to work interprofessionally to improve the health outcomes and human experience of individuals in SC and beyond.

Program Objectives/Outcomes

Toward these goals, the Doctorate of Physical Therapy Program will:

- Increase applications, admissions, and enrollment of underrepresented students to reflect Health care needs of the state of SC and beyond.
- Achieve 100 percent pass rate for licensure examinations and 100 percent employment.
- Develop a curriculum to meet CAPTE accreditation criteria and consistently evaluate via cumulative assessment (didactic and practical), student surveys, and faculty retreats.
- Obtain and evaluate program feedback from faculty, graduates, therapists' employers, and clinical partners (from surveys, feedback from Director's Advisory Board, and Curriculum Committee meetings and retreats) in development of didactic and clinical training to reflect interprofessionalism, and contemporary practice.

Student Goals & Objectives / Outcomes

Student Goals

The student goals are that each student will:

- Perform effective patient/client management through the determination of physical therapy needs of any individual, designing a plan of care that synthesizes best available evidence and individual preferences, implementing safe and effective interventions, and determining efficacy of outcomes.
- Demonstrate professional behavior that is ethical, inclusive, compassionate, and interprofessional in the communication and delivery of services.

- Conduct independent practice with respect to established institutional, state, federal, and professional standards.
- Become life-long learners and leaders in the use of research and clinical evidence to expand knowledge and become influential change agents for health care delivery.

Student Objectives/Outcomes

Upon graduation, all DPT students will:

- Demonstrate potential for effective patient/client management by scoring at least entry level on each component of the Clinical Practicum-4 CPI and receiving a 100 percent first-time pass rate on the OSCE assessment.
- Demonstrate professional behavior by achieving a 100 percent first-time pass rate on the OSCE assessment; passing all practical assessments in laboratory coursework; and by scoring at least entry level on each component of Clinical Practicum 4 CPI.
- Demonstrate potential for independent practice by achieving a 100 percent first-time pass rate on the OSCE assessment; achieving a 100 percent first-time pass rate on the comprehensive DPT examination; and by achieving a 100 percent first-time pass rate on the NPTE licensure exam. In addition, work performance will be qualitatively evaluated via graduate and employer surveys.
- Demonstrate professional development and consistency with preparation for engagement in life-long learning and leadership. We will monitor the number of students involved with leadership activities while in the program (e.g. Division, College, and University leadership). Upon graduation, we will monitor the percentage of graduates who plan to pursue residencies, fellowships, clinical specializations, and professional organization involvement.

Doctor of Physical Therapy | Curriculum

<https://education.musc.edu/students/enrollment/bulletin/colleges-and-degrees/health-professions/doctor-of-physical-therapy/curriculum>

Section II: The Clinical Education Program and Policies

Clinical Education Policies

Roles of the Director and Assistant Directors of Clinical Education (DCE) With Administrative Support

The Director and Assistant Directors of Clinical Education

- Plans, implements, and refines the academic clinical education component in collaboration with the academic faculty, clinical instructors, and students.
- Communicates and coordinates the flow of information between the affiliated sites and the academic institution.
- Maintains updated clinical education files on contracted facilities which may include contracts, Clinical Site Information Forms (CSIF), and student evaluations.

- Maintains student clinical education files including clinical performance evaluations, necessary paperwork for clinical affiliations, and the student clinical information sheet (for up to date contact information while on affiliations).
- Coordinates the preparation, assignment, and supervision of students during clinical experiences.
- Communicates with clinical education faculty and students before, during, and after clinical education experiences.
- Provides or coordinates counseling and remedial intervention on an as needed basis.
- Recruits and develops new clinical sites on an as needed basis.
- Assists clinical faculty development.
- Assigns final grade for each clinical education experience.
- Coordinates clinical site visits.

Role of the Site Coordinator of Clinical Education (SCCE)

[APTA Reference Manual for SCCE](#)

The Site Coordinator of Clinical Education

- Administers the facility's clinical education program.
- Coordinates assignments and activities of students at clinical education sites.
- Selects qualified clinical instructors (CI) for student assignment.
- Distributes information about the curriculum, evaluation materials, clinical education experience objectives, and student packet information to the appropriate CIs.
- Maintains current **APTA Clinical Site Information Form (CSIF)**.
- Communicates with the DCE, CI, and student.
- Educates and develops CIs skills as needed
- Assists CI in developing instructional strategies for each student experience.
- Assists CI in alternatives for remedial instruction for students as needed.
- Assists CI in evaluating the student as needed.
- Contacts the academic institution regarding any student who is having difficulties that may result in the student failing the experience as soon as possible.

Role of Clinical Instructor (CI)

The Clinical Instructor

- Is licensed physical therapist employed or contracted with an affiliating clinical site with at least a minimum of one year experience.
- Plans and provides effective clinical instruction to the student.
- Demonstrates clinical competence.
- Provides legal and ethical clinical practice and billing.
- Reviews MUSC student packet prior to the student's arrival.
- Discusses clinical education objectives, the student's personal objectives and the method of supervision and communication with the student during the first day(s) of the clinical experience.
- Modifies supervision, communication, and objective needs during the course of the clinical experience.

- Communicates daily with the student to provide feedback as needed to assist the student in meeting personal and academic objectives at midterm and final assessments.
- Performs midterm and final evaluations using the APTA Clinical Performance Instrument (CPI) on a timely basis and reviews personal goals.
- Communicates with the SCCE and DCE as needed.
- Contacts the academic institution and SCCE regarding any student who is having difficulties that may result in the student failing the experience as soon as possible.
- Interest in completing the [Credentialed Clinical Instructor Program](#) (CCIP) is preferred

Role of the Student

Once assigned to a clinical facility the student responsibilities include:

Initial Contact

The student is instructed to contact the facility six to eight weeks prior to the clinical experience. The student should introduce him/herself and request information as needed. This may include expected populations and protocol preparation, housing information, work schedules, special learning experiences (if this has been previously discussed with the DCE), etc. Students are aware that facilities may be unable to accommodate special learning experiences.

Work Schedule

The student is instructed to follow the work schedule established by the clinical facility. The student is also reminded that proper etiquette includes recognizing opportunities to help his/her CI and/or other staff members, and avoiding requests for special schedule accommodations.

Additional opportunities for learning may occur during the evening or weekends. These activities may be an integral part of the clinical experience; thus, the student should be aware of this when he/she selects the clinical facility. The academic institution does not require the student to work on a weekend; however, the facility may require this as part of the clinical experience.

Attendance

The student is expected to be present every day during their clinical experience (refer to the [Core Requirements](#) section of the Course Syllabus for additional details and information). The CI/SCCE may determine whether the student should make up any lost days based on the student's performance. If the student is out for more than two days, the school should be contacted to assist with formulation of a plan for making up missed time/educational opportunities.

Holidays

If the clinical facility is closed for a holiday that occurs during the clinical experience, the student is not expected to make up that day. The student is expected to be present if the facility is open. During CP3, the student has 5 days built into their clinical. These 5 days

are put in place due to the holidays that typically occur during this time. This is not 5 additional days if the clinic has off for the holidays.

Inclement Weather

Students are expected to be present if the clinical facility remains open for business during inclement weather, please check with your Clinical Instructor to determine if, and when, you are to arrive. However, if your facility is in an area impacted by inclement weather, you should contact your Clinical Instructor and the MUSC DCE to determine whether you are expected to be there. If inclement weather curtails facility operations, students may need to make up time missed, and this too should be arranged with your CI and the DCE.

Dress Code

The Division of Physical Therapy Education recognizes that dress codes may vary widely among clinical facilities. Therefore, the students are expected to abide by the dress code of that facility, rather than one established at the school; however, the following guidelines should apply in any setting:

- Dress is always expected to be neat and clean, and should be comfortable and non-restrictive.
- A student name tag is required when in the clinic or when performing related duties.
- Shoes should be closed toed for student protection. Hosiery or socks should be worn.
- Jewelry should be kept to a minimum.
- A watch with a second hand or one that displays the seconds is desired.
- Hair should be neat and clean and, should not interfere with the performance of patient care activities.
- Conservative make-up is appropriate for the clinic.
- Perfumes or aftershaves should not be worn, as these may be objectionable to some patients/co-workers.
- Fingernails should be short and polish should be neutral or clear.

Professional Conduct

The students are expected to demonstrate professional behavior at all times. The following behaviors are essential in all clinical settings:

- It is the student's responsibility to seek additional information in order to comply with the departmental policies and procedures if that information is not covered in orientation. Such policies may concern lunch breaks, department hours, dress code, and smoking regulations.
- The student will not chew gum or eat while treating patients.
- The student is responsible for preserving privacy, dignity, and safety of all people, including patients, patients' families or caregivers, clinical faculty, and support staff.
- The student must respect patient confidentiality. Patient records or identifying information does not leave the facility. Information related to any patient's condition should never be discussed with individuals not involved with the care of that patient. Any patient information for case studies or research should contain no identifying information.
- The student is expected to adhere to ethical standards of practice.
- The student should never accept any gratuities offered by patients.

- The student must be discreet when asking questions in front of the patient, especially related to prognosis.
- The student is expected to display common courtesy at all times. Tactful communication is essential to the development of good interpersonal relationships with the CI, patients, physicians, and peers.

Patient Rights

Patients have the right to refuse treatment from a student physical therapist.

Clinical Reasoning Project

During the first clinical experience, Clinical Practicum (CP) I, students are required to participate in an orthopedic clinical reasoning project. This will be reviewed with the CI and will be submitted to the DCE or ADCE for grading. An oral presentation related to evaluation and treatment management for the selective patient will occur when the student returns to campus.

HIPAA Guidelines

Per HIPAA guidelines, students cannot report the following information in clinical or didactic assignments (such as case study presentations):

- Name
- Location: includes anything smaller than a state, such as street address
- Dates: all, including date of birth, admission/discharge dates
- Telephone numbers, fax numbers, e-mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate and/or license numbers
- Vehicle identification numbers and license plate numbers
- Device identifiers and their serial numbers
- Web universal resource locators (URLs)
- Internet protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code

For written reports, the following information can be shared:

- Age (age 90+ must be aggregated to prevent identification of older individuals)
- Race
- Ethnicity
- Marital status
- Codes (a random code may be used to link cases, if the code does not contain, or be a derivative of, the person's social security number, date of birth, phone/fax numbers, etc.)

In-service/Case Reports

Each student is required to present an in-service (or perform a research project) to the physical therapy staff during CP II, III, and IV. The in-service may be any topic related to physical therapy that is mutually agreed upon by the student and the CI.

Self-Evaluation

Students are required to complete the MUSC Weekly Planning form the first half of the clinical experience. Students are also required to self-evaluate their performance during the clinical experience by completing the Clinical Performance Instrument (CPI) at midterm and final evaluation. The weekly planning form and CPI are shared with the CI to enhance the student's abilities for self-reflection. Additionally, any personal goals should be assessed for progress towards meeting those goals.

Evaluation of the Clinical Experience and Clinical Instruction

MUSC utilizes a school developed tool to assess the clinical experience and CI. The student is required to complete the evaluation at the conclusion of the experience. This should be shared with the CI and SCCE. The facility may require an additional evaluation form.

Social Networking Policy

Even with strong privacy settings, it is important that you avoid posts or photos about your clinical experiences. Here are some specifics:

- Do not ask your clinical instructor to “friend” you while on clinical practicums. This puts your instructor and yourself in an awkward situation with personal information about each other. If you mutually decide to do this after the clinical experience, this is your personal choice.
- Consider what you post on any social networking site. Many potential employers go to these sites to see what you have posted and often determine if they are interested in having you as an employee. Consider ‘googling’ your name to discover what is in cyberspace that others can see about you.
- Names of clinical sites, clinical instructors, comments, or criticism about sites or information about what is happening at sites are not appropriate on public social networking sites.
- Use your official MUSC e-mail address for all professional correspondence needed via e-mail for all clinical practicum related issues.
- If you have any posts that are even questionable, please remove them immediately.

COVID-19 Pandemic Considerations

As a result of attending clinical practicums, you may be exposed to and/or contract the COVID-19 virus. You should perform daily self-monitoring for COVID-19 symptoms. MUSC has provided a daily log or web application to track your symptoms. If COVID-19 symptoms are present, contact MUSC Virtual Urgent Care.

If you have had a potential exposure to the COVID-19 virus:

- Notify your Clinical Instructor and the MUSC DCE immediately. Follow all procedures outlined by your clinical site.
- If your clinical site does not have procedures in place, it is recommended that you follow the CDC's Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.

If you test positive for the COVID-19 virus:

- You may not return to the clinic effective immediately.
- Notify your Clinical Instructor and the MUSC DCE immediately. Follow all procedures outlined by your clinic site.
- A quarantine could delay the completion of your clinical practicum. It is at the discretion of your clinical site if they have the capacity to extend your experience. If they are unable to extend your time, other arrangements will be made to ensure you obtain the minimum required 30 weeks of full-time clinical experience to meet the MUSC PT Program and CAPTE standards.

Your clinical facility site reserves the right to cancel your clinical experience at any time due to the risk of COVID-19.

Clinical Experience Process

The Assignment Process

The DCE will send clinic request forms to affiliating sites in early March of each year. The PT programs across the country have established this uniform date to make it easier for clinic sites in their planning of CI availability. The DCE will include specific guidelines concerning the types of patients and experiences desired for the students. The Site Coordinator of Clinical Education (SCCE) is requested to indicate which dates the site can accommodate a student.

Once the sites respond, a master list of available sites is posted for the students to review on CORE. The DCE allows the students to submit requests for preferences of sites. However, the assignments are made by the DCE depending on the students' clinical and personal needs. A lottery system/computer matching tool is also utilized for placements. If a site is not going to be utilized for a particular clinical experience, the DCE will notify the site as early as possible, to allow the site to accommodate another student.

Students should schedule at least one practicum outside the counties contiguous to campus (Charleston, Dorchester, Berkeley), but they may not all be within the same county; schedule one practicum in an inpatient setting (preferred acute care) and one practicum must be in a setting that provides opportunities to work with an under-served or rural population, this can be the same practicum, but is not necessarily the same. The student must ensure that the entirety of the clinical practicums reflect a breadth of experiences. The student may not schedule a clinical practicum in a facility that they have previously volunteered or worked. All students must attend all clinical education sessions.

Criteria for the Affiliation with Clinical Sites

The DCE maintains a comprehensive list of the clinical education facilities who have established an affiliation with the program / college. These sites meet the following criteria that are based on APTA recommendations:

The Facility Designates a Site Coordinator for Clinical Education (SCCE)

If the SCCE designated by the facility is not a physical therapist, that individual should perform the administrative components of clinical coordination with the program. When the SCCE is not a physical therapist, the Clinical Instructor (CI) should have a mentor or the personal qualifications that demonstrate experience and expertise in order to function without the support typically provided by a physical therapist SCCE.

- Adequate staffs are required to provide the student with a good clinical education experience. Ideally, the physical therapist(s), who serves as CI, practices on a full-time basis. If there is a single physical therapist at the facility, there must be a contingency plan for student supervision if the therapist is not available.
- The facility SCCE and CI's participate in ongoing communication during the planning and preparation of the experience as well as during the experience.
- The SCCE and the staff at the facility value the role of clinical education and clinical instruction in preparation of competent and ethical physical therapist professionals.
- Students receive frequent constructive feedback. Formative feedback occurs on a regular and as needed basis. Feedback about strengths and weakness provides the student with information about progress towards attainment of goals. Summative feedback includes the formal midterm and final evaluation used to assess student performance.
- The physical therapy service provides an active, stimulating environment for learning. Desirable characteristics include sound patient management, strong leadership within the department, and clinicians that incorporate current clinical evidence into daily practice.
- The clinical facility is designed to meet the objectives of the school, the physical therapy service, and the student. Attainment of these goals often requires flexibility from everyone involved.
- The clinical center experience provides a variety of learning experiences. Varied learning experiences may include surgery, case conferences, team meetings, community activities, and research.
- The clinical instructors practice legally and ethically. The clinicians at the facility adhere to state standards of practice and APTA code of ethics.
- The clinical facility is committed to equal opportunity and affirmative action.

The Center Does Not Discriminate on the Basis of Race, Creed, Color, Gender, Age, National or Ethnic Origin, Sexual Orientation, & Disability or Health Status

- Students are advised of the availability of support services. Essential support services include health care and emergency medical care at student expense, library facilities, and parking. Facilities that do not have Health care, emergency care or library facilities on site should have a plan for students to access such services in a timely manner. Other support services that facilitate preparation for the clinical experience and student learning experiences are assistance in locating adequate housing and computer access.

Students May Request Consideration for One Special Clinical Experience. The Student Should Request Sites that Meet MUSC Criteria. The DCE Examines the Quality of the

Experience from a Variety of Sources Before Beginning the Contract Process. Special Request Will Be Considered If:

- The request involves a special practice setting of a facility which currently affiliates with MUSC Division of PT.
- The facility represents a current area of need for the Division of Physical Therapy.

Students requesting a special clinical experience must submit a completed request form before January 31st of the first year for clinical practicum I and January 31st of the second year for clinical practicum II through IV. There is no guarantee that a clinical experience will result from such request. A maximum of five (5) special request sites will be accepted from one student for the one clinical practicum request, with one request accepted at a time. Once one request has been denied, then another can be made at the discretion of the DCE.

The Affiliation Agreement

The written affiliation agreement (contract) between the clinical education facility and the College describes the roles and responsibilities of MUSC College of Health Professions and the facility. The contract language is designed to safeguard all involved parties with respect to liability and to clarify the responsibilities of each party.

Prior to student assignment at a clinical facility, a current affiliation agreement, signed by the Dean of the College of Health Professions and the administrator or director of the facility, must be on file in the MUSC Department of Health Professions. The College agreement has been developed to adhere to the laws of South Carolina and the requirements of MUSC. When a clinical facility amends the agreement, or substitutes their own agreement, these changes must be forwarded to MUSC's Legal Department for approval. If approved, the contract is returned to the facility to obtain appropriate signatures. If changes are deemed necessary, our College will contact the facility to notify of necessary changes. The revised contract is sent to the facility to obtain signatures. A signed copy of the Agreement is kept on file with the Department of Health Professions, Clinical Education, and one is to be kept at the clinical facility.

All agreements are reviewed on a regular basis as specified in the document. Contract review dates and processes may be specified in the contract. Ongoing contracts are periodically reviewed by the Department of Health Professions, the Dean's office, and the DCE for continued pertinence of goals and the mission of the division.

Americans With Disabilities Act Requirements

The Medical University of South Carolina ("MUSC" or the "University") is committed to ensuring that no otherwise qualified individual with a disability is excluded from participation in, denied the benefits of, or subjected to discrimination in University programs or activities due to his or her disability. The university is fully committed to complying with all requirements of the Americans with Disabilities Act of 1990 and its amendments (the "ADA") and the Rehabilitation Act of 1973 ("Section 504") and to providing equal educational opportunities to otherwise qualified students with disabilities. Disability support services are available to otherwise qualified students with disabilities to ensure equal access to the University's programs and services. Services may include making academic and/or non-academic accommodations for students.

[Disability Related Accommodation Policy and Procedure](#)

Requirements Before the Clinical Experience Begins

The MUSC PT Education Division faculty are responsible for determining that the students are prepared, safe and demonstrate the appropriate skills and behaviors to progress to the clinical portion of the education program.

The Student Must

- Demonstrate appropriate professional behaviors as judged by the division faculty.
- Successfully complete the didactic coursework with a 3.0 cumulative GPA.
- Submit completed clinical documentation.
- Attend required clinical education seminars and clinical advising meetings.
- Successfully pass a written and practical comprehensive examination for CP II through IV.

When the Division Faculty Determines That a Student's Academic Performance Prior to the Clinical Experience is Indicative of Cognitive, Psychomotor or Affective Difficulties, the Following Should Occur

- The student, DCE, and faculty advisor will develop specific objectives provided to the CI.
- The student may be required to sign an agreement that waives the right to confidentiality to specific information of the individual's academic record in order to receive appropriate remediation during the clinical experience.
- The DCE will contact the SCCE with a verbal report that the previous steps have occurred. This information is considered confidential and should only be shared with the CI if determined necessary by the SCCE. Student permission will be requested and confidentiality will be respected.

Incident Reporting

The following is the recommended procedure to be followed if a student is involved in any incident that has potential professional liability or legal implications:

- The student should immediately notify the CI of the incident and follow the facilities procedures regarding reporting.
- The student should notify the DCE of the incident as soon as possible, following completion of the facilities procedures. The DCE should be provided with a written copy of the incident report.

The following is recommended protocol if the student has a workers' compensation claim.

- The student should immediately notify the CI of the incident and follow the facilities procedures regarding reporting.
- The student should notify the DCE of the incident as soon as possible, following completion of the facilities procedures. The DCE should be provided with a written copy of the incident report.
- The student should complete the [ACORD Form](#).

The following is recommended protocol if the student has a blood borne pathogen exposure.

- The student should immediately notify the CI of the incident and follow the facilities procedures regarding reporting.

- The student should notify the DCE of the incident as soon as possible, following completion of the facilities procedures. The DCE should be provided with a written copy of the incident report.
- The student should follow the Student Health blood borne pathogen [protocol](#).

Student Packets

Approximately four to six weeks prior to the first day of the practicum, the Clinical Education Team will email the student packet to the clinical facility / SCCE. The student will also retain a copy of the documentation. The documentation will include validation of:

- Liability Insurance: Each student is required to maintain malpractice insurance coverage. Student policies will indicate one million/ three million professional liability coverage.
- Medical Insurance: Each student is required to have proof of his/her own medical insurance policy.
- Worker's Compensation Insurance: A copy of the MUSC Worker's Compensation coverage is included.
- Measles Immunization: Students are required to show evidence of measles immunity or to have two doses of the measles vaccine prior to the beginning of their clinical affiliations.
- Rubella Immunization: Students are required to show evidence of rubella immunity or to have a rubella titer prior to beginning their clinical affiliations.
- Hepatitis B Immunization: Students are required to have the hepatitis B vaccine series completed prior to beginning their clinical affiliations.
- Tuberculosis Testing: Students are required to have a one-step Mantoux TB test each academic year. Students are responsible for determining if the specific clinical facility requires a two-step test.
- Influenza (flu) vaccine: Students are required to have a flu shot each academic year.
- Cardiopulmonary Resuscitation: Students are required to maintain current certification in American Heart Association BLS for Health Care Provider.
- Occupational Safety and Health Administration: The Medical University of South Carolina Hospital Risk Management Department provides students with a presentation on OSHA. Each student is required to have a certificate of participation.
- Health Information Portability and Accountability: The student will complete MUSC's computerized training program on HIPAA.
- Criminal Background Checks: A basic criminal background check is performed on all students upon their entry into the Physical Therapy division. An additional criminal background check will be conducted for any facility that requires a more in depth or recent check as a prerequisite. These criminal background checks may be obtained through the MUSC Department of Human Resources, or the specific facility.
- Drug Screening: Students are required to complete a 10-panel drug screen before the start of their first clinical experience.
- Syllabus: A copy of the appropriate syllabus will be included in the packet.
- Information Forms for the SCCE and CI: Each student is required to complete information forms for their SCCE and CI. These forms provide general information about the student, as well as student goals for the clinical experience.
- Forms: A copy of all the current forms can be accessed on the MUSC Division of Physical Therapy Clinical Education website.

Procedure When a Clinical Experience Is Discontinued

Student Medical or Family Emergency

The clinical experience may be discontinued if the student has a medical or significant family emergency that prohibits continuation of the clinical practicum. The plan to complete the clinical practicum will be determined by the DCE and Division Director with input from the CI, SCCE, and division faculty. The individual student reassignment will be based on the timing of the emergency and the student's historical performance (both clinically and academically). Completion of the clinical experience will be scheduled as soon as possible based on the nature of the emergency and availability of clinical reassignment.

Ethical or Legal Concern

The clinical experience may be discontinued if the CI or the student reports substantive concerns about safety, legal or ethical issues. The procedures to complete the clinical experience are:

- The DCE will advise the CI or student and investigate as deemed appropriate.
- The DCE will determine a course of action that is in the best interest of the student, the division, and the clinic.
- The student will be reassigned to a quality clinical facility in a timely manner. After careful consideration of all pertinent factors, the specifics of the reassignment will be determined by the DCE and the Division Director with input from the division faculty.

Unsafe or Unacceptable Student Performance

If a clinical faculty (CI or SCCE) identifies concerns about student performance, the following procedures will be followed:

- The DCE and/or division faculty will consult with the clinical faculty and the student. Outcomes of the meeting may include a learning contract or immediate termination of the clinical experience.
- The learning contract will include expected outcomes and requirements to improve his/her performance as specified above.
- The student will be removed from the clinical experience if behaviors are such that the CI deems patient safety is impaired, voices frustration, and unwillingness continue, or reports that the student's behavior is interfering with the CI's ability to meet professional responsibilities.
- If the experience is terminated, the division faculty will determine an appropriate plan of action.
- The SCCE at the next assigned facility will be informed of the general nature of the concerns about the student by the previous clinical facility.
- The student must revise goals for the next clinical rotation based on the areas of weakness identified at the unsuccessful clinic, and this information must be shared with the CI prior to the first day of the experience.
- Any cost associated with additional clinical time will be the student's responsibility. This may include but not limited to tuition, housing, etc.

Guidelines for the Clinical Instructor

The clinical education experiences transform the physical therapy student into a clinician. An enormous responsibility is thus placed on the clinical instructor (CI), because the clinical education process not only affects the student, but can ultimately impact the profession as well⁽¹⁾. Yet, clinicians are often asked to assume the role of CI with little or no preparation for the responsibility. Hopefully, the following guidelines will assist the CI when designing the clinical experience.

The first step in designing the clinical affiliation is to determine the competency for the experience. Competency is defined as skilled, complex performance. Furthermore, competency includes cognition, psychomotor, and affective behaviors ⁽²⁾. The desired competency for each clinical experience is usually specified by the education program but may be further defined by the clinical facility.

Objectives for the experience are determined next. The academic coordinator for clinical education (DCE) provides a list of general objectives from the education program for each clinical experience. In addition, the clinical facility may have objectives of its own. However, the student should also have input into the clinical objectives. These should be based on offerings of the clinical facility and the student's background and interest areas. Thus, honest self-assessment by the student of their strengths and weaknesses is important ⁽³⁾.

Learning experiences that allow the student to accomplish the objectives are then selected, organized, and implemented. These experiences should progress the student from observer to participant. Furthermore, they should allow the student to begin with simple and progress to more complex skills ^(1, 3). For example, patient care skills may begin with the development of treatment, and goal setting and the treatment progression and discharge planning. Communication skills can be developed by first stressing interaction with the CI and patients, then the health care team, and finally the physician ⁽¹⁾.

When designing learning experiences, the problem-solving process should also be incorporated because it is believed that people learn and retain more effectively when actively involved in the learning process. Thus the learner is allowed to discover relationships and explore alternatives. The steps in the problem-solving process are as follows: problem recognition and definition, problem analysis, data management, solution development, implementation, and evaluation of outcome ⁽²⁾.

Supervision is the final component of the clinical education experience. Feedback is usually provided on an ongoing basis in addition to mid-term and final evaluations. Students require close supervision initially, which may be followed by "coaching" before and after performance of a task, and then progress to more distant supervision as the student assumes more independence with patient management ^(1, 3, and 4). Although a strong knowledge base is important, communication, interpersonal, and teaching skills have been identified by students as being the qualities that are most desired in their CIs ⁽⁵⁾.

In conclusion, careful planning is required to ensure that the student achieves the desired competency by the end of their clinical experience. This involves determining objectives, selecting, and organizing learning experiences that incorporate a problem-solving approach, and providing feedback. Input from the student, the DCE and the SCCE is also helpful when designing the learning experience. Hopefully, these general guidelines will assist the CI to facilitate the transformation from student to clinician.

References

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Managing Problem Learning Situations

During the course of clinical education, the clinical instructor (CI) may encounter a student who has difficulty meeting the objectives of his/her clinical experience. Although this can happen at any time during the educational process, it occurs most often during the final full-time clinical experiences. Successful management of performance problems involves problem identification and analysis, development of goals, formulation of a plan for remediation, selection of a learning experience, and assessing progress towards goal achievement. The SCCE and the DCE can provide information and resources and offer support for the CI and the student, and thus should be involved in the problem-solving process.

Problem situations may first manifest themselves as a series of apparently unrelated, minor incidents. Careful documentation initiated early in the clinical experience may highlight performance problems and allow student learning to be redirected. Thus, the problems should be addressed as soon as they are recognized rather than waiting until midterm or final performance reporting. If these problems are related to any of the first five items in the Clinical Performance Instrument (red flag items), the DCE should be contacted as soon as possible.

Documentation of problem learning situations can be accomplished in several ways. A chronological diary of observations is one method for recording unsatisfactory performance. An anecdotal record, which includes the incident, the student's behavior, the CI's interpretation, signatures of the student and CI, and the student's comments, is another option. Performance problems and progress towards resolution must be addressed at midterm and final student evaluations.

Once a problem is identified and analyzed, goals and a plan for problem resolution must be determined. The student and the CI should develop the plan for remediation and goals jointly, with input from the SCCE and DCE as needed. In addition, minimal acceptance performance should also be specified. After the goals and performance level are determined, the CI designs a learning experience which will allow the student the best chance to achieve the established goals. The student and CI should meet at least weekly to discuss progress towards goal achievement.

If the student is still unable to demonstrate satisfactory performance, then the CI should specifically document the student problems on the final performance report. The DCE will then communicate this information to the faculty, who will meet to discuss the most appropriate course of action. A likely decision may be to require the student to repeat or extend one of his/her clinical experiences. If this does not provide the faculty with specific documentation of the student's problem, then the faculty cannot legally require the student to repeat the experience.

The cooperation and communication between the student, the CI, the SCCE, and the DCE are essential for successful management of performance problems. The clinical education "team" can collaborate on the development of goals and plans for correction of problems and establishment of expectations.

Clinical Site Visits

Clinical site visits promote good communication between the clinical facilities and the Physical Therapy Education Department, which is critical for a successful clinical education program. Unfortunately, teaching obligations and budgetary constraints prevent more frequent visits. The DCE welcomes phone or video conversations with the SCCE or CI's at any time, and the DCE or another MUSC Division of Physical Therapy faculty is generally available at all South Carolina American Physical Therapy chapter meetings, the Carolina Clinical Education Consortium workshops/meetings and at the many national APTA meetings.

If the clinical facility requests a site visit and there is adequate time and money available from the Program, the DCE will schedule a visit that is convenient with the facility.

Clinical site visits ideally provide the opportunity for an exchange of information and ideas between the clinical and academic faculty in areas of practice and education. Therefore, the following activities may be planned during a site visit:

- A tour of the department or facility to become familiar with the setting.
- An opportunity for the DCE to update the clinical faculty on curriculum or faculty changes in the Division of Physical Therapy and for the SCCE to update the school on changes at the clinical site.
- A review of the student's clinical performance with the clinical instructor.
- A discussion with the student about their clinical performance and experience.
- An opportunity to observe the student while providing patient care.
- An opportunity to provide feedback regarding student performance
- An opportunity to exchange information about topics related to clinical practice or to clinical education.

Clinical Faculty Rights and Privileges & Professional Development for Clinical Instructors

The SCCE and CIs are entitled to rights and privileges as a result of participation in the clinical education program. The privileges provided to the clinical faculty are primarily designed to promote continued professional development. Although privileges are somewhat limited, efforts for recognition of the importance of the clinical educators continue.

Clinical faculty have the opportunity to participate in Medical University of South Carolina's (MUSC) clinical faculty workshops, and in-service programs. Additionally, MUSC provides sponsorship to select clinicians for the APTA credentialed clinical instructor program. The MUSC DPT faculty are available for consultation on complex patient problems or research projects for clinical faculty. Electronic health medical videos which highlight clinical and research innovations are available via the [Medical Video Center](#).

Clinical faculty may be eligible for online access to the MUSC library. The MUSC library enables health professionals throughout South Carolina and beyond who precept students enrolled at the Medical University of South Carolina to obtain MUSC Library privileges, an MUSC Network Account, and access to other electronic information resources.

The leadership, guidance, and mentoring provided by each clinical faculty member is deeply appreciated by the faculty and students of the Medical University of South Carolina. Students nominate exceptional clinical education faculty for recognition as the Medical University of South Carolina's Clinical Instructor of the Year. The award is presented at the reception luncheon at the Carolina Clinical Education Consortium annual workshop.

[Carolina Clinical Education Consortium for Physical Therapy](#)

The Carolina Clinical Education Consortium (CCEC) is an organization with representation from the Academic Coordinators of Clinical Education of all the currently accredited educational programs for physical therapists and physical therapists assistants and facility representatives in North and South Carolina. The mission of the CCEC is to develop and implement educational opportunities for academic and clinical personnel engaged in clinical education. The CCEC is dedicated to providing programs for clinical educators that are designed to enhance communication, supervision, teaching, and evaluation skills needed for clinical education of physical therapy students. The CCEC intends to develop educational resources to assist our collective clinical faculty to continue to improve their clinical teaching abilities. The CCEC will facilitate communication between educational institutions and academic educators, concerning state, and national issues related to clinical education. The CCEC strives to acknowledge the important contribution made by our clinical faculty to the education of our physical therapy students.

The Consortium began in 1988 as a collaboration of the three physical therapy education programs in North Carolina, and has grown to now include both physical therapist and physical therapist assistant educational programs. The Consortium is directed by a chairman and a planning group (Board), consisting of the ACCEs from member academic institutions and six CCCEs, representing the clinical faculty. The work of the Consortium has resulted in the presentation of the clinical education conference in March of each year.

An institutional membership fee paid by each educational institution provides the basis for the continued education programs and other activities. By pooling resources, each educational program is able to offer annual educational programs. There is a great deal of overlap among clinical sites so joint planning among the educational institutions is a logical cost-effective mechanism to address important clinical education issues. More than 25 education consortiums in Physical Therapy have been developed across the country.

[Section III: Evaluation Forms](#)

[Student Evaluation Form](#)

The student is required to complete the [Physical Therapy Student Evaluation Clinical Experience and Instruction](#). This form modeled after the APTA form, includes CI information needed for accreditation as well as feedback for the CI and facility. The form is placed in MUSC files for students to review when selecting their placements.

[Student Evaluation Form: Clinical Performance Instrument](#)

The student's clinical performance is documented using the online [Clinical Performance Instrument \(CPI\)](#) of the American Physical Therapy Association. There is a required training that must be successfully completed prior to the use of this tool. Specific information about access to the training will be communicated prior to the start of the clinical practicum. Unique email addresses will be required for each clinical instructor for access to the CPI.

Specific requirements for each practicum can be found in the syllabus for the corresponding practicum. The Clinical Performance Instrument (CPI) documentation and midterm comments of the student and clinical instructor will be the primary sources for assessment of the student progress and proficiency in clinical practice. The CPI should be completed by the CI and student

at midterm and then again at the end of the practicum and will be discussed with the student. Any large discrepancies should be noted and discussed in more detail. After both the midterm and final assessment, the completed CPIs (both CI and student self-assessment) will be accessed online by the DCE. The course is graded as pass/fail and is determined by the DCE. The academic education faculty will determine appropriate action for students not at the appropriate level of competency at the end of the practicum, using feedback and input from the CI / CCCE.