Reference Manual For Site Coordinators of Clinical Education

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Letter to Site Coordinators of Clinical Education (SCCE)

Congratulations on becoming an SCCE. You already know how rewarding it can be to work with students; now you have taken on the responsibility of coordinating this experience for your co-workers. Whether you work in a large site with many therapists or a small practice with only a few co-workers, the basics are the same.

Here is a checklist to help you get started with the process of hosting students at your clinical Site:

- ☐ Identify the staff that are interested in taking a student; determine the CI: student ratio
- ☐ Identify the schools with which you are affiliated, or wish to affiliate with; don't forget that each school needs a clinical education agreement
- ☐ With a calendar plan when and how many students you can take for the year
- ☐ Prepare a student manual
- ☐ Prepare your staff for being a clinical instructor; consider the APTA Credentialed Clinical Instructor Program (CCIP)
- ☐ Confirm with the schools the number of students and dates
- ☐ Confirm with the staff the dates that have been selected and that they are available
- ☐ Contact the student and get them in touch with the CI
- ☐ Send the student the information about your site including: parking, hours, lodging if any, cafeteria, and any other things they need to know particular to your site

Time-line for the SCCE:

March to May

- ☐ March each year: receive requests from schools with which you affiliate
- ☐ Check for active and valid clinical education agreement
- ☐ Identify staff that wishes to have a student for the following year
- ☐ Plan the calendar for the following year
- ☐ March-May of each year: Send in commitment to the schools

May through January: After commitments are made and sent to DCE/ACCE

- ☐ Prepare CIs for their role
  - o In-service
  - o One-on-one training
  - o APTA CCIP course
- ☐ Prepare / update student handbook
- ☐ Prepare Orientation checklist for student

6 months before student scheduled

- ☐ Schools should supply SCCE with name of the student

6-8 weeks prior to student start date

- ☐ Student should contact SCCE/CI

☐ SCCE should send student particular information about site: location, public transportation, parking, dress code, hours, patient population, any suggestion of information for student to study, contact information

☐ SCCE speaks with CI for any questions or concerns

2 weeks prior to student start date

☐ Touch base with CI to make sure they have been in contact with student

☐ Coordinate who will give which part of the student orientation

Day of student arrival

☐ Welcome sign/note for student so staff can see it to remind staff of student's name

☐ Student orientation / tour of site, identification of role of CI, SCCE and the relationship with the school

On-going throughout each student's clinical experience

☐ Be present for questions

☐ Touch base with CI for progress, concerns

☐ Touch base separately with student for progress, concerns

Congratulations again and good luck on this journey in clinical education. We hope that this manual will help you and the clinicians you work with meet all of your clinical education goals.

Sincerely,

CESIG Leadership and Task Force

Definition of Terms

In 2014 stakeholders within physical therapy education came together for the 2014 Clinical Education Summit. Following this meeting 3 strategic initiative panels were formed to work on recommendations determined at the Summit: Common Terminology Panel, Integrated Clinical Experience Panel, and Student Readiness Panel.

A common theme discussed at the 2014 Summit was the need for a common language to be used by all stakeholders within PT Education. This would reduce the risk of confusion and allow efficient and effective communication between the academic and clinical settings. To meet this initiative, the Common Terminology Panel presented their recommendations for a glossary of terms to be used by all stakeholders during the Education Leadership Conference in 2017. A motion of the terms was presented to American Council of Physical Therapy Education (ACAPT) and adopted. You can obtain the full motion document of accepted terms at:
http://acapt.org/docs/default-source/motions/2017-Motions/common-terminology-motion.docx?sfvrsn=0

In addition, a supplemental glossary of terms that may be helpful to you as a SCCE is included in this manual. Some glossary terms have a hyperlink attached that you may use for additional information. Please note that some hyperlinks require APTA or Academy of Physical Therapy Education membership log in information for access.

Academic Faculty Special Interest Group (AFSIG): A special interest group within the Education Section of the APTA, serving as a resource for academic faculty. The AFSIG has general membership meetings twice a year at both the Education Leadership Conference and Combined Sections Meeting.
 http://aptaeducation.org/members/special-interest-group/academic-faculty-sig/index.cfm

Academy of Physical Therapy Education of the APTA: Section with the APTA devoted to the development of PT and PT assistant students. The education section has their own publication, the Journal of PT Education (JOPTE) that is available to section members through their website. https://aptaeducation.org/home-page.cfm

American Council of Academic Physical Therapy (ACAPT): A component of the APTA with the purpose to advance academic physical therapist (PT) education. Institutional membership is required for voting rights within ACAPT. www.acapt.org

Assistant Director of Clinical Education (ADCE): The appointed PT faculty member who assists the DCE in carrying out all aspects of the clinical education curriculum.

Clinical Education Consortium: A regional group of members including clinical education academic faculty, clinical faculty and/or other members who support the clinical education of students. The regional consortia advance physical therapy clinical education in their region and promote excellence in physical therapy through the partnership of its academic and clinical members. www.apta.org/ClinicalEducationConsortia

Clinical Education Site: An approved health care site that maintains a clinical education agreement (contract) with an academic institution to provide clinical experiences to students.

Clinical Education Special Interest Group (CESIG): The Clinical Education SIG shall serve as a resource and forum for individuals who have professional concerns for the coordination, implementation, and evaluation of clinical education for physical therapists and physical therapist assistants. This includes academic and clinical faculty.
 http://aptaeducation.org/members/special-interest-group/clinical-education-faculty-sig/index.cfm

Clinical Site Information Form (CSIF): A uniform document developed by the APTA that is completed by the SCCE to provide information about the clinical education site. Serves as an aide in selection and student placements. Used to assess the available learning experiences and opportunities for students. www.apta.org/CSIF

Credentialed Clinical Instructor Program (CCIP): An APTA course intended for health care providers who work primarily in a clinical setting designed to develop/advance teaching abilities when providing clinical instruction to students. The CCIP and Advanced CCIP (ACCIP) courses are both available to health care providers and course schedules can be found on the APTA website. www.apta.org/CCIP

Clinical Performance Instrument (CPI): A standardized online evaluation tool developed by the APTA to assess student performance a clinical experience. www.apta.org/PTCPI

Commission on Accreditation in Physical Therapy Education (CAPTE): Accrediting body of physical therapist (PT) and physical therapist assistant (PTA) education programs, as recognized by the US Department of Education as well as the Council for Higher Education Accreditation. www.capteonline.org/home.aspx

Education Leadership Conference (ELC): Education Section Sponsored Conference held every October. Conference participation is encouraged for both academic and clinical faculty. In addition, scholarships are available to clinicians/clinical faculty through the education section as well as various regional consortia for funds related to travel and registration at ELC. https://aptaeducation.org/events/

Education Leadership Partnership: A leadership committee including representatives from the APTA, Education Section of the APTA, and ACAPT whose purpose is to reduce unwarranted variation in PT and PTA education. www.apta.org/ELP

First Come First Served (FCFS): Some clinical facilities decide not to hold spots specifically for any physical therapy program. In this situation, the site may offer a FCFS clinical experience. Spots with these identified facilities are filled as stated- on a First Come First Served basis.

Physical Therapist Assistant Educator Special Interest Group (PTAESIG): A special interest group within the Education Section of the APTA, serving as a resource for both academic and clinical faculty in PTA programs. The PTAESIG has general membership meetings twice a year at both the Education Leadership Conference and Combined Sections Meeting. http://aptaeducation.org/members/special-interest-group/pta-educator-sig/

Scheduling of Students

- Planning
  - Decide upon the maximum number of students that your clinical site can accommodate at one time.
  - Decide on the number of students from each individual academic program that your clinical site would like to take each year.
  - Decide on supervisory ratio of student/clinical instructor (CI) preferences (1:1, 2:1, 3:1, etc). You can have more than one CI, but you need to have a primary CI for each student.
  - Determine how students will be assigned to CIs.
  - Avoid CI burnout:
    - Include CIs in the decision making
    - Give CIs breaks from students as needed
    - Give CIs students who vary in skill level
    - Encourage sharing of students; there should always be one primary CI
    - Be available as a resource and advocate
  - Use a monthly calendar (or other method) to map out clinical placements.
- Annual mailing from programs
  - Many programs follow the March 1st mailing date that was established by the Clinical Education Special Interest Group (CESIG) of the Education Section of the APTA established in 1999.
  - This mailing is for planning for the following year; more information regarding this date is available in Appendix A1.
  - Common form – in 2016 the CESIG developed a 'Common Form' for programs to use for the March 1st mailing so facilities would receive a similar form from each program to increase ease of use. Please see Appendix A2 and A3 for the form and a sample completed form.
  - Some programs use other data base systems (i.e. EXXAT, Acadaware) for scheduling.
  - Students should not be contacting facilities to set up a clinical experience. The CESIG has established a position on this and it is available in Appendix A4. If a student does this, please refer them back to their DCE.

Student On-boarding & Orientation (see checklist in Appendix A5)

- The SCCE should receive the name of the student 4-6 months before the start date from the academic program.
- The academic program or student should reach out to the clinical site 8-10 weeks prior to the start date to provide program and student information.
- The site should provide the following information to students prior to their arrival (see example letter to student at Appendix A6):

- General information about the site including a map of the site with directions (if needed)
- General information about the staff and CIs
- Most common patient diagnoses that the student will be exposed to during the clinical experience
- Name and contact information of the clinical instructor(s) the student will be paired with during the clinical experience
- Hours/schedule the student will be expected to follow in the clinical site
- Where and what time to arrive on day one of the clinical experience
- Required dress code
- Site parking
- Food storage/cafeteria at or near the site
- Phone number/email address of contact person for any questions

Clinical Education Agreements

- A legally binding document that will generally be reviewed and negotiated between legal counsel or other authorized individual(s) which must be in place prior to a student beginning a clinical experience.
- It is the responsibility of the clinical site, academic program, and student to be informed of the content of the agreement; all parties must read and remain in compliance with the conditions specified within the agreement.
- Either the academic program or the clinical site may initiate the agreement.
- General components of an agreement:
  - Purpose of the agreement
  - Objectives of the program and the clinical education site in establishing the agreement
  - The rights and responsibilities of the program and the clinical education site (including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students)
  - Procedures to be followed in reviewing, revising, and terminating the agreement.

Communication with Academic Programs and DCE/ACCE
- Maintain communication regarding availability of clinical experiences, scheduling of students, and site-specific requirements.
- Maintain communication with DCE, program faculty, CI, and student during the clinical experience.
- Provide regular feedback to the program about student performance and perceived strengths and weaknesses of the academic program.
- Provide regular assessment of the effectiveness of the DCE and program faculty involved in clinical education supervision.
- Introduce the new SCCE if/when changes are made.
- Complete and update the Clinical Site Information Form (CSIF). See additional resources.

Communication with Clinic Staff
- Communicate information to the staff when students are coming, who they will work with, how long they will be in the site, and any other pertinent information.
- Review guidelines/regulations specific to educating students in your clinical setting.
- Consider developing an annual report regarding clinical education to inform clinical staff at your site. It will also assist in updating the CSIF. Potential topics:
  - Clinical education agreement
  - Clinical education that occurred that year (e.g. # of students & CIs, summary of student clinical evaluations)
  - Number of APTA Credentialed CIs in the site

Communication with CI
- Provide the CI information about the student prior to student arrival so they can prepare for the clinical experience.
- Check-in with the CI and student early on, at midterm, and near the ends of the clinical experience.

Communication with Student
- Ensure orientation is completed at the beginning of the clinical experience.
- Discuss that you are a resource/guide during this clinical experience if needed.
- Provide expectations for clinical experience.
- Solicit feedback about clinical experience.

Communication with CI/Student
- Be an impartial third party during crucial conversations.
- Facilitate open dialogue.

General Staff Education

The SCCE can keep the staff informed of local, state and national clinical education opportunities. This can be done in staff meetings or by posting the information. It is helpful for the SCCE to be actively involved in clinical education special interest groups or consortia.

Consider contacting the ACCEs/DCEs to provide an in-service. They enjoy visiting clinics and helping clinicians have a better understanding of evaluation tools, learning styles, curriculum, expectations, and more. This provides an opportunity for the staff to meet the ACCE/DCE and strengthens the relationship between the clinical site and the academic program.

Tips For Preparing a Novice Clinician to Become a CI
- Create a binder with resources for the CI. Example of resources listed below.
- Have the clinician take a student for a day or during an integrated clinical experience (ICE).
- Pair the novice CI with a seasoned CI for a fulltime clinical experience.
- Review and discuss the clinical objectives for your clinical site and the objectives from the academic program.
- Support the CI throughout the clinical experience by providing feedback.
- Have the CI reflect on the clinical experience each week (what went well, what they would like to improve upon, goals for the next week).

Tips Prior to a Clinical Experience
- Find out the needs of CIs during the clinical experiences. For example, some CIs can remember when the midterm evaluation is due and can complete it on their own. Other CIs may need reminders.
- Discuss the SCCE role with the CIs and develop an effective working relationship. For example, it is helpful to decide how problem situations will be handled and when the CI feels they would like a third person (SCCE) to be involved.
- Some CIs may want to meet with the SCCE to discuss the teaching experience, brainstorm, problem solve, etc. It may be necessary to set time aside to meet.

Tips During a Clinical Experience
- Check-in/meet with the CI and student at the beginning, midterm, and final weeks of the clinical experience.
- Assist with challenging situations. Contact the ACCE/DCE to provide support and assistance.

Tips Following a Clinical Experience
- Review the CI and Site Evaluations completed by the student. These evaluations are a helpful teaching tool in the development of the education program and CIs.

- Meet with the CI to discuss the clinical experience and the feedback from the student and others.
- It is helpful to assess the strengths and weaknesses of CIs to enhance their teaching abilities. A check-off sheet detailing the specific teaching skills that you want to assess is a good way to meet this objective.
- Have the CI complete the APTA CI Self-Assessment and create a professional development plan.

Mentorship Resources
- The APTA Credentialed Clinical Instructor Program (CCIP) and Advanced Credentialed Clinical Instructor Program (ACCIP) are offered throughout the country and are an excellent opportunity for SCCEs and CIs to gain the expertise to design an effective learning environment. Refer to the additional resources for links to these programs.
- PT programs and consortia may sponsor additional clinical instructor training for the new and experienced CI. Contact your ACCE/DCE about upcoming programs.
- Research articles about effective clinical teaching (CI characteristics, communication & feedback):
  - Ozga KL, Kenyon LK, Engel AJ. Physical Therapist Students' Perceptions of Effective Clinical Instructor Behaviors: A Pilot Study. J Phys Ther Educ. 2016;30(4):35-43.
  - McCallum CA, Reed R, Bachman S. A Systematic Review of Physical Therapist Clinical Instructor Demographics and Key Characteristics: Impact on Student Clinical Education Experiences. J Phys Ther Educ. 2016;30(3):11-20.
  - Recker-Hughes C, Wetherbee E, Buccieri KM, Fitzpatrick-Timmerberg J, Stolfi AM. Essential characteristics of quality clinical education experiences: standards to facilitate student learning. J Phys Ther Educ. 2014;28(1):48–55.
  - Rindflish A, Hoversten K, Patterson B, Thomas L, Dunfee H. Students description of factors contributing to a meaningful clinical experience in entry-level physical therapist professional education. Work [serial online]. March 2013;44(3):265-274.
  - Buccieri KM, Pivko S, Olzenak DL. Development of an Expert Clinical Instructor: A theoretical Model for Clinical Teaching in Physical Therapy. J Phys Ther Educ. 2013;27(1):48-59.
  - Greenfield B, Bridges PH, Hoy S, Metzger R, Obuaya G, Resutek L. Exploring Experienced Clinical Instructors' Experiences in Physical Therapist Clinical Education: A Phenomenological Study. J Phys Ther Educ. 2012;26(3):40-47.
  - Buccieri KM, Pivko SE, Olzenak DL. How Does a Physical Therapist Acquire the Skills of an Expert Clinical Instructor? J Phys Ther Educ. 2011;25(2):17–23
  - Kelly S. The exemplary clinical instructor: a qualitative case study. J Phys Ther Educ. 2007;21(1):63–69.
  - Robert W Jarski, Kornelia Kulig, Ronald E Olson. Clinical Teaching in Physical Therapy: Student and Teacher Perceptions. Phys Ther.1990;70(3):173–178.

- Research articles about clinical reasoning/decision making & learning theories:
  - Atkinson HL, Nixon-Cave K. A Tool for Clinical Reasoning and Reflection Using the International Classification of Functioning, Disability and Health (ICF) Framework and Patient Management Model. Phys Ther. 2011;91(3):416–430.
  - Wainwright SF, Shepard KF, Harman BL, Stephens J. Factors That Influence the Clinical Decision Making of Novice and Experienced Physical Therapists. Phys Ther. 2011;91(1):87–101.
  - Patton N, Higg J, Smith M. Using theories of learning in workplaces to enhance physiotherapy clinical education. Phys Theor Pract. 2013;29(7):493-503.
  - Carraccio CL, Denson BJ, Nixon LJ, Derstine PL. From the Educational Bench to the Clinical Bedside: Translating the Dreyfus Developmental Model to the Learning of Clinical Skills. Acad Med. 2008;83(8):761-767.

Conflict Management for SCCEs

SCCEs frequently need to manage conflict that arises during clinical experiences. Both students and CIs may feel stressed, due to a variety of reasons, during a clinical experience, which can result in ineffective communication, and lead to a suboptimal clinical experience. Two strategies that can be used during conflict management are assertive communication and reflection.

Tips for effective communication:
- Identify who "owns" the problem.
- Paraphrase the student's words.
- Respond to the student's emotional state or feelings.
- Obtain clarification using open-ended questions.
- Listen, allowing time and possibly some awkward silence.
- Avoid judgment.
- Acknowledge any gender or cultural differences.
- Have a congruent, authentic response (what you say matches what you feel).
- Use "I" statements, such as "I feel frustrated when…" or "I feel confused…".
- Provide feedback, while being aware of non-verbal communication (eye-contact, facial expression, personal space between you and the student, tone of voice).

Tips for reflection:
- Keep a journal.
- Ask "why" questions to analyze the challenge.
- Recognize when the student was surprised or unprepared.
- List how the student reacted and what he/she felt.
- What could CI have done to have made the situation better?
- How did the CI make sense of the situation?
- What was good and bad about the situation?
- If this happens again, what can the CI/SCCE do differently?

There may be a need to facilitate a meeting to discuss the conflict. It is important to create the right atmosphere for these high stakes conversations. Generally, these conversations include stating the situation as you see it, how you feel about the situation, what is needed to correct the situation, and the consequences if there is not a resolution of the situation.

Adapted from Davis, CM, Musolino, GM. Patient Practitioner Interaction: An Experiential Manual for Developing the Art of Health Care, Sixth Edition. Thorofare, NJ: Slack Incorporated; 2016.

Tips for an Open, Respectful, and Supportive Conversation:
- Find a private location.
- State the purpose of the meeting.
- Encourage free flow of relevant information (objective observations, open & honest opinions & feelings) and view of the situation.
- Ensure understanding of differing perspectives/meanings of all involved.
- During the conversation, keep focused on the objective of the discussion. Do not get sidetracked into other topics.
- Keep conversation going by making it safe for others to share.
  - Ask to hear their opinion/thoughts/their "story".
  - Confirm their feelings by what you hear or observe.
  - Paraphrase what was said with active listening techniques.
- Control your emotions.
  - Focus on the end goal.
- Commit to a mutual purpose.
- Separate facts from the story.
  - Identify that there can be different points of view, and maintain that no ones view is wrong.
- Seek agreement on a clear action plan to improve the situation.

References:

Davis C, Musolino GM. Patient Practitioner Interaction: An Experiential Manual for Developing the Art of Health Care. 6th Edition. Thorofare, NJ: Slack Incorporated; 2016.
Patterson K, Grenny J, McMillan R, Switzler A. Crucial Conversations Tools for Talking When Stakes Are High. Second Edition.2012.

Introduction to Clinical Education Objectives

Generally, the PT /PTA school has a list of learning objectives that the student must achieve by the end of the clinical experience. Frequently, these are based on CPI criteria. Some clinical facilities have developed additional site-specific objectives which may be based on enhanced learning opportunities at their location (i.e. specialty clinics, observations, etc.).

Learning objectives fit into one of three domains (categories):
1. Cognitive, which covers knowledge of material
2. Psychomotor, which addresses performance of a skill
3. Affective, which includes (but is not limited to) professional behaviors and empathy

Below are some examples of objectives your site may decide to add to those already required by the school. Well written objectives need to be measurable and specific. Additionally, DCEs at your partnering institutions will be willing to assist you with writing site specific objectives. Please reach out as needed for assistance.

Sample Objectives for PT students
Cognitive Domain:
- Develop short and long-term goals
- Educate the patient/client in examination, evaluation, intervention, and plan of care
- Participate in re-examination and plan of care modification

Psychomotor Domain:
- Demonstrate ability to collect data from patient/client interview
- Collect objective data
- Accurately document patient/client encounters in a clear, concise manner
- Apply manual therapy techniques
- Apply therapeutic modalities
- Demonstrate efficient time management skills
- Educate patient/client and their caregivers in home exercise programs

Affective Domain:
- Demonstrate ability to build patient/client rapport
- Effectively communicate with patient/client, CI, and other health care professionals
- Interact with patients/clients in a culturally sensitive manner
- Demonstrate appropriate verbal and non-verbal communication techniques

Sample Objectives for PTA students
Cognitive Domain:
- Recognize when to inform PT of change in patient/client condition

Psychomotor Domain:
- Demonstrate ability to collect data from patient/client interview
- Collect objective data
- Explain and apply therapeutic modalities

- Accurately document patient/client care in clear, concise manner
- Teach home exercise programs to patient/client and their caregivers
- Administer manual therapy techniques

Affective Domain:
- Demonstrate ability to build patient/client rapport
- Demonstrate efficient time management skills
- Effectively communicate with patient/client, CI and other disciplines
- Communicate in a culturally sensitive manner

*Anticipate that most PT/PTA students during their first clinical experience will require moderate supervision and guidance to safely, effectively and consistently perform these objectives. During second and third clinical experiences, they should require less supervision and guidance. **Contact the DCE as soon as it appears that the student is not progressing.**

References:
A Normative Model of Physical Therapist Professional Education: Version 2004. American Physical Therapy Association, Alexandria, VA; 2004.

APTA Core Documents

The following references are provided by the APTA and available for members and non-members. Documents can be used to assist you as a SCCE and/or to refer CIs or students to while preparing for or during a clinical experience.

APTA Professionalism Documents: All documents can be found on the APTA website under "Professionalism". http://www.apta.org/Professionalism/
- *Professionalism: Physical Therapy Core Values*: Definitions and Sample Indicators of the core values approved by the APTA are listed.
www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Judicial_Legal/ProfessionalismCoreValues.pdf
- *APTA Core Values Self-Assessment*: A self-assessment resource that can be used to measure professionalism in PTs and PT students. www.apta.org/CoreValuesSelfAssessment
- *Values-Based Behaviors for the PTA*: Definitions and Sample Indicators of the values-based behaviors for the PTA as approved by the APTA BOD are listed.
www.apta.org/uploadedFiles/APTAorg/PTAs/Careers/Values/ValuesBasedBehaviorsforPTA.pdf
- *Values-Based Behaviors Self-Assessment*: A self-assessment resource that can be used to measure professionalism in PTAs and PTA students.
www.apta.org/uploadedFiles/APTAorg/PTAs/Careers/Values/VBB_SelfAssessment.doc

APTA Ethics Documents: All documents can be referenced on the APTA website under "Core Ethics Documents". http://www.apta.org/Ethics/Core/
- *Code of Ethics for the Physical Therapist*: Ethical obligations for all PTs are defined.
www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf
- *Guide for Professional Conduct*: Document used to assist in interpreting the "Code of Ethics for the Physical Therapist".
www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforProfessionalConduct.pdf
- *Standards of Ethical Conduct for the Physical Therapist Assistant*: Ethical obligations for all PTAs are defined.
www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/StandardsEthicalConductPTA.pdf
- *Guide for Conduct of the Physical Therapist Assistant*: Document used to assist in interpreting the "Code of Ethics for the Physical Therapist Assistant".
www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforConductofthePTA.pdf

Clinical Performance Instrument (CPI): http://www.apta.org/PTCPI/Web/
- *CPI Web Login*: https://cpi2.amsapps.com/user_session/new
- *CPI Training Course Quick Click Guide*: Detailed information on how to access the CPI web Training Course on the APTA Learning Center
www.apta.org/uploadedFiles/APTAorg/Educators/Assessments/PT_CPI/CPI_QuickStartGuide.pdf
- *PT CPI Training course on the APTA Learning Center:* Required for all new PT CIs and CPI users. http://learningcenter.apta.org/AdvancedSearch.aspx?KeyWord=CPI
- *PTA CPI Training Course on the APTA Learning Center:* Required for all new PTA CIs and CPI users. http://learningcenter.apta.org/AdvancedSearch.aspx?KeyWord=CPI
- *Anchor CPI Definitions*: (Appendix B4) Defined levels of clinical practice based on the CPI.

Clinical Site Information Form (CSIF):
- Basic CSIF information can be found at http://www.apta.org/CSIF/
- CSIF Web Login: https://csifweb.amsapps.com/user_session/new

APTA Clinical Instructor Training Courses:
- *Credentialed Clinical Instructor Program Information*: http://www.apta.org/CCIP/
- *Credentialed Clinical Instructor Course Schedule*:
http://www.apta.org/CCIP/BecomingaTrainer/CICredentialingCoursesSchedule/
- *Advanced Credentialed Clinical Instructor Course Schedule*:
http://www.apta.org/ACCIP/CourseSchedule/

Clinical Education Assessments:
- *PT Student Evaluation*: Clinical Experience and Clinical Instruction: An assessment that can be completed by PT students as part of the clinical experience course. Different academic institutions may have their own version of a similar evaluation, or use an evaluation developed by their database management system.
www.apta.org/uploadedFiles/APTAorg/Educators/Assessments/StudentPTEvaluationForm.doc
- *PTA Student Evaluation*: Clinical Experience and Clinical Instruction: An assessment that can be completed by PTA students as part of the clinical experience course. Different academic institutions may have their own version of a similar evaluation, or use an evaluation provided by their database management system.
www.apta.org/uploadedFiles/APTAorg/Educators/Assessments/StudentPTAEvaluationForm.doc
- *Guidelines and Self-Assessments for Clinical Education*: provides basic guidelines on how to create a quality clinical education program as well as provides individual assessments for CIs, SCCE's, and the clinical site. **APTA Members Only Content
www.apta.org/Educators/Assessments/ACCE/DCE/GuidelinesandAssessmentsforClinEd
- Additional clinical education assessment may be used by various PT/PTA programs. Please refer to the ACCE/DCE for additional information.

Appendix

A1: **The Clinical Education Special Interest Group Voluntary Uniform Mailing Date**

The Clinical Education Special Interest Group (CESIG) of the Education Section of the APTA serves the interests of individuals from academic programs and clinical facilities. The CESIG conducts meetings at the APTA national conferences in February and June.

The voluntary uniform mail-out date was implemented in 1999.
Background:
At the February 1998 CESIG meeting, both the Department of Education and the CESIG presented data from surveys of ACCEs and CCCEs. There was a discussion regarding the condition of clinical education and ways of easing the load for the CCCE. A motion was made to consider the concept of a voluntary uniform mailing date for requesting clinical slots. The motion included mailing dates of January 1 through January 15, the preferred dates noted in a poll conducted by the APTA Division of Education. Discussion indicated some schools might have difficulty with those dates, as many schools are not in session during that time and a window of dates could not be agreed to. The motion containing the January dates was defeated. A second motion was made "that we voluntarily agree to a date for a national mailing request for sites by PT and PTA programs". That motion was deferred until the Scientific Meeting and Exposition in June 1998. Clinical educators in the room were encouraged to return to their consortia, clinical facilities and academic program and discuss the motion. The group recognized the impact of establishing a set of voluntary mailing dates and understood that significant compromises would be necessary in order for all programs to eventually accept the dates.

During the June 1998 CESIG business meeting in Orlando, clinical education representatives from across the country reported widespread acceptance of the concept of a uniform mailing date. The motion deferred from the February meeting "that we voluntarily agree to a date for a national mailing request for sites by PT and PTA programs" was passed unanimously.

In 2009, results of a similar survey of clinical educators indicated a strong preference to continue with the March Uniform Mailing Date between March 1 and 15 with a requested return date of April 30. The requests for slots should be for the following calendar year only.

Recent discussions among CESIG members indicate CCCEs are receiving requests and awarding placements when a clinical education course extends into the subsequent year. This is associated with longer terminal internship periods during the academic calendar that typically spans two calendar years.

In 2015, outcomes of another similar survey of clinical educators verified continued preference for the uniform March mailing date and for the requests to be for the following calendar year as noted above.

Another outcome of the survey was a strong preference for a common form for programs to use when sending out their requests. A task force developed a common form based upon sample forms received and this was unveiled at the CESIG Business meeting at CSM in 2016. A handful of programs did use this form for their March 1st mailing requesting slots for 2017. Follow-up at ELC 2016 was positive concerning use of the form.

Updated January 2017 Available at http://aptaeducation.org/members/special-interest-group/clinical-education-faculty-sig/pdfs/CESIG%20Update%20on%20Voluntary%20Uniform%20Mailing%20Date.pdf

A2: CESIG Common Request Form Blank Template for March 1 Mailing

http://aptaeducation.org/members/special-interest-group/clinical-education-faculty-sig/pdfs/CE SIG common request form 2016 - completed example.docx **Must copy and paste entire link for access

---

University PT/PTA Program

Emblem Here

100 University Way　　　　　　**Sally Jones PT DCE**

PT Building　　　　Phone- 567-345-6789　　Fax 321-678-9999

Orlando, FL 32806　　　　E-mail -sally.jones@university.edu

Facility
Name_____　　City_____　　State_____

◯No Change In Contact Information　　　　CCCE_____

If you are accepting students in multiple settings please write in the number next to the setting (ie Acute care 1, SNF 2 Total Students=3)

Clinical Experience Number	Notes from School	Dates	Number of Weeks	Setting (Circle all that apply)	Experience Type (Circle all that apply)	Total Number of Students
				Acute Care Rehab SNF Home Health Outpatient Other_____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other_____	
				Acute Care Rehab SNF Home Health Outpatient Other_____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other_____	
				Acute Care Rehab SNF Home Health Outpatient Other_____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other_____	
				Acute Care Rehab SNF Home Health Outpatient Other_____	Orthopedic Cardiopulmonary Neuromuscular Pediatrics Integumentary Other_____	

◯Reserved for University Students　　　　◯First Come- First Serve　　　◯Application Required　　◯Interview Required

◯No opening contact us in the future　　　　◯Contact us closer to the date　　　◯No openings do not contact us in future

CCCE (or person completing form)_____　　Date_____

Please complete and return via e-mail/fax/ mail to Sally Jones DPT, DCE by April 30th 2016

A3: **CESIG Common Request Form March 1 Mailing Completed Example**

http://aptaeducation.org/members/special-interest-group/clinical-education-faculty-sig/pdfs/CE SIG common request form 2016.docx **Must copy and paste entire link for access

University of Central Florida

100 University Way   **Sally Jones PT DCE**

PT Building   Phone- 567-345-6789   Fax 321-678-9999

Orlando, FL 32806   E-mail -sally.jones@university.edu

Facility Name Orlando Regional Medical Center   **City Orlando**   **State FL**

◯X **No Change In Contact Information**   **CCCE Jamie Dyson PT, DPT**

If you are accepting students in multiple settings please write in the number next to the setting (ie Acute care 1, SNF 2 Total Students=3)

Clinical Experience Number	Notes from School	Dates	Number of Weeks	Setting (*Circle all that apply*)	Experience Type (*Circle all that apply*)	Total Number of Students
1	Students have not completed neuro/peds	9/5-10/14/2016	6	(1) (Acute Care) Rehab SNF Home Health Outpatient Other_____	(1) (Orthopedic) Cardiopulmonary Neuromuscular Integumentary Pediatrics Other_____	1
2	Core Education Complete	10/17-12/9/2016	8	(2) (Acute Care) Rehab SNF Home Health Outpatient Other_____	Orthopedic (1)(Cardiopulmonary) (1)(Neuromuscular) Integumentary Pediatrics Other_____	2
3	Core education Complete	1/4-2/26/2016	8	(1)(Acute Care) Rehab SNF Home Health (1)(Outpatient) Other__split____	(2)(Orthopedic) Cardiopulmonary Neuromuscular Integumentary Pediatrics Other_____	2
4	Terminal Rotation	2/29-5/6/2016	10	(1)(Acute Care) Rehab SNF Home Health Outpatient Other_____	Orthopedic Cardiopulmonary (1)(Neuromuscular) Integumentary Pediatrics Other_____	1

◯X **Reserved for University Students**   ◯**First Come- First Serve**   ◯**Application Required**   ◯**Interview Required**

◯**No opening contact us in the future**   ◯**Contact us closer to the date**   ◯**No openings do not contact us in future**

CCCE (or person completing form)___Jamie Dyson PT, DPT   **Date 1/8/2016**

Please complete and return via e-mail/fax/ mail to Sally Jones DPT, DCE by April 30th 2016

A4: **Students Contacting Clinical Sites to Request Clinical Experiences**

POSITION STATEMENT: Students Contacting Clinical Sites to Request Clinical Experiences
posted: March 03, 2017

The Clinical Education Special Interest Group
Students Contacting Clinical Sites to Request Clinical Experiences

The Clinical Education Special Interest Group (CESIG) of the Education Section of the APTA serves the interests of individuals from academic programs and clinical facilities. The CESIG conducts meetings at CSM in February and at ELC in October.

At the October 2016 CESIG meeting there was discussion amongst members related to students contacting clinical sites requesting clinical experiences and the challenges this presents. During this meeting in Phoenix, clinical education representatives from across the country reported widespread acceptance of the position that students would be instructed to not contact clinical sites requesting clinical experiences. The request for clinical placements is to come from DCEs/ACCEs. This position is for accredited and developing physical therapy and physical therapist assistant programs.

http://aptaeducation.org/?qvd7ii

A5: **Sample Introduction Letter/Email to student**

Re: Clinical experience at "Site Name"

Dear:

This letter is to provide you with some information prior to your clinical experience starting on

Our site has had an established clinical education program since 1992. We have 10 physical therapists employed at this clinical site. You will be paired with, one or two therapist(s) and you may have the opportunity to work with various staff members while at our site. Three therapists at this site have received APTA Clinical Instructor Credentialing. Please see the below details for your upcoming clinical experience:

Our site has had an established clinical education program since 1992. We have 10 physical therapists employed at this clinical site. You will be paired with, one or two therapist(s) and you may have the opportunity to work with various staff members while at our site. Three therapists at this site have received APTA Clinical Instructor Credentialing. Please see the below details for your upcoming clinical experience:

CI (s) Name: CI (s) Email:
CI (s) Phone Number: Clinic Phone Number:

Your schedule:
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

I have enclosed information about our location, parking, dress code, etc. You will need to wear a name tag. I would encourage you to bring lunch. Kitchen facilities are available. There is a cafeteria available to buy food.

Please complete the enclosed Learning Style Inventory and return it to this clinic on or before the first day of your clinical experience.

You may want to bring your notes regarding treatment of patients/clients with spine, knee, shoulder and ankle conditions. You may have patients with conditions in other areas but these are the most common injury sites that we generally manage.

If you have any questions or concerns, please call me at   or e-mail me at   . We look forward to meeting you and working with you.

Sincerely,

SCCE Name, PT, SCCE

A6: **Orientation Checklist**

"Site Name"
PT/PTA STUDENT ORIENTATION

Student Name:
Date of Orientation:

☐ Initial Introduction: Letter is sent to student(s) including clinical site information, student responsibilities, and learning style inventory. Copy of the letter is in the student file. Date Sent:

First Day of Clinical Experience

☐ Tour of Site

☐ Orientation to clinic: general review of equipment, supplies, and workspace

☐ Assign personal/professional space use areas

☐ Emergency procedures of the clinical site/hospital reviewed

☐ Student Clinical Education Manual is shown to the student Discussion of Learning

☐ Conflict Resolution Procedures

☐ Site Confidentiality Policies

Objectives and Responsibilities Reviewed:

    Learning Objectives: ☐ Program objectives (CPI/Blue Macs/Alternative tool)

                                      ☐ Clinic objectives (See handbook put together by clinic)

    ☐ Student Scheduling procedures: sick time, snow days, personal days off

    ☐ Documentation: written/dictation; initial/daily/discharge procedures

    ☐ Billing procedures/insurance authorization procedures

    ☐ Required Clinical Education Forms

    ☐ Meetings: Weekly meeting with CI, Weekly staff meeting, team meetings, etc

    ☐ Required Staff Presentation/Project Requirements

The above information has been explained to me and I agree to comply with the requirements of the clinical site.

Student Signature: Date:

SCCE Signature: Date:

A7: **Memorandum of Agreement to Site Documentation**

Site Name

Memorandum of Agreement

I, Student Printed Name have read and understand the below site materials and agree to abide by all policies, procedures, and objectives described in these documents.

☐ Clinical Education Manual

☐ Site Policies and Procedures

☐ Site and/or Clinical Experience Learning Objectives

Student Signature: Date:

Clinical Instructor Signature: Date:

Site Coordinator of Clinical Education Signature: Date:

B1: **Anecdotal Record**- Used with permission from CCIP/APTA

Anecdotal Record

Student: **Date:**

Evaluator/Observer:

Setting (place, people involved, atmosphere, etc.)

Student's Actions or Behavior:

Evaluator's Interpretations:

Student's Signature _____

Evaluator's Signature _____

Student's Comments:

Format adapted from: Shea ML, Boyum PG, Spanke MM. Health Occupations Clinical Teacher Education Series for Secondary and Post Secondary Educators. Urbana, IL: Department of Vocational and Technical Education, University of Illinois at Urbana-Champaign; 1985.

B2: **Critical Incident Report via CPI Web**- Reprinted with permission. ©2006 American Physical Therapy Association. All rights reserved.

Step 1:

Step 2:

Step 3:

Professional Practice – Safety

1. Practices in a safe manner that minimizes the risk to patient, self, and others

[View Sample Behaviors] :: [View Introduction] :: [View Instructions]

Comments: (Provide comments based on the *Performance Dimensions* including supervision/guidance, quality, complexity, consistency, and efficiency.)

| Beginner | Advanced Beginner | Intermediate | Advanced Intermediate | Entry Level | Beyond Entry Level |

PLEASE NOTE: You cannot Save your progress when filling out the Critical Incident Report. All sections must be filled out and the Critical Incident must be submitted or you will lose the information that was entered.

☐ **Significant Concern**

[Critical Incident]

Please record the details of this incident clearly and concisely without reflecting any biases.

Behavior:

Enter Comments Here

Antecedent:

Enter Comments Here

Consequence:

Enter Comments Here

Comments:

Enter Comments Here

Submit Critical Incident

When entering in comments for each of the sections, the comment box will expand. When you are finished with the last section, please click outside of the comment box so that it collapses prior to selecting the Submit Critical Incident button.

Section Sign Off:

Click the box below to indicate you are finished with this section of the survey.

☐ **This section has been completed.**

Step 4:

Professional Practice – Safety

1. Practices in a safe manner that minimizes the risk to patient, self, and others

[View Sample Behaviors] :: [View Introduction] :: [View Instructions]

Comments: (Provide comments based on the *Performance Dimensions* including supervision/guidance, quality, complexity, consistency, and efficiency.)

| Beginner | Advanced Beginner | Intermediate | Advanced Intermediate | Entry Level | Beyond Entry Level |

When the Critical Incident Button is selected, you'll see a progress spinner appear in green. Once everything has been successfully filed, you'll see the following message. CPI Web will also automatically trigger an email to the Student, ACCE/DCE, CCCE, and CI to let everyone know that an incident was filed.

☐ **Significant Concern**

[Critical Incident]

You have successfully filed a Critical Incident Report.
Please record the details of this incident clearly and concisely without reflecting any biases.

Behavior:

Antecedent:

Consequence:

Comments:

Submit Critical Incident

Section Sign Off:

Click the box below to indicate you are finished with this section of the survey.

☐ **This section has been completed.**

B3: **Weekly Planning Form**- Used with permission from CCIP/APTA

SAMPLE

WEEKLY PLANNING FORM

Dates: _____Week Number:_____

Student's Review of the Week
When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency, complexity of tasks/ environments, and efficiency of performance.

CI's Review of the Week
When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency, complexity of tasks/ environments, and efficiency of performance.

Goals for the Upcoming Week of _____

Student's Signature _____

CI Signature   _____

B4: **Clinical Performance Instrument Anchor Definitions**- Reprinted with permission. ©2006 American Physical Therapy Association. All rights reserved.

Anchor Definitions

Beginning performance:
- A student who requires close supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.
- At this level, performance is inconsistent and clinical reasoning* is performed in and inefficient manner.
- Performance reflects little or no experience.
- The student does not carry a caseload.

Advanced beginner performance:
- A student who requires clinical supervision 75%-90% of the time managing patients with simple conditions, and 100% of the time managing with complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions).
- The student may begin to share a caseload with the clinical instructor.

Intermediate performance:
- A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
- The student is **capable of** maintaining 50% of a full-time physical therapist's caseload.

Advanced intermediate performance:
- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
- The student is **capable of** maintaining 75% of a full-time physical therapist's caseload.

Entry-level performance:
- A student who is **capable of** functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.
- Consults with others and resolves unfamiliar or ambiguous situations.
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.

Beyond entry-level performance:
- A student who is **capable of** functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.
- The student is capable of supervising others.
- The student willingly assumes a leadership* role for managing patients with more difficult or complex conditions.