

CLINICAL EDUCATION HANDBOOK

Department of Physical Therapy
2022-2023



Samford University
School of Health Professions
Physical Therapy

TABLE OF CONTENTS

HANDBOOK PURPOSE	3
DOCTORATE OF PHYSICAL THERAPY (DPT) PROGRAM	5
DPT PROGRAM MISSION STATEMENT	5
DPT PROGRAM STATEMENT OF PHILOSOPHY	5
DPT PROGRAM GOALS AND OUTCOMES	6
ACADEMIC PLAN OF STUDY	10
PROFESSIONAL INTERNSHIPS	12
PROFESSIONAL PRACTICE BEHAVIOR VIOLATIONS	12
CONFIDENTIALITY ACADEMIC PROGRAM/PROFESSIONAL PRACTICE	12
CODE OF ETHICS FOR THE PT	13
APTA GUIDE FOR PROFESSIONAL CONDUCT	15
PROFESSIONAL ATTIRE – PATIENT CARE FACILITIES	15
INTERNSHIP EVALUATIONS/GRADING	17
STUDENT RESPONSIBILITIES	17
PROFESSIONAL INTERNSHIP ORIENTATION	19
INTERNSHIP PLACEMENTS	22
ATTENDANCE	23
STUDENT EMPLOYMENT	24
ESTABLISHMENT OF NEW PROFESSIONAL INTERNSHIP AFFILIATIONS	25
PROFESSIONAL INTERNSHIP REASSIGNMENT	26
INTERNSHIP SUPERVISION	26
INCIDENT REPORTING	26
INTERNSHIP ILLNESS OR INJURY	27
PROBLEM RESOLUTION	27
STUDENT RESPONSIBILITIES & RECORD MAINTENANCE & ELECTRONIC PLATFORMS	27
PROFESSIONAL INTERNSHIP REQUIREMENTS	27
IMMUNIZATIONS	28
HEALTH INSURANCE COVERAGE	29
BASIC LIFE SUPPORT (BLS) FOR HEALTH CARE PROVIDERS TRAINING	29
PERSONAL LIABILITY INSURANCE COVERAGE	29
CRIMINAL BACKGROUND CHECKS	30
DRUG SCREENING	30
REQUIRED TRAINING	30
EXXAT CLINICAL SOFTWARE	31
COMPLAINTS OUTSIDE OF DUE PROCESS	32
RESOURCE LINKS	34
APTA CLINICAL SITE DEVELOPMENT FORMS	34
COLLEGE OF HEALTH SCIENCES FORMS	34
CPI WEB RESOURCES	34
APPENDICIES	35
CPI POCKET CHEATSHEET	38
STUDENT BEHAVIORAL CONTRACT	45
CRITICAL INCIDENT FORM	47
EXXAT CI DETAILS FORM	48

HANDBOOK PURPOSE

This Clinical Education Handbook provides necessary information regarding policies, responsibilities, and expectations for clinical facilities and students associated with clinical education in the Doctor of Physical Therapy (DPT) program at Samford University. Students are accountable and responsible for all information contained in this Clinical Education Handbook. In addition to the policies and procedures contained in this **Clinical Education Handbook**, students are also responsible for policies and procedures outlined in the **DPT Student Handbook**.

CONTACT INFORMATION

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ACCREDITATION STATUS

The accrediting body for physical therapy academic preparation programs is the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone; (703) 706-3245; accreditation@apta.org. Accreditation is required for eligibility to sit for the licensure examination, which is mandatory in all states.

Statement of Accreditation

The Doctor of Physical Therapy program at Samford University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 205-726-4435 or email mford2@samford.edu.

The Department of Physical Therapy is committed to maintaining complete compliance with all accreditation criteria as prescribed by CAPTE. This includes but is not limited to timely submission

of all required documents including:

- ❖ Annual Accreditation Reports (AAR)
- ❖ Self-study Reports
- ❖ DPT Program data related to admission, graduation, and outcome measures
- ❖ Timely submission of all fees associated with CAPTE accreditation
- ❖ Timely notice of any planned or unexpected substantive DPT Program changes
- ❖ Timely notice of institutional factors which may affect the DPT Program
- ❖ Timely remediation of any situation which may result in CAPTE non compliance

Accountability - The department chair or its designee(s) is responsible for maintaining compliance with CAPTE. The faculty are responsible for mapping curriculum content to the CAPTE criteria and designing learning experiences to meet curricular objectives, and assessing learning outcomes. The students are encouraged to provide constructive feedback concerning learning experiences, to actively engage in learning experiences in order to be successful graduates, and to meet graduate outcomes.

CAPTE Contact Information

American Physical Therapy Association

3030 Potomac Ave., Suite 100 Alexandria, Virginia 22305-3085

Mary Romanello, PT, PhD (Director, Accreditation)

Phone: 703-706-3241 | Email: maryromanello@apta.org

DOCTORATE OF PHYSICAL THERAPY (DPT) PROGRAM

DPT Program Mission Statement

Anchored in Christian values, we transform lives through service and education.

DPT Program Statement of Philosophy

The Department of Physical Therapy, its faculty, and students are called to serve persons in need through the profession of physical therapy. PTs are trained to diagnose movement dysfunction and provide evidence-based interventions that maximize physical function. At Samford University, we also value the faith and spiritual growth of our patients and emphasize these principles through ethical practice with a primary focus of improving the overall quality of life. The faculty believe a faith-based education which emphasizes compassion, caring, service, and a balanced life with broad social and cultural interests best prepares students for physical therapy practice.

Doctors of Physical Therapy are autonomous practitioners and can provide initial access into the health care system. Today, health care spans the continuum from health promotion, to prevention, and to rehabilitation for persons across the lifespan. As a result, a PT may serve multiple roles. In order to serve patients best, PTs will need to work collaboratively with other health care providers, community leaders, and organizations. Using the International Classification of Functioning (ICF), Disability, Health enablement, APTA's Patient/Client Management models, and the core competencies for Interprofessional Education Collaborative (IPEC) as the theoretical foundations of care, the PT relates interventions to impairments in body functions and structures, activity, and participation while considering the contextual differences of the patient, culture, social setting, psychological influences, and economic constraints with a team of health care providers.

The DPT curriculum represents the dynamic interaction of foundational and diagnostic sciences with patient-client management and service to person and community. The core curricular philosophy places emphasis on preparing students to become collaborative, patient-centered health care providers. We are preparing students to be life-long learners with attention paid to the health and wellness needs of their patients and the communities in which they live. We believe that doctoral-level education is a collaborative experience where faculty and students work together to facilitate learning and personal growth. We expect students to assume responsibility for learning and pursue their education at the depth and breadth appropriate for a clinical doctorate candidate. The educational environment should promote evidence-based decision making while allowing for diverse perspectives and learning styles with a common goal of serving persons in need. The environment should promote personal empowerment, and both personal and professional accountability as well as responsibility.

The philosophy of the DPT Program mission is anchored in Christian understanding, and ethical and moral values. It is guided by an adherence to contemporary practice expectations and normative models of physical therapy education. Doctor of Physical Therapy graduate education preparation is based in evidence and aligned with both contemporary practice expectations and models of examination, evaluation, diagnosis, prognosis, interventions, and outcomes within a framework of ethical and compassionate care. The curriculum is designed to develop the habits of students

becoming consumers and researchers seeking knowledge and incorporating evidence into clinical practice and scholarship. Students will engage in clinical practice with students from other disciplines, and will train with evidenced-based practitioners demonstrating collaborative communication with other care providers and community organizations as described in the Guide to PT Practice (<http://guidetoptpractice.apta.org/>).

DPT PROGRAM GOALS AND OUTCOMES

Program Goal 1: Advance physical therapy practice and education.

Program Goal 2: Promote evidence-based physical therapy practice.

Program Goal 3: Serve communities to improve health and wellness.

EXPECTED PROGRAM OUTCOMES FOR GOALS 1,2,3 FOR FACULTY, STUDENT, AND GRADUATE

PG1: Advance physical therapy practice and education.

FG1.1: Faculty will advance the profession of physical therapy.

FG1.2: Faculty will emphasize patient-centered care and ethical decision-making.

FG1.3: Faculty will utilize innovative educational strategies.

SG1.1: Students will develop the entry-level skills necessary for physical therapist practice.

SG1.2: Students will participate in the advancement of physical therapy education.

GG1.1: Graduates will demonstrate the knowledge, skills, and abilities necessary for physical therapist practice.

GG1.2: Graduates will participate in physical therapy education.

GG1.3: Graduates will advance the profession of physical therapy

PG2: Promote evidence-based physical therapy practice.

FG2.1: Faculty will develop new knowledge through scholarship.

FG2.2: Faculty will integrate evidence throughout curricular and co-curricular activities

SG2.1: Students will participate in the development of new knowledge through scholarship.

SG2.2: Students will utilize evidence throughout curricular and co-curricular activities.

GG2.1: Graduates will demonstrate evidence-based physical therapy practice.

PG3: Serve communities to improve health and wellness.

FG3.1: Faculty will utilize their professional skills to serve communities.

FG3.2: Faculty will integrate health and wellness concepts into curricular and co-curricular activities.

SG3.1: Students will serve the health and wellness needs of diverse communities.

SG3.2: Students will address the physical therapy needs of medically underserved areas.

GG3.1: Graduates will utilize their professional skills to serve communities.

ACADEMIC PLAN OF STUDY

YEAR 1

Summer 1:

PHTH 610 Human Anatomy (6)

PHTH 611 Neuroscience (4)

PHTH 701 PT Practice: Management/Plan & Delivery of Care (1)

PHTH 731 PT Exam 1 (4)

Fall 1:

PHTH 620 Histology/Physiology (3)

PHTH 631 Human Movement Science 1 – Exercise Physiology (3)

PHTH 632 Human Movement Science 2 – Biomechanics/Motion Analysis (4)

PHTH 691 Evidence-Based Practice and Research Design (2)

PHTH 732 PT Exam 2 (4)

Spring 1:

PHTH 621 Pathophysiology (3)

PHTH 633 Human Movement Science 3 – Motor Learning/Skill Acquisition (2)

PHTH 692 Evidence-Based Practice (2)

PHTH 702 PT Practice: Health Promotion, Fitness, and Wellness (1)

PHTH 733 PT Interventions 1 (4)

PHTH 741 Patient Client Management – Acute Care to Community (4)

YEAR 2

Summer 2:

PHTH 641 Interprofessional Practice (1)

PHTH 651 Pharmacology (1)

PHTH 780 Health Care Service/Field Experience (4)

PHTH 781 Professional Internship 1 (4)

Fall 2:

PHTH 622 Pathophysiology 2 (2)

PHTH 634 Human Movement Science 4 – Life Span Motor Development/Control (3)

PHTH 652 Clinical Decision Making & Differential Diagnosis (2)

PHTH 761 Patient Client Management - Pediatrics (4)

PHTH 771 Patient Client Management - Spine (5)

PHTH 791 Capstone Project 1 (1)

Spring 2:

PHTH 653 Advanced Differential Diagnosis & Imaging (2)

PHTH 681 Teaching and Learning 1 (1)

PHTH 703 PT Practice: Leadership, Administration, & Finance (3)

PHTH 762 Patient Client Management - Young Adults (5)

PHTH 772 Patient Client Management – Lower Quarter (5)

PHTH 792 Capstone Project 2 (1)

YEAR 3

Summer 3:

PHTH 642 Professional Roles & Communication in Practice (1)

PHTH 682 Teaching and Learning 2 (1)

PHTH 763 Patient Client Management - Older Adults (5)

PHTH 773 Patient Client Management – Upper Quarter (5)

PHTH 793 Capstone Project 3 (1)

Fall 3:

PHTH 782 Professional Internship 2 (6)

PHTH 783 Professional Internship 3 (8)

Spring 3:

PHTH 784 Professional Internship 4 (10)

2022 Clinical Dates

Spring: January 17 – April 8 (DPT 2022)

Summer: May 9 – June 17 (DPT 2024)

Fall: August 8 – Sept 30 (DPT 2023)

Winter: October 10 – Dec 16 (DPT 2023)

2023 Clinical Dates

Spring: January 16 – April 7 (DPT 2023)

Summer: May 8 – June 16 (DPT 2025)

Fall 1: August 7 – Sept 29 (DPT 2024)

Fall 2: October 9 – Dec 15 (DPT 2024)

PROFESSIONAL INTERNSHIPS

Professional internships are full-time, supervised professional experiences in a health care setting where students apply previously acquired knowledge & skills to client care. Students provide examination, evaluation, care planning, and intervention techniques under the supervision of a licensed physical therapist. Experiences include care management of the musculoskeletal, neuromuscular, cardiovascular/pulmonary and integumentary systems. The internship experiences also include supervision of personnel, consultation, research, practice management, and teaching.

Professional Practice Behavior Violations

A student may be dismissed from the DPT Program for, but not limited to, the following clinical practices:

1. Unsafe practice
2. Professional error or poor professional judgment affecting patient safety
3. Inability to cooperate with faculty, clinical faculty (CI/SCCE), peers, patients, or facility staff
4. Habitual tardiness or absenteeism
5. Practicing physical therapy outside the confines of the DPT Program or without proper supervision
6. Consistent lack of preparation for clinical experiences
7. Evidence of drug or alcohol abuse
8. Falsification of records
9. Medication diversion
10. Unprofessional behavior, including unethical or illegal behavior
11. Social media posting of confidential patient information or photos
12. **Attempting to initiate or modify or change a clinical rotation without the approval or interaction of the DCE**

Confidentiality Academic Program/Professional Practice

To remain in compliance with the federal Health Insurance Portability & Accountability Act (HIPAA) regulations and to respect the confidentiality of patient information, DPT students may not remove any patient protected health information (PHI) including patient health records or photos from the clinical site or physical therapy department. Any use of images or material containing confidential information will require a written consent and must comply with HIPAA and facility policies & procedures (see Appendix: *Consent and Release Form*).

Unauthorized disclosure of patient information may violate state or federal laws (including HIPAA), and unauthorized release of information may result in dismissal from school and legal action taken against the student.

Please note: HIPAA rules and regulations also apply to individuals, including students, faculty, and clinicians who volunteer to serve as demonstration subjects.

No photos or video of any patient or patient records can be taken. Avoid having pictures taken of you during clinical experiences unless the photographer is authorized by the facility to take pictures, and you are properly identified as a Samford DPT student by dress and Samford ID badge. **No information of any kind related to patients or your clinical experiences may be posted on social media.**

Students must respect facility specific information such as protocols and administrative information as confidential.

Code of Ethics for the PT

Preamble:

The Code of Ethics for the PT (Code) delineates the ethical obligations of all PTs as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code are to:

1. Define the ethical principles that form the foundation of PT practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for PTs facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate PTs, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the PT.
5. Establish the standards by which the APTA can determine if a PT has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation.

See the APTA Code of Ethics at:

www.apta.org/uploadedfiles/APTAorg/about_us/policies/ethics/codeofethics.pdf

PTs are encouraged to seek additional advice or consultation in instances where the guidance of the *Code* may not be definitive.

This *Code* is built upon the following five roles of the PT:

1. management of patients/clients
2. consultation
3. education
4. research
5. administration

In addition, the *Code* is also built upon the following seven core values of profession representing multiple realms of ethical action (individual, organizational, and societal):

1. accountability
2. altruism
3. compassion/caring

4. excellence
5. integrity
6. professional duty
7. social responsibility

Throughout the document, the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the PT.

Fundamental to the Code is the special obligation of PTs to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles:

Principle #1: PTs shall respect the inherent dignity and rights of all individuals. (Core Values: Compassion, Integrity)

Principle #2: PTs shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)

Principle #3: PTs shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

Principle #4: PTs shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
(Core Value: Integrity)

Principle #5: PTs shall fulfill their legal and professional obligations. (Core Values: Professional Duty, Accountability)

Principle #6: PTs shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (Core Value: Excellence)

Principle #7: PTs shall promote organizational behaviors and business practices that benefit patients/clients and society.
(Core Values: Integrity, Accountability)

Principle #8: PTs shall participate in efforts to meet the health needs of people locally, nationally, or globally.
(Core Value: Social Responsibility)

APTA Guide for Professional Conduct

Purpose

This Guide for Professional Conduct (Guide) is intended to serve PTs in interpreting the Code of Ethics for the PT (Code) of the APTA in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010. The Guide provides a framework by which PTs may determine the propriety of their conduct. It is also intended to guide the professional development of PT students. The Code and the Guide apply to all PTs. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

See the APTA Guide for Professional Conduct at:

[http://www.apta.org/uploadedFiles/APTAorg/Practice and Patient Care/Ethics/GuideforProfessionalConduct.pdf](http://www.apta.org/uploadedFiles/APTAorg/Practice%20and%20Patient%20Care/Ethics/GuideforProfessionalConduct.pdf)

Professional Attire – Patient Care Facilities

Students should adhere to the listed guidelines when in patient care facilities, either for internships or class. Dress code should be discussed prior to the first day of professional internships. If the facility has additional requirements, please follow those guidelines.

- Name badges are required at all times on the right side of the student's shirt.
- Clothing should be clean, neat, pressed and in good condition.
- Shirts must provide full coverage of the trunk during bending and reaching, no visible cleavage or midriff. T-shirts and sleeveless shirts are not acceptable. Collared shirts are required for men (tie highly recommended in outpatient clinical settings).
- Slacks or long pants. No skirts or shorts. Cargo pants or jeggings/leggings are not acceptable. Jeans may only be worn when specifically permitted by the clinic on a designated day. No "skinny" jeans even if allowed by the facility.
- Shoes must have closed toes and closed heels for your safety. No sandals.
 - Shoes should not have a heel greater than 1 inch. Rubber soles are preferred. Clean athletic shoes are permitted if acceptable to the facility.
- Keep jewelry to a minimum to avoid risk of injury to the patient or the student. No dangling jewelry, earrings/necklaces. Please take steps to prevent sharp edges or protrusions on rings from injuring patients. In addition, be careful of watches and belt buckles when working with patients.
- The only visible body piercing permitted is in the ears.
- All tattoos must be concealed at all times.
- No perfume or cologne should be worn.
- Hair is clean and arranged so as not to interfere with patient care or the student's vision. Tie back long hair. Hair should not be of unnatural colors in the clinics.
- Fingernails must be short. No artificial nails. No chipped nails to prevent transmission of disease.
- Chewing gum is not allowed. No eating or drinking in patient care areas. All water bottles must have a spill proof lid also.
- Students are expected to be professionally groomed and to maintain personal hygiene.

Name Badges

Students are expected to wear their Samford name badges obtained from the Office of Public Safety. The name badge must include the student's photo, name, and credentials as a "Physical Therapist Student." Replacement badges cost \$15 and will be the responsibility of the student.

Identification is to be worn in a visible location on the right side above the waist at all times when in patient care settings. Students must introduce themselves to all patients and staff as a "student PT."

If a site requires facility issued name badges, the student must wear the Samford and facility name badges. The exception to wearing the two name badges is if the facility name badge meets all criteria stated above; it includes a photo, the student's name, and clearly states the role as "student PT."

Use of Electronic Devices

The Samford policy for use of electronic devices states they are prohibited in class and at public events unless specifically permitted.

It is the stance of this DPT Program that electronic devices and technology are an integral part of daily life. However, inappropriate use of technology in the classroom or patient care areas is disruptive to teaching, learning, and patient care.

Examples of inappropriate use of electronic devices include: ringing cell phones, text messaging, watching videos, playing games, reading or responding to email, instant messaging, or using the internet for material unrelated to class or patient care activities.

Below are guidelines for proper use of electronic devices during class, lab, and/or professional internships:

- Turn off cell phones or set them to vibrate mode during class, lab, internships, and other DPT Program activities
- Laptop computers and/or tablets are to be used for specific instructional activities only
- Phones may be checked at lunch – unless an emergency.
- NO CHAT ROOM ACTIVITIES ON LAPTOPS DURING CLASS LECTURES.

Students must follow the health care facility's policy regarding the use of personal electronic devices (phones/computers). Discuss the facility's policy during your first week of internships. If electronic devices are allowed, please restrict their use to patient care related activities.

Unless the matter is emergent, personal issues should NOT be handled during internship hours. Please handle personal matters in a manner that does not interfere with professional responsibilities.

The school or the health care facilities are NOT liable for lost, stolen, or damaged personal electronic devices. Note: If a facility has cameras, stolen electronic devices may not be a reason for accessing the video.

Do not use personal electronic devices to take pictures or videos of patients or patient records. Students found in violation of this policy may be subject to disciplinary action under the Values Violations listed in the Samford University Student Handbook.

Internship Evaluations/Grading

Prior to the beginning of each PI course, the DCE will review with DPT faculty the performance of all students to assure that they are in good academic standing.

The DCE assigns the student's grade as either a "pass" or "fail". This is based on compliance with previously listed course requirements and successful completion of course objectives. The WebCPI is used to assess the student performance related to course objectives. The DCE assigns grades for each clinical course based on several items:

- Timely and acceptable completion of all assignments by deadlines in Canvas
- PT CPI Web summative evaluation criteria standards met as well as reviewing ratings/comments
- Regular written/verbal communications
- Consultation with the student and/or CI/SCCE, as needed
- Professionalism leading up to, at the clinical and after the clinical related to correspondence

The DCE may also consider the following in determining grades:

- Clinical setting
- Level of experience with patients'/clients' complexity
- Level of experience within the didactic and clinical components
- Appropriately triggering and follow through with the early warning system (EWS)
- Relative weighting or importance of each performance criterion
- Expectations of site and academic program
- Progression of performance
- Congruence between the CIs feedback and student self-assessment
- Refer to Professional Internship CPI Grading Criteria for specific PI course performance for progression expectations
- Students must satisfactorily complete all clinical assignments by the posted deadlines in Canvas

Final Grades will be available through the individual student's grade book in Canvas. Any questions regarding the final grade may be addressed by consulting the faculty member no later than the first week of the following term.

Student Responsibilities

The DPT program expects an acceptable quality of work and mature, professional behavior from every student enrolled in the DPT Program. Student responsibilities include, but are not limited to the following:

1. Contact clinical facilities at least 12 weeks in advance of the first day of arrival, send an introductory email/letter after reviewing the CSIF to formulate questions, confirming arrangements and obtaining information about site policies and procedures. Students are

responsible for having all required documentation the first day of the clinical assignment. All contact and confirmation of the clinical are to occur via phone/email prior to first day of clinical.

2. Engage in the facility orientation process.
3. Arrive on time each day prepared for clinical assignments and remain engaged in patient care or educational activities throughout the internship day. All absences, changes of schedule, and late arrivals during clinical are to be documented in Exxat and the DCE notified and pre-approved. Failure to follow this process can result in failure of the clinical.
4. Refrain from attending to personal business during patient care while participating in internship experiences.
5. Complete assignments per instructions without reminders (e.g., weekly reviews, CPI, PTSE, action plans if needed).
6. Review personal goals, internship goals/objectives, and experience level with the CI during the first week of each clinical experience. Revisit goals on a regular basis.
7. Maintain current CPR certification and health records (vaccinations, exams).
8. Maintain accountability for own learning activities.
9. Respect and show appreciation for the CI/SCCE's experience, willingness to contribute to the student's learning experience, and individual approach to patient care.
10. Behave in a professional manner and be receptive to educational experiences.
11. Communicate effectively, respectfully, and in a timely manner.
12. Wear proper identification (name badge) in a visible location above the waist at the right shoulder area.
13. Always take steps to establish rapport, taking time for the SU DPT five points of professionals:
 - a. Wash hands
 - b. Introduce self as a "student PT"
 - c. Confirm the patient's identity using two identifiers such as name and DOB
 - d. Explain the planned procedure
 - e. Obtain consent prior to contact and procedures.
14. Demonstrate preparation for internship experiences.
15. Maintain safety at all times to include use of standard precautions.
16. Act professionally and ethically at all times.
17. Accept constructive criticism and use it to improve performance.
18. Ensure supervision by a licensed PT (not a tech, office manager or PTA).
19. Respect the confidentiality of all information obtained during internships, including patient information in accordance with HIPAA, as well as, facility information such as protocols and administrative information.
20. Communicate to the DCE according to the **Early Warning System** any unprofessional, unsafe, unethical, or illegal practices during clinical experiences, and according to facility critical incident procedures as required via a **phone call AND teams chat to DCE**.

Student Rights

Students in an internship-learning environment should expect the following student rights to be observed:

1. To learn in a non-threatening environment.
2. To maximize opportunity to obtain internship experiences.
3. To be respected as a student PT.
4. To be communicated with clearly, honestly, and in a timely manner.
5. To have personal property respected.
6. To have all student/instructor communication conducted in a respectful manner
7. To not be exploited for the profit of the internship facility.

Should a student encounter a situation in which they feel that these rights are being violated, the student is encouraged to consult the problem resolution with the DCE.

All patients have the right to refuse participation in the PT clinical education process. The student must respect this right during their clinical experience.

Professional Internship Orientation

Students are to arrive early on the first day to allow for unexpected issues, such as commute and parking problems. The student and CI will review and sign the Orientation and Clinical Education Checklist which the student will then load into Canvas. The student should also have a copy of the Introductory Letter for the CI to review on the first day of clinical.

Orientation and Clinical Education Checklist

1. Information from the Director of Clinical Education (links at the end of the letter in resources)
 - a. **Exxat Student Intro Letter & Profile:** Students are instructed to review/resend their introduction letter and Exxat profile by email to their CI during the first 2 days of the clinical. The Exxat profile includes a link to course materials: syllabi, student performance expectations, etc. Let us know if you did not receive these items!
 - b. **Site visits/calls:** Around week 3 or 4, students are instructed to set up a meeting with the DCE via a teams sign up in order to coordinate a convenient time with you. This meeting is typically about 20 minutes, 10-min. talking with the student and 10-min talking with the CI. This is an opportunity for me to learn more about our sites and CIs. Any student performance issues mentioned should also be relayed to me at that time.
 - c. **CPI Web:** You have been matched to the student in CPI Web. This email is your username for In week 1, please log in and “start” the evaluation by clicking something. Please have your student let us know if it does not work so issues can be resolved prior to completion of the clinical. The link is at the end of the letter.
 - d. **CPI Web Training:** In order to complete the student evaluation in CPI Web, you must complete the training which is offered for **FREE** by the APTA. If you have already taken the course, you do not have to repeat it. Be sure to record your username and password

for future use in accessing CPI Web. <http://www.apta.org/PTCPI/TrainingAssessment/?navID=10737423764>

- e. **CPI Web Account:** If you had an account with CPI Web as a student, you will not be able to view student evaluations as a CI with your student account. It will be necessary for us to create a new account for you. Please let us know if you need a new CI account by emailing Michelle Little at mlittle@samford.edu
- f. **Critical Incidents:** Critical incidents or behaviors associated with professional internship course failure, or any unsafe, unprofessional, unethical, or illegal action, require: Immediate student request for consultation with the DCE, Dana Daniel Blake, by cell phone 205.960.2861 followed by an email ddblake@samford.edu. A documented action plan developed with the input of the DCE & CI/SCCE. All critical incidents need to be entered into CPI Web by the CI.

2. Information from the DPT student to acquire

- a. Determine CI(s)/SCCE, designating a primary CI in the case of multiple CIs or alternate SCCE in the case of the SCCE serving as the primary CI – enter in CI Details on “to do” list of Exxat
- b. Determine if CSIF is up-to-date, request to update if not current (ask CI & SCCE)
- c. Understand Facility Specific Internship Requirements – expectations & projects (Ex. develop/update facility student manual or online CSIF, in-service, article reviews)
- d. Discuss Health care organization philosophy and mission
- e. Identify the names and roles of staff
- f. Develop a plan for available special learning experiences: Attend in-services/educational programs, attend special clinics, participate in administrative and business practice management, direct/supervise PTA/tech/other support members, observe surgery, participate in administrative and business practice management, participate in collaborative treatment with other professionals such as OT, SLP, ATC, Pharmacy, Nursing, participate in opportunities for consultation, participate in wellness/health promotion/screening programs and develop a schedule for meetings (staff meetings, grand rounds)
- g. Comprehend documentation (students review facility chart review check list if available)
- h. Discuss billing/3rd party payer requirements and any policies specific to students
- i. Determine a designated place for completing documentation/assignments
- j. Participate in a Facility Tour: Storage of personal items/food, cafeteria location if available, emergency exits, fire extinguishers, first aid kits, crash carts, defibrillator, identification badges, personal electronic devices, inclement weather policy, food/drink policy, absence/late arrival policy, dress code, health/safety requirements (Infection Control Procedures & Incident Reporting)

3. Information for the student to discuss during clinical orientation:

- a. Schedule of CI supervision if student has multiple CIs
- b. Review student profile with CI.
- c. Expected CPI ratings by the end of this clinical. Students are responsible for working with their CI to insure these ratings are met by the end of the clinical
- d. Timeline for completing CPI assignments due dates: **Final CPI Friday ____ date**
- e. Performance goal this clinical: **____ Level**
- f. CI time off - plan for student supervision and learning experiences
- g. CI suggestions for student use of downtime - students are responsible for productive use of downtime consistent with course objectives

- h. Patient scheduling and CI/student productivity requirements
- i. Any concerns on the part of the CI or student
- j. Preferences for communication and feedback

The student should obtain this important information the first day and keep it accessible:

- ❖ CI contact information (cell phone/email) – discuss when it is appropriate to use
- ❖ Phone number for emergencies (if other than 911, like a hospital)
- ❖ Phone number for security (if applicable)

The student should provide to the CI/SCCE:

- ❖ Student contact information including cell phone and email
- ❖ Confirm the CI/SCCE knows how to contact the DCE by phone/email
- ❖ Ensure CI received the introduction letter and Exxat link to the student profile and course information. The student should review these items with their CI in the first week to promote understanding.

Internship Placements

Each health care facility, with an affiliation agreement with the PT department, will receive placement requests the beginning of March of the previous calendar year. The end of April will be set as the objective for receiving slot commitments. Exxat placement algorithms will be used in order to take into account student housing options and geographic location desires and site setting availability. Therefore, students are encouraged to list multiple housing option locations in Exxat to assist with clinical placements. The students' desires are taken into consideration; but, the learning experience and the clinical availability are the ultimate deciding factor on student clinical placement location. The DCE is the final authority on placement decisions, and academic needs takes precedence over location or geographic preferences.

Housing Resources

Students may be assigned to several PI sites that are out-of-town, defined as greater than 100-miles from campus. When a student is assigned to one of these sites, the expense of travel to the site and/or housing during the internship will be the responsibility of the student. Here are some tips when looking for housing:

- Check in Exxat for any housing options listed by your facility
- Ask in your intro letter of any local resources for housing
- Furnished Apartment Finder: <https://www.furnishedfinder.com/>
- Vacation Rental By Owner VRBO: <https://www.vrbo.com/>
- Airbnb: <https://www.airbnb.com/>

Estimate Dates for Year Clinical Placements

1. December – Completed updates for our educational relationships via letter and save the date email
2. Mar 1 -- National slot request day
3. April 1 – Reminder sent to our relationships to provide slots
4. April 30 – Ensure sufficient slots to begin placements
5. May to August – students complete algorithm and slotting for the year
6. September - all students notified of next year's clinical placements

Attendance

Clinical attendance will follow the same process that has been implemented for classroom with the expectation of 100% attendance for your clinicals. As a full time clinical student, please be respectful of communication and making your decisions/choices related to your clinical. You are expected to be punctual, on time and prepared for work each day. Your clinical patient care week is expected to be full time 40 or more hours per week. Students are responsible for informing the DCE of any unscheduled absence/late arrival. Absences must be communicated as early as possible by phone (leave a message) and email and must be done for each day of absence.

Pre-Approved Excused Absence Pre-Clinical:

The process for the 1 pre-approved excused absence is as follows

1. Teams Chat to DCE to request approval prior to clinical start date before letter to CI
2. Place a note in your letter to your CI in the section that is labeled very respectfully as follows: “ I am requesting your approval to be out on day/date for the entire day for reason. I will also be happy to make-up the day if needed during the clinical. I do not foresee any other absence request during my time with you. My DCE has preapproved this date pending your approval also.”
3. Make-up work will include for the program viewing videos or information related to the clinical that may include an evidence-based research paper or could ultimately end up being extending a clinical rotation at current location or here with a Samford DPT back up facility relationship if it is beyond 3 days.
4. Students will continue to load an absence or tardy into Exxat under “MY LEAVE” as well as the APTA weekly template form and on the CPI.
5. The DCE will approve in Exxat “MY LEAVE” section also.
6. An example of a pre-approved excused absence might be to attend a family wedding, an event or other important event known in advance.

Unscheduled Absences/Late Arrival are Unexcused Events;

Unscheduled absences/late arrivals result in unprofessional attendance. This should be communicated to the CI/SCCE prior to the scheduled arrival time via the pre-agreed upon method discussed during the first week of each clinical assignment. In addition, students are responsible for notifying the DCE by email as early as possible. Two late arrivals = one-day of absence.

- *Illness:* Any illness, injury, or condition of the student personally that results in limited or altered ability to perform regular clinic activities should be reported in accordance with the unscheduled absences policy stated above.

- DO NOT report to the clinical area when ill. This includes an elevated temperature above 100.5 or vomiting. Students should not return to the clinical until they are 24 hours fever free without the use of fever reducing medications.

Scheduled and Pre-Approved Absences for a Continuing Education Activity such as State or National APTA Conferences: The DCE will request that there be no makeup assignments for preapproved absences for educational opportunities. The approval dates will be from the first to the last day of the conference.

Extended Leave Absence: Extenuating circumstances that require extended periods of absence, such as illness, personal circumstances, maternity, military service, etc. will be considered excused absences and handled on a case-by-case basis by the Chair. See the student handbook for more information on procedures for requesting extended absences, along with financial and academic implications.

Unexcused and Unscheduled Clinical Absences: Unexcused clinical absences are not permitted and may result in disciplinary action, including dismissal from the program.

Weather

In the event of inclement weather that results in unsafe travel conditions to an internship site, the student should contact the internship site as soon as possible and follow the facility's policy. Any absence due to inclement weather should also be reported to the DCE by phone and email, as well as, reported in Exxat/WebCPI. The inclement weather policy of facilities should be reviewed during PI orientation to the facility. If the inclement weather subsides and safe travel conditions are restored, the student should contact the CI to determine if attendance is recommended or expected. (Also see Inclement Weather Policies)

Student Employment

Enrollment in the DPT program is a full-time responsibility, and employment during the academic year or during clinical rotations is strongly discouraged. For students who do choose to be employed while enrolled in the DPT Program, academic activities and requirements must take precedence over employment activities. Missing classes for employment is not acceptable. Students should be aware that the DPT Program requires occasional evening and/or Saturday classes.

During PI courses, students are required to be present and engaged in patient care. Time away from patient care should be spent reflecting and preparing. Pursuit of recreation and personal interests is encouraged in a manner that compliments DPT program activities.

The Department of PT and Samford forbids the employment of PT students as PTs by title or function. Note: Employment by a PT facility is outside the scope of clinical education/PI coursework. Employment is not governed by any agreement between Samford and health care facilities. State law governs employment.

Although a student may be legally employed as support personnel (aide, technician), it is strongly discouraged while in the DPT Program. It is also important to note there are activities that a PT student may perform while supervised in a PI course that are illegal for support personnel to

perform. These activities include performing PT examination/evaluation of patients and interventions/treatments that require the skill of a PT. In addition to violating state law, a student and facility could be in violation of the APTA Code of Ethics and payer guidelines, such as Federal Medicare laws. Violations could result in removal of the student from the DPT Program.

Semester	(indicate when the site is need for clinical placement, i.e. Fall 2022)
Clinical Site Legal Name and dba name if applicable	
Site Street Address	
Site City State Zip	
Site Contact Name (individual to sign contract)	
Site Contact Title	
Site Contact Phone Number	
Site Contact Email Address	
Does this site have multiple locations? If yes, please list:	
Additional Contact Name, Title, Email, Phone	

A student will not be assigned to a facility where they are/were employed. If the DCE makes an exception, the following conditions must be met:

- ❖ The organization must be large enough that the student can be placed in an area where they have not been employed
- ❖ The facility staff and student are capable of distinguishing between the employer/employee and clinical instructor/student roles

Establishment of New Professional Internship Affiliations

Students may request the establishment of new internship affiliation contracts. All contracts must be established for the year prior to sending requests in March of the year preceding the PI course. Therefore, students must email a new facility affiliation request to the DCE prior to January of the year preceding the applicable internship course. Students must include the following information in this table plus why the student is interested in the facility and any unique factors and send to the DCE:

There is no guarantee that facilities suggested by students will be approved by the DCE or that the facility will agree to establish a contract with Samford, or that the student should expect to be placed in that facility. **In addition, Samford University DPT is currently primarily doing contracts for Acute Care, Inpatient and Neuro Inpatient Facilities.** The legal department is able to process a limited number of new contracts per year so precedence is made to these settings.

Example: If a student desires to be at a clinical site in 2023 then the contract request would need to be in the prior year January 2022 before the March 1 requests.

Professional Internship Reassignment

The DCE may request reassignment of a student to another CI within a facility. If there are reasonable indications that the site is not able to provide a learning environment that allows student achievement of course objectives or there are practices at the facility that are unsafe, unethical, illegal, or unprofessional. The DCE reserves the right to withdraw the student from a site. If this occurs, the student will be reassigned to a different site. Reassignment may extend the internship or result in modification of the internship in order to meet course objectives.

Internship Supervision

Supervision of DPT students engaged in patient care is restricted to licensed PTs. The DPT student is accountable for ensuring they do not practice physical therapy without licensed PT supervision. Practicing physical therapy without proper supervision is a safety and legal issue and could result in dismissal from the DPT Program. **Therefore, supervision by a PTA, tech or office staff of at DPT Student is strictly prohibited.**

Incident Reporting

It is the responsibility of the student to immediately report any incident that places anyone at risk, including patients, the student, the clinical faculty, or the University. This can include but is not limited to patient injury/falls while in the care of a student, unethical/ illegal/ unsafe/ unprofessional behaviors, or unresolved disagreements with clinical faculty. If the student is unsure if an incident is of a reportable nature, it should be reported to the DCE. The DCE will determine the nature of the incident and direct the student through the appropriate procedures. CIs are prompted to report critical incidents in WebCPI. Failure for the student to immediately report the incident can result in suspension from the clinical, dismissal from the program, and loss of liability protection.

The following procedure is to be followed by the student within 24 hours:

1. Notify the CI/SCCE of the incident.
2. Follow the policy and procedures for incident reporting at the facility in consultation with the CI/SCCE.
3. **Call and then email the DCE** to notify the Department and engage the DCE and CI in developing an action plan to prevent reoccurrence of the issue.
4. Complete the CHS Critical Incident Form and send to the DCE via email (*see the appendix for for the CHS Clinical Incident Form*).
5. Notify the student's Liability insurance provider

The DCE is then responsible for notifying the Department Chair and Samford University Risk Management office within 48 hours and forwarding the CHS Critical Incident Form.

Internship Illness or Injury

Students who are injured or become ill while providing patient care **MUST** notify the CI and the DCE immediately and follow the facility's policy and procedures for injury or illness, including incident reporting as stated above when applicable.

Students are responsible for carrying personal health care coverages that is in effect for the duration of the clinical since any expense incurred in treating their illness or injury is the responsibility of the student.

Students are also responsible for carrying liability insurance coverage that is in effect for the duration of the clinical in the event of a patient injury.

Problem Resolution

In the case of PI courses, problems should be respectfully discussed and resolved between individuals involved, typically the CI and the student, escalating the issue to the SCCE and DCE only as needed. Exceptions to this problem resolution strategy and when the DCE should immediately be involved consistent with the early warning system are when the problem involves unprofessional (including unethical/illegal) or unsafe practices on the part of the student or facility staff/clinicians, or any other problem that could result in student failure of the PI course.

If the DCE and SCCE are unable to resolve the matter, then the student should contact the DPT Chair. If the issue remains unresolved, the student should schedule an appointment with the Dean of the SHP. The Vice Provost is the next point of contact if matters are not resolved.

Please consult the *Samford University Student Handbook* for university policy regarding problem resolution.

STUDENT RESPONSIBILITIES & RECORD MAINTENANCE & ELECTRONIC PLATFORMS

DPT Students are responsible for maintaining current proof of program requirements and uploading proof of program requirements to Exxat APPROVE for verification and use by the department.

Professional Internship Requirements

The program confirms that a student is in good standing and has met program requirement standards when requested by clinical sites.

Students are responsible for completing and communicating any site-specific requirements that are in addition to program requirements. The costs of additional requirements are also the responsibility of the student. Some students may be required to complete a repeat drug screen and

criminal background check. It is notable that program acceptance of a drug screen and criminal background check does not insure site acceptance of these items. Repeat screens may be more rigorous, including items such as finger printing and additional checks. Any issues found with repeat screens can impact a student's ability to complete the professional internship courses and progression in the DPT program.

If a clinical site requires proof of program requirements, students are expected to send them electronically with an Exxat Profile link if that method of communication is acceptable with the clinical site or print and fax or email them if needed

- Cost for a Drug Screen by Universal as the vendor: \$36.50
- Cost for a Background Check by Universal as the vendor: \$59.50
- Allow the release your drug screens with results when completing the online instructions.
- Students must release their own Immunization and background checks to the sites; for directions/screenshots visit your cohort's Clinical Team Channel:
 - If your facility requires paperwork with a school signature, complete your portion and email to the department administrative assistant for school signature. Follow up in 24 business hours.
 - If your facility provides you with paperwork that isn't already available in Exxat, please email those documents to the department administrative assistant for upload.

Immunizations

DPT students in the SHP are responsible for maintaining health requirements. Upon acceptance to the SHP and before matriculation, the student should submit one completed copy of the **Samford Health Form** to Exxat APPROVE for use by the department. The Samford Health Form includes evidence of:

1. **MMR = Measles, Mumps, Rubella:** (Two vaccinations but only one if born before 1957)
2. **Tdap = Tetanus, Diphtheria-Acellular Pertussis:** Please note that the *Td* booster alone does not meet the requirements of most clinical sites.
3. **Varicella = Chickenpox:** titer or history of chicken pox disease as medically documented by a licensed health care provider (vaccine will be required if immunity not achieved): official documentation must be provided in any case.
4. **Influenza = Flu:** Current year *flu vaccine* is required each year during your time in the DPT Program so any activities in health care facilities that require the flu vaccine can be completed without delay.
5. **Hepatitis B series and/or titer:** If you obtain the titer, a booster or additional series may be required if immunity is not achieved
6. **Meningococcal = Meningitis:** All students under the age of 22 are required to have a record of the Meningitis vaccination on file with the Samford Student Health office. Students cannot enroll in classes without this record.
7. **Tuberculosis skin test or negative chest radiograph:** must be done annually, the first TB skin test can be done prior to enrolling in the program

SHP students are responsible for keeping current all immunizations as stated in our contract with health care agencies (requirements listed above with the addition of any requirements specific to a facility). The student shall submit a copy of each immunization/vaccine to Exxat APPROVE. The student shall keep original documentation for his/her personal records for future use. The SHP will not provide copies of file contents for employers, etc.

All immunizations must be current in Exxat APPROVE on the first day of each professional internship to the last day of the internship. Students with expired immunizations will not be allowed to continue in the program and their unexcused absence will be handled according to policy.

Students will be required to comply with the Samford policies on health risks to include immunizations, emergencies, and health and wellness. Please refer to: <https://www.samford.edu/departments/health-services> for further information about health services.

Health Insurance Coverage

- ❖ **Samford DPT Students are required to carry and to provide proof of current personal health insurance coverage** as stated in the *Samford University Student Handbook*. Students with expired health insurance coverage will not be allowed to continue in the program and their unexcused absence will be handled according to policy.
- ❖ **Contact the One Stop at onestop@samford.edu or 205-726-2905 to request the most recent application for Health Insurance Coverage.**

Students will assume any medical/emergency expenses related to illness or injury incurred during on or off campus activities and professional internships.

Basic Life Support (BLS) for Health Care Providers Training

All students are required to maintain Basic Life Support – Cardiopulmonary Resuscitation (BLS - CPR) for Health Care Providers certification from an approved provider, American Heart Association, or Red Cross. BLS-CPR will be offered to students prior to the first PI course (PHTH 781). Students are required to upload a copy of their BLS-CPR certification card to Exxat APPROVE for sharing with internship sites for compliance purposes. Students with expired BLS-CPR certification will not be allowed to begin their internship and their unexcused absence will be handled according to policy. In addition, the course is good for two years. Samford DPT program has the students certify every two years for BLS-CPR.

Personal Liability Insurance Coverage

- ❖ **Samford University provides basic liability insurance for DPT students while in the program. However, personal professional liability insurance for clinical practice is required to be purchased by all DPT students.** HPSO is an example of a company that provides liability insurance however you may use any company of your choice. Simply go online and purchase your coverage. In 2019, the fee was \$35 per year for student coverage. An excellent idea is to set this up on autorenewal for each year. **PERSONAL LIABILITY INSURANCE MUST BE CURRENT UNTIL THE END OF YOUR CLINICAL**

ROTATIONS.

❖ **Link to student personal liability insurance policy availability:**

<http://www.hpsso.com/individuals/professional-liability/physical-therapy-professional-liability-insurance>

Liability insurance should meet the following requirements:

1. Occurrence type policy
2. Minimum coverage limits of \$1,000,000/\$3,000,000

Criminal Background Checks

All DPT students will be required to submit and receive an acceptable criminal background check as a condition of enrollment and at random with or without cause for concern. Background investigations will be conducted via a contractual arrangement with an outside vendor prior to admission into the program. Some health care facilities may require additional background investigation(s) prior to permitting students to participate in onsite learning activities. DPT Program enrollment and PI facility placement is contingent upon completion and receipt of an acceptable criminal background investigation. Students may be required to provide proof of their acceptable criminal background check to PI sites upon request from the facility and pursuant to the affiliation agreement for that site.

Drug Screening

All DPT students will be required to submit and receive an acceptable drug screen as a condition of enrollment and at random with or without cause for concern. Drug screens will be conducted via a contractual arrangement with an outside vendor prior to matriculation into the program. Some health care facilities may require additional drug screen(s) prior to permitting students to participate in experiential education activities. DPT Program enrollment and PI facility placement are contingent upon completion and receipt of an acceptable drug screen. Students may be required to provide proof of their acceptable drug screen to PI sites upon request from the facility and pursuant to the affiliation agreement for that site.

Professional internship sites may require that a student's criminal background check or drug screen be rechecked. These rechecks may include additional screens not required by the Samford DPT Program upon admissions.

Drug screens and background checks will be ordered by students and reported in the EXXAT clinical education software database.

Please refer to the substance abuse policy in the *DPT student handbook* for additional information related to drug screens.

Required Training

During orientation to the program, students will be required to complete training in Canvas for the following: OSHA, disease transmission/standard precautions, and HIPAA. The principles taught in these courses are to be applied throughout the program including on-campus and off-campus activities.

Throughout the professional internship courses, students must maintain currency of uploaded Exxat APPROVE records including proof of insurance, life support training, OSHA, HIPAA, criminal background check, drug screening, and all necessary health documentation required by Samford including the Samford Health Form and any requirements specific to a health care facility. On the first day of each professional internship course, these immunizations must be current to the last day of the professional internship. Students with expired health records will not be allowed to continue in the program and their unexcused absence will be handled according to policy.

Exxat Clinical Software

Exxat Software is a web-based interface for students to correspond with clinicians, faculty, and other students. Student clinical placements, student site/CI assessments, program requirements and student leave reports are completed and communicated within the software. Site-specific requirements, student profiles, and program/course information are stored and communicated to facilities through Exxat. By facilitating seamless communication and reporting of clinical activities, Exxat enables student achievement of course objectives while maintaining focus on learning through service to patients. The DCE is interactive with the student and the Exxat clinical software to facilitate this process. Exxat is used in all of the PI courses.

**For technical assistance, please contact Exxat at support@exxat.com or call 323.999.1559.*

CPI Web

WebCPI is an online version of the Clinical Performance Instrument (CPI) used for summative evaluations of student performance during professional internship courses. WebCPI is linked to the Clinical Site Information Form (CSIF Web). Students are expected to complete training on the CPI through the APTA learning center prior to gaining access to the evaluation tool. Prior to the first clinical, the CPI Web account is linked to the email address of the APTA account on which students take the training. Links to directions for using CPI Web and CSIF Web are posted in the professional internship Canvas courses. The contact information for CPI web is located in the Exxat Contacts tab. CPI Web and CSIF are both used in all of the PI courses.

**For technical assistance, please contact CPI Web at ptcpiwebsupport@liaisonedu.com or call 857.304.2045 from 9am to 5pm ET.*

Canvas

Canvas is the web-based learning management system used at Samford University to enhance class communication, organization and presentation by providing customizable website templates for courses offered. Canvas is used to communicate to students course assignments and expectations during professional internships. Canvas is used in all of the PI courses.

For technical assistance, please contact Canvas at support@samford.edu or call 205.726.2662.

COVID

Alternative Clinical Placement and COVID Vaccinations for the College of Health Sciences (Samford Legal Department)

Some clinical placement sites may require CHS students to have certain immunizations or tests that are not compulsory pursuant to this policy and irrespective of any medical or religious exemption as provided by this policy. In such circumstances, CHS students who decline vaccines or tests required by a specific clinical site may elect to “opt-out” of such placement site and request the relevant CHS school or program to attempt to identify a comparable clinical experience. Samford University makes no representation and offers no assurance that any alternative clinical placements can or will be available. CHS students in such circumstances are also advised that alternative clinical placements may affect the students academic status (e.g. full time versus part time), eligibility for financial aid, academic schedule, graduation date, licensure eligibility and employment prospects.

COMPLAINTS OUTSIDE OF DUE PROCESS

Purpose:

To handle complaints which are not otherwise covered by institutional or program policy.

Goal:

To investigate the complaint, to resolve the issue where appropriate and to bring closure through communication of complaint resolution

Procedure:

The Physical Therapy Department Chair is notified of the complaint. The chair is most commonly made aware of the complaint from the School of Health Professions Dean’s Office, or College of Health Sciences Vice Provost’s Office. Complaints may be filed through the university President’s office or Provost’s office. Occasionally, a complaint may come directly to the Department of Physical Therapy or may arise from another sources, such as, from a clinical education site to the Director of Clinical Education (DCE). Once the Physical Therapy Department Chair is made aware of the complaint, he or she does one of the following: 1) If the complaint is focal and may be resolved with one individual, the chairperson contacts the individual, investigates the complaint, proposes a resolution, and informs all parties of the resolution; 2) Complaints which cannot be resolved by a simple process, such as complaints about the program as a whole or that involve more than one individual OR complaints about the department chair are referred to the SHP Dean’s office.

The complaint is discussed in a between the SHP Dean and Department Chair. The SHP Dean determines whether said complaint should be heard by CHS Vice Provost and/or University Provost. As part of the discussion, fact-finding may be involved and individuals within SHP, CHS, and/or Samford can be tasked with investigating and reporting relevant facts. CHS administrators, including the department chair, then discusses the matter, makes a recommendation for resolution(s), and communicates the resolution(s) to the parties involved. The physical therapy department chair or his/her designee communicates the findings and a written documentation is maintained in the department chair’s office.

Complaints may be addressed to:

Department of Physical Therapy – Chair
School of Health Professions, College of Health Sciences
Samford University, 800 Lakeshore Dr. Birmingham, AL 35229

RESOURCE LINKS & APPENDICES

RESOURCE LINKS

APTA Clinical Site Development Forms

<u>Clinical Site Information Form - CSIF</u>
<u>PT Student Site Evaluation Form – PTSE 1&2</u>

College of Health Sciences Forms

<u>CHS Health/Immunization Form</u>
<u>CHS Physical Examination Form</u>
<u>CHS Tuberculosis Form</u>

CPI Web Resources

<u>Clinical Performance Instrument (CPI)</u>
<u>Clinical Performance Instrument Help Center</u>
<u>Clinical Assessment Suite Help Center (CSIF)</u>

APPENDICIES

APTA Weekly Student and Clinical Instructor Planning Template for Friday Meetings

(consider the 5 performance dimensions of the CPI: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance)
 Student uploads the form weekly by Sunday at 11:55pm; Dr. Blake reviews on Monday/Tuesday for any feedback

Student	Date	Week Number
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Student's Review of the week (completed by the student):

Areas of Strength: •	Areas for Improvement: •
<p><i>Expectations of student are to be 15 minutes early each day, prepared for the patient load and review any info needed the night before as well as look up any info after the close of patient care of new diagnosis and new treatment items as well as utilize evidence-based practice and be open and receptive to receive feedback from CI as well as able to communicate needs related to learning from the CI – be sure to comment on simple versus complex patient cases as well as different ages of patients treated and independence in treatment</i></p>	

CI's Review of the week (completed by the CI):

Areas of Strength: •	Areas for Improvement: •
<p><i>Expectations of the CI are to help the student be proficient with patient care in the clinical setting, expose to the items on the CPI and provide honest and supportive feedback on student strengths and growth opportunities and communicate needs to Samford DPT Faculty</i></p>	
<p>YES/NO -- Any need to contact the Clinical Education Faculty on a Red Flag items related to the CPI Standards? #1 Safety, #2 Professional Behavior, #3 Accountability (legal, professional standards, and ethical guidelines, #4 Communication, #7 Clinical Reasoning Dana Daniel Blake, PT, DPT, OCS, MTC – Assistant Professor – via cell 205.960.2861 or ddblake@samford.edu?</p>	
<p>YES/NO -- Absences/Tardies this week or planned absences next week. If yes, please list here:</p>	
<p>YES/NO – Any COVID19 symptoms this week related to cough, fever, shortness of breath, unexplained fatigue etc. Daily Temperature readings: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ (If at clinical Sat _____ Sun _____)</p>	

Goal for the upcoming week (completed by the student using SMART goals):

-

Any Unique or Unusual Case this week:

-

**Student's
Signature**

**CI's
Signature**

APTA Clinical Instructor Education & Credentialing Program, American Physical Therapy Association, Alexandria, Va, September 2005:
Section IV-7.



Department of Physical Therapy

CPI POCKET CHEATSHEET

Dana Daniel Blake, PT, DPT, OCS, MTC, Assistant Professor

IMPORTANT: Please see the end of document for Example of student narrative, CPI Anchor Rating Definitions, Expectations for Performance Level for 781/782/783 and the 5 Performance Dimensions on the CPI

Name:	Clinical:
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	CPI Performance Criteria	Elements/Things to thing about mapped to CAPTE Standards	Student Narrative
PROFESSIONAL PRACTICE ITEMS 1-6			
1	Safety	Respond to emergencies 7D33 Assess safety Risks 7D37	ANCHOR RATING FINAL (F): 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
2	Professional Behavior	Legal Practice Standards 7D1 Practice Consistent with Code of Ethics 7D4 Practice consistent with APTA Core Values 7D5 Moral reasoning 7D6 Advocate for profession 7D14	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
3	Accountability	Report Abuse 7D2 Report Fraud 7D3 Assess health care policy 7D41	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
4	Communication	Communicate effectively 7D7 Use ICF 7D21	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
5	Cultural	Respect for differences 7D8	F:

	Competence		1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
6	Professional Development	Participate in professional/comm organizations 7D13 Career development & lifelong learning 7D15	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
PATIENT MANAGEMENT ITEMS 7-15			
7	Clinical Reasoning	Analyze scientific literature 7D9 Apply knowledge, theory & judgment 7D10 Best evidence 7D11 Prevention, Health ,Wellness 7D34 Case Management 7D36 Health Informatics 7D40	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
8	Screening	Determine need for referral 7D16 Prevention, Health & Wellness 7D34 Direct Access 7D35	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
9	Examination	Patient history 7D17 Systems review 7D18 Tests & Measures 7D19a-w Direct Access 7d35	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
10	Evaluation	Evaluate data from examination to make clinical judgments 7D20 Direct Access 7D35 Health Informatics 7D40	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
11	Diagnosis and Prognosis	Determine diagnosis 7D22 Determine patient goals &	F: 1. Supervision/guidance:

		expected outcomes; timelines 7D23 Direct Access 7D35 Health Informatics 7D40	2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
12	Plan of Care	Establish plan of care 7D24 Create discontinuation of episode of care plan 7D26 Manage POC 7D28 Monitor & adjust POC response to patient status 7D30 Direct Access 7D35 Case Management 7D36 Interprofessional collaboration 7D39 Health Informatics 7D40	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:

13	Procedural Interventions	PT interventions 7D27a-i Prevention, Health & Wellness 7D34 Direct Access 7D35	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
14	Educational Interventions	Educate others 7D12 Prevention, Health & Wellness 7D34 Direct Access 7D35	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
15	Documentation	Documentation 7D32 Quality Assurance & Improvement 7D38	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:

PRACTICE MANAGEMENT ITEMS 16-18

16	Outcome Assessment	Assess patient outcomes 7D31 Quality Assurance & Improvement 7D38 Health Informatics 7D40	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> :
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			7. Current CPI Anchor Rating:
17	Financial Resources	Direct Access 7D35 Case Management 7D36 Quality Assurance & Improvement 7D38 Health Informatics 7D40 Assess health care policy 7D41 Participate in financial management of setting 7D42	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
18	Direction and Supervision of Personnel	Determine components of POC may/may not be for PTA 7D25 Delineate, communicate, & supervise POC for PTA 7D29	F: 1. Supervision/guidance: 2. Quality: 3. Complexity: 4. Consistency: 5. Efficiency: 6. <i>Examples</i> : 7. Current CPI Anchor Rating:
19	Summative Comments		<ul style="list-style-type: none"> • Areas of Strengths: • Areas for Further Development: • Caseload/Other Comments: <ol style="list-style-type: none"> 1. What is the full caseload at your clinical site for a new graduate? 2. Considering the anchor ratings, what percent of a new graduate caseload is the student capable of managing at this time? • Recommendations to address these areas: • Date/Reason for Absence:

5 Performance Dimensions on CPI

1. **Supervision/guidance** refers to the level and extent of assistance required by the student to achieve entry-level performance.
As a student progresses through clinical education experiences the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
2. **Quality** refers to the degree of knowledge and skill proficiency demonstrated.
As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.

3. **Complexity** refers to the number of elements that must be considered relative to the patient, task, and/or environment.
As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
4. **Consistency** refers to the frequency of occurrences of desired behaviors related to the performance criterion.
As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
5. **Efficiency** refers to the ability to perform in a cost-effective and timely manner.
As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

Example for CPI Number 9: Examination

Performs a physical therapy patient examination* using evidenced-based* tests and measures.

MIDTERM COMMENTS:

(Provide comments based on the performance dimensions including supervision/ guidance, quality, complexity, consistency, and efficiency.)

1. **Supervision/guidance:** I required guidance 25% of the time in selecting appropriate examination methods based on the patient's history and initial screening.
2. **Quality:** I provide examinations that are performed consistently, accurately, thoroughly, and skillfully.
3. **Complexity:** I am almost always able to complete examinations in the time allotted, except for patients with the most complex conditions.
4. **Consistency:** I am able to manage 75% caseload of the PT with some difficulty and requires assistance in completing the examination for a patient with a complex condition of dementia and multiple diagnoses.
5. **Efficiency: Advanced Intermediate** = Overall, I believe that I have achieved a level of performance consistent with advanced intermediate performance for this criterion. I continues to improve in all of these areas as I have more experience.
6. **Examples:** (provide some examples here)

SELF RATING: ADVANCED INTERMEDIATE

(Dr. Blake Hint: Be sure to include examples but no names, address simple versus complex, mention lifespan treatments of different age patients as well as % supervision required; there are 18 sections to the CPI so it takes about 4 hours to complete at Midterm and at Final so this CPI Cheat sheet will help you stay focused on the areas that you need to develop as well as show growth in as well as provide specific examples to paste into CPI)

		B	AB	I	AI	E	BE
Clinical Reasoning	Self					●	
	CI					▲	

Here is an example of a FINAL comment that moved up to Entry Level Rating.

FINAL COMMENTS:

(Provide comments based on the performance dimensions including supervision/ guidance, quality, complexity, consistency, and efficiency.)

1. **Supervision/guidance:** I am not requiring guidance in selecting appropriate examination methods for patients with complex conditions and with multiple diagnoses.
2. **Quality:** My examinations are performed consistently and skillfully. I consistently select all appropriate examination methods based on the patient's history and initial screening.
3. **Complexity:** I am able to examine a number of patients with complex conditions and with multiple diagnoses with only minimal input from the CI.
4. **Consistency:** I consistently complete examinations in the time allotted and manage a 100% caseload of the PT.
5. **Efficiency: Entry Level** = Overall I believe that I have improved across all performance dimensions to achieve entry-level clinical performance different cases.
6. **Examples:** (provide some examples here)

CPI ANCHOR RATINGS	CPI DEFINITIONS
Beginning Performance	<ul style="list-style-type: none"> • A student who requires close clinical 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 an inefficient manner. • Performance reflects little or no experience. • The student does not carry a caseload.
Advanced Beginner Performance	<ul style="list-style-type: none"> • A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients 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), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. • The student may begin to share a caseload with the clinical instructor.
Intermediate Performance	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • 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. • Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.
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<u>PHTH 781 Expectations:</u> <ul style="list-style-type: none"> • advanced beginner or higher for professional practice • advanced beginner level or higher for patient client management • advanced beginner level or higher for practice management 	<u>PHTH 782 Expectations:</u> <ul style="list-style-type: none"> • advanced intermediate or higher for professional practice • advanced intermediate level or higher for patient client management • advanced intermediate level or higher for practice management 	<u>PHTH 783 Expectations:</u> <ul style="list-style-type: none"> • entry level or higher for professional practice • entry level or higher for patient client management • entry level or higher for practice management
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Department of Physical Therapy

**STUDENT BEHAVIORAL CONTRACT
 OBSERVATION OF STUDENT BEHAVIOR (SAMPLE)**

PT Student Name	Date	Clinical Instructor	Facility

Describe the setting (place, persons involved, atmosphere).

SPT was working with a frail, elderly woman p/s pneumonia in the outpatient department. He was carrying out a program for strength and endurance. This was the third visit the student had with the patient. CI was in the area preparing for next patient's evaluation. There was an attendant bringing in towels from the laundry. There was another PT doing an evaluation in the end cubicle.

Describe the student action/behavior:

SPT put the patient on the stationary bike and then went to the therapy desk to make a phone call. The woman became tired and tried to descend from bike independently. She would have fallen but for an attendant who passed by and offered support. SPT reacted after the fact by saying "She was doing fine, I was sure I could make the phone call before she got tired". SPT has had several reminders about amount of assistance required for patients in 2 other instances – gait training and stairs.

Describe any action taken to resolve or address the above.

SPT reviewed the status of the patient and type of supervision that was required for more strenuous exercises versus mat exercise with the CI. The CI reported this incident to the ACCE and the CI's concern about the student's ability to function safely in this outpatient setting.

X	X
Student Signature	Clinical Instructor Signature
Student Comments:	

CLINICAL EXPERIENCE LEARNING CONTRACT (SAMPLE)

During the next 2 weeks, I will meet the following objectives:

1. Maintain patient safety in the outpatient setting 100% of the time; identify patient status and how patient may respond to interventions (examples; A patient with COPD may need to rest frequently during exercises and a frail patient may need Stand By Guard Assist (SGA)).
2. Provide education to patient within the scope of PT Practice that is consistent with the treatment plan and patient's understanding.

The purpose of these specific objectives is to clarify the expectations of my performance during my clinical experience at FACILITY NAME. Failure to meet these objectives by DATE may result in:

An extension of the affiliation if student meets objectives partially or repeat of the affiliation with further remediation should safety concerns continue.

SIGNATURES AND DATES:

X	X	X	X
STUDENT /DATE	CI /DATE	SCCE/DATE	DCE /DATE

OBSERVATION OF STUDENT BEHAVIOR

PT Student Name	Date	Clinical Instructor	Facility

Describe the setting (place, persons involved, atmosphere).

Describe the student action/behavior.

Describe any action taken to resolve or address the above.

X	X
Student Signature	Clinical Instructor Signature
Student Comments:	

CLINICAL EXPERIENCE LEARNING CONTRACT (SAMPLE)

During the next 2 weeks, I will meet the following objectives:

1. List at least two items here

The purpose of these specific objectives is to clarify the expectations of my performance during my clinical experience at FACILITY NAME. Failure to meet these objectives by DATE may result in:

An extension of the affiliation if student meets objectives partially or repeat of the affiliation with further remediation should safety concerns continue.

SIGNATURES AND DATES:

X	X	X	X
STUDENT /DATE	CI /DATE	SCCE/DATE	DCE /DATE

CRITICAL INCIDENT FORM
Samford University
College of Health Sciences

Student Name	Date
CI Name	Clinical Course
Clinical Site Name	Clinical Site Address
Type of Incident	
Description of Incident	

Actions Taken by Student

Notified Department	Date:
Incident Report Complete	Date:
Narrative Written	Date:
Notify Liability Insurance Carrier	Date:

Actions Taken by University

Notified Dept Chair or Dean	Date:
Discussed Incident with student	Date:
Copy of narrative in student file	Date:
Samford Risk Management notified	Date:

EXXAT CI DETAILS FORM

PERSONAL INFORMATION

CI First Name*

Last Name*

CI Email Address* (also CPI login e-mail if applicable)

CI Contact Telephone Number

CI Alternate Email

WORKING DETAILS

Supervision %* (This supervisor will be Supervising you for what % of your time at the Clinic?)

Working Schedule (days and times) *

Years of Experience as a CI *

Years experience as a clinician*

EDUCATIONAL DETAILS

Entry-level PT degree*

Highest Degree earned*

Degree Area

Advanced Clinical Certifications/Board Certified Specialties (please list)* **Yes or No**

CREDENTIALS AND MEMBERSHIPS

Is Primary CI? **Yes or No**

APTA Credentialed CI? **Yes or No**

Other CI Credential? **Yes or No**

Professional organization memberships* **APTA, Other, None**

SITE DETAILS

Address

Directions to office after entering building

Room/Suite#

Site Phone Number

NOTES SECTION