Guidelines
and
Self-Assessments
for
Clinical Education

2004 Revision

Endorsed by APTA's House of Delegates, June 13, 1993

Adopted by APTA's Board of Directors, 1992, 1999, 2004

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APTA

American Physical Therapy Association

Clinical education represents a significant component of physical therapy* curricula that has been continuously examined and discussed since the APTA publications of Moore and Perry (1976) entitled *Clinical Education in Physical Therapy: Present Status/Future Needs* and Barr and Gwyer (1981) entitled *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. As a result, the Association and the Section for Education have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation* and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: *Guidelines for Clinical Education Sites*, *Guidelines for Clinical Instructors (CIs)*, and *Guidelines for Center Coordinators of Clinical Education (CCCEs)*. These guidelines were first adopted by the APTA Board of Directors in November 1992 and endorsed by the APTA House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by the APTA Board of Directors in 1999 and 2004.

The intent of these **voluntary guidelines** is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient's home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of "should" and "may."

In addition to the development of guidelines for clinical education, the Task Force on Clinical Education (1992–1994) generated three assessment tools to be used by developing and existing clinical education sites providing physical therapy education. The self-assessment instruments for CCCEs, CIs, and clinical education sites, should be used in conjunction with the guidelines for clinical education. The assessment tools can be found after each of their respective clinical education guidelines. They are most effective when used as a comprehensive document for evaluating the effectiveness of the clinical education site's program and its clinical teachers.

The purposes of these assessment tools are threefold:

1) To empower clinical education sites, CCCEs, and CIs to assess themselves in order to enhance the development and growth of student clinical education experiences;

2) To provide developing and existing clinical education sites with objective measures to evaluate their clinical education program's assets and areas for growth; and

3) To provide clinical education sites with objective measures for the selection and development of CCCEs and CIs.

The self-assessment process is vital not only to the clinical education site, but also to the academic program. Information generated from this process can assist the academic coordinator/director of clinical education (ACCE/DCE) in developing insight into the clinical education site's strengths and resources available to students for learning experiences. In addition, the ACCE/DCE can be provided with information about areas requiring further development of the clinical education site and clinical faculty.

In October 1998, the *Guidelines and Self-Assessment for Clinical Education* were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the *Guidelines and Self-Assessments for Clinical Education* to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the *Guide to Physical Therapist Practice* and in particular the patient management model, *A Normative Model of Physical Therapist Professional Education:: Version 1997*, *A Normative Model of Physical Therapist Assistant Education: First Revision (January 1998)*, *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*. The revised *Guidelines and Self-Assessments for Clinical Education* were approved by the APTA Board of Directors in March 1999.

In March 2004, these *Guidelines and Self-Assessments for Clinical Education* were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the *Guide to Physical Therapist Practice* (2003), *A Normative Model of Physical Therapist Professional Education: Version 2004*, *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants,* and APTA policies and positions.

We wish to extend our appreciation and gratitude to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor's *Standards for Clinical Education in Physical Therapy* and the Northern California Clinical Education Consortium's *Self-Assessment of a Physical Therapy Clinical Education Site* were instrumental to the initial development of the guidelines and self-assessment tools. We are also indebted to the Ad Hoc Documentation Review Group that participated in the process of revising the *Guidelines and Self-Assessments for Clinical Education* in 1999. The APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

DIRECTIONS FOR USE

This resource document should be used to guide the development and enhancement of clinical education sites and to clarify the roles, responsibilities, and expectations of CIs and CCCEs. There are 17 guidelines for clinical education sites and 6 guidelines for CIs and for CCCEs. Below each guideline are statements that clarify the intent, scope, and meaning of the guideline. These guidelines should be used by practice facilities to help determine their readiness to become a clinical education site, and by clinicians to help determine their readiness to become a CI or CCCE.

Following each set of guidelines is a companion self-assessment tool. Response options on the self-assessment forms include *yes, no,* or *developing* boxes. The user should check only one box for each item. A *yes* response indicates that the assessor demonstrates the item, a *no* response indicates that the assessor has not demonstrated the item, and a *developing* response indicates that this is an item that is in progress and that the assessor is working toward a *yes* response. When either a *no* or *developing* box is checked, the Comments/Plan section should be completed by briefly describing the actions to be taken to demonstrate the item(s). It is plausible that in some situations a *no* response could be checked because a particular item may not be relevant for the specific practice setting. Self-assessments for clinical education sites, CCCEs, and CIs may be separated and used in conjunction with their respective set of guidelines. They are most effective, however, when used as a comprehensive document for evaluating the effectiveness of the clinical education site's program and its clinical teachers.

To provide clarity, the terms *academic program, clinical education site,* and *provider of physical therapy* are used consistently throughout the documents. *Academic program* is used to describe that part of the curriculum that occurs at the academic institution of higher education. *Clinical education site* indicates the entire clinical facility. *Provider of physical therapy* indicates that part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist with the ability to direct and supervise the physical therapist assistant in providing physical therapy interventions. An asterisk indicates that the word can be found in the glossary. Users of this document are strongly encouraged to refer to the glossary because some commonly used terms may now have different meanings or intent. In addition, the plural form of "students" is used throughout the document to encourage clinical education sites to provide clinical learning experiences to more than one student simultaneously, using alternative collaborative and cooperative approaches to student supervision where feasible.

Opportunities should be provided for CIs and CCCEs to discuss the guidelines and self-assessments to determine how they should be applied to their specific clinical setting and how they may be used to determine an individual's readiness to become a CI or CCCE. In addition, academic programs should consider using information from the clinical educators' completed self-assessments to help in the development of the clinical site and the clinical educators. Based on this information, academic programs can ensure high-quality clinical learning experiences for their students by providing in-service and continuing education programs that will enhance the overall clinical education site* and will help CIs and CCCEs keep up-to-date on current practice.

GUIDELINES FOR CLINICAL EDUCATION SITES

1.0 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PROVIDER OF PHYSICAL THERAPY FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.

    1.1   The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.

    1.2   The clinical education site and the provider of physical therapy should have a written statement of philosophy.

        1.2.1   The statement of philosophy may include comments concerning responsibilities for patient/client care, community service and resources, and educational and scholarly activities.

2.0 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PROVIDER OF PHYSICAL THERAPY, AND THE INDIVIDUAL STUDENT.

    2.1   Planning for students should take place through communication* among the center coordinator of clinical education (CCCE), the clinical instructors (CIs), and the academic coordinator/director of clinical education (ACCE/DCE).

        2.1.1   The provider of physical therapy has clearly stated, written objectives for its clinical education programs consistent with the philosophy and requirements of each academic program.

        2.1.2   Clinical education objectives should be written specifically for the provider of physical therapy by physical therapy personnel.

        2.1.3   Students should participate in planning their learning experiences according to mutually agreed-on objectives.

        2.1.4   CIs should be prepared to modify learning experiences to meet individual student needs, objectives, and interests.

    2.2   A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.

        2.2.1   Organized procedures for the orientation of students exist. These procedures may include providing an orientation manual, a facility tour, and information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.

    2.3   Evaluation of student performance is an integral part of the learning plan to ensure that objectives are met.

        2.3.1   Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.

2.3.2   The provider of physical therapy gives both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.

3.0   PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.

3.1   All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and APTA positions, policies, standards, codes, and guidelines.

    3.1.1   The clinical education site has evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate.

    3.1.2   The provider of physical therapy has a current policy and procedure manual, which includes a copy of the state/jurisdictional practice act and interpretive rules and regulations, the APTA *Code of Ethics, Standards for Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, Guide to Physical Therapist Practice,* and a clinical education site code of ethics, if available.

3.2   The clinical education site policies are available to the personnel and students.

    3.2.1   Written policies should include, but not be limited to, statements on patients/clients' rights, release of confidential information (eg, HIPAA), photographic permission, clinical research, and safety and infection control.

    3.2.2   The clinical education site has a mechanism for reporting unethical, illegal, unprofessional, or incompetent* practice.

4.0   THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.

4.1   The clinical education site adheres to affirmative action policies and does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, or disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.

    4.1.1   The clinical education site has written statements regarding nondiscrimination in its hiring, promotion, and retention practices.

4.2   The clinical education site does not discriminate against students and ensures that each student is provided equal opportunities, learning experiences, and benefits.

    4.2.1   The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.*

4.2.2   The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.

4.2.3   The clinical education site makes reasonable accommodations for personnel and students according to ADA* guidelines.

5.0   THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.

5.1   A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.

5.1.1   A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.

5.2   The clinical education site demonstrates support of the participation of its personnel in clinical education activities.

5.2.1   The clinical education site promotes participation of personnel as CIs and CCCEs.

5.2.2   The clinical education site facilitates growth of clinical educators by providing educational opportunities related to clinical education such as in-service presentations, CI training and credentialing programs, and attendance at clinical education conferences.

5.2.3   The clinical education site demonstrates commitment to clinical education by reasonable allocation of resources.

5.3   Administrative support should be demonstrated by the inclusion of a statement of educational commitment within the clinical education site's philosophy statement.

5.4   A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanisms, policies and procedures, sample forms, and a listing of current academic program relationships.

6.0   THE CLINICAL EDUCATION SITE HAS A VARIETY* OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.

6.1   Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.

6.1.1   The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,* prognosis,* intervention, outcomes, and reexamination (see *Guide to Physical Therapist Practice*).

6.1.2   Provision of a "variety of learning experiences" may include, but should not be limited to, patient/client acuity, continuum of care, presence of a PT working

with a PTA, complexity of patient/client diagnoses and environment, health care systems, and health promotion.

6.1.3   The clinical education site provides a clinical experience appropriate to the students' level of education and prior experiences.

6.1.4   The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion, prevention, and wellness programs.

6.1.5   The provider of physical therapy has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.

6.1.6   The provider of physical therapy indicates the types of clinical learning experiences that are offered (eg, observational, part-time, full-time).

6.2   Other learning experiences should include opportunities in practice management (eg, indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration,* resource (financial and human) management, public relations and marketing, and social responsibility and advocacy. For physical therapist assistant students, these opportunities may include education, administration, and social responsibility and advocacy.

6.2.1   The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.

6.2.2   The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.

6.2.3   The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.

6.2.4   The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal clubs, continuing education/in-services, literature review, case studies, and clinical research.

7.0   THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

7.1   The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.

7.1.1   Less tangible characteristics of the site's personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.

7.2   There is evidence of continuing and effective communication within the clinical education site.

7.2.1   Possible mechanisms of verbal communication might include personnel meetings, advisory committee meetings, and interaction with other care providers, referral agencies, and consumers.

7.2.2   Possible written communications available includes regular monthly or yearly reports, memorandums, and evaluations.*

7.2.3   Possible use of information technology includes e-mail, voice mail, computer documentation, electronic pagers, literature searches on the Internet, and use of APTA's Hooked-on-Evidence database (http://www.apta.org/hookedonevidence/index.cfm).

7.3   The physical environment for clinical education should include adequate space for the student to conduct patient/client interventions and practice-management activities.

7.3.1   The physical environment may include some or all of the following physical resources: lockers for personal belongings, study/charting area, area for private conferences, classroom/conference space, library resources, and access to the Internet.

7.3.2   Patient/client-care areas are of adequate size to accommodate patients/clients, personnel, students, and necessary equipment.

7.4   The learning environment need not be elaborate, but should be organized, dynamic, and challenging.

8.0   SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

8.1   Evidence exists that, prior to arrival, students are advised in writing of the availability of support services within the clinical education site and procedures for access to such services.

8.1.1   Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.

8.1.2   Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.

9.0   ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

    9.1   Current job descriptions exist which are consistent with the respective state/jurisdictional practice acts and rules and regulations, and are available for all physical therapy personnel.

        9.1.1   Job responsibilities reflecting clinical education activities are clearly defined within the job descriptions of all physical therapy personnel.

    9.2   Students are informed of the roles and responsibilities of all levels of personnel within the clinical education site and provider of physical therapy and how these responsibilities are distinguished from one another.

    9.3   The clinical education site and the provider of physical therapy should have a current policy and procedure manual that includes a written organizational chart for the provider of physical therapy and for the provider of physical therapy in relation to the clinical education site.

        9.3.1   The physical therapy organizational chart clearly identifies the lines of communication to be used by the student during clinical education experiences.*

        9.3.2   Organizational charts should also reflect all personnel relationships, including the person to whom the students are responsible while at the clinical education site.

10.0   THE PHYSICAL THERAPY PERSONNEL ARE ADEQUATE IN NUMBER TO PROVIDE AN EDUCATIONAL PROGRAM FOR STUDENTS.

    10.1   Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines.

        10.1.1   Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

    10.2   Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, the state/jurisdictional practice act, and the length of the clinical education assignments.

        10.2.1   Alternative approaches to student supervision should be considered where feasible. Examples may include two or more students to one supervisor, and split supervision by two or more CIs or split supervision by rotation.

    10.3   Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.

11.0 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

11.1 To qualify as a center coordinator of clinical education (CCCE), the individual should meet the *Guidelines for Center Coordinators of Clinical Education*. Preferably, a physical therapist and/or a physical therapist assistant are designated as the CCCE. Various alternatives may exist, including, but not limited to, non–physical therapy professionals who possess the skills to organize and maintain an appropriate clinical education program.*

    11.1.1 If the CCCE *is a physical therapist or physical therapist assistant*, the CCCE should be experienced as a clinician, be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.

    11.1.2 If the CCCE *is not from the physical therapy profession*, the CCCE should be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist assistant who is experienced as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of physical therapist students is delegated to a physical therapist. Direct clinical supervision of the physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

11.2 Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the CCCE serving as the key contact person for the clinical education site with academic programs.

12.0 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.

12.1 To qualify as a clinical instructor (CI), individuals should meet the *Guidelines for Clinical Instructors*.

    12.1.1 One year of clinical experience with demonstrated clinical competence is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

    12.1.2 CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

    12.2.3 CIs should preferably complete a clinical instructor credentialing program such as the APTA Clinical Instructor Education and Credentialing Program.

12.2 CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.

12.2.1 Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.

12.2.2 The CI is evaluated on the actual application of educational principles.

12.3 The primary CI for physical therapist students must be a physical therapist.

12.4 The PT working with the PTA is the preferred model of clinical instruction for the physical therapist assistant student to ensure that the student learns the appropriate aspects of the physical therapist assistant role.

12.4.1 Where the physical therapist is the CI, the preferred roles of the physical therapist assistant are to serve as a role model for the physical therapist assistant student and to maintain an active role in the feedback and evaluation of the physical therapist assistant student.

12.4.2 Where the physical therapist assistant is the CI working with the PT, the preferred roles of the physical therapist are to observe and consult on an ongoing basis, to model the essentials of the PT/PTA relationship, and to maintain an active role in feedback and evaluation of the physical therapist assistant students.

12.4.3 Regardless of who functions as the CI, a physical therapist will be the patient/client care team leader with ultimate responsibility for the provision of physical therapy services to all patients/clients for whom the physical therapist assistant student provides interventions.

13.0 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.

13.1 The clinical education site personnel, when appropriate, provide a variety of learning opportunities consistent with their areas of expertise.

13.1.1 Special expertise may be offered by select physical therapy personnel or by other professional disciplines that can broaden the knowledge and competence of students.

13.1.2 Special knowledge and expertise can be shared with students through in-service education, demonstrations, lectures, observational experiences, clinical case conferences, meetings, or rotational assignments.

13.1.3 The involvement of the individual student in these experiences is determined by the CI.

14.0 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI and CCCE) TRAINING AND DEVELOPMENT.

14.1 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.

14.1.1 The ACCE and the CCCE may collaborate on arrangements for presenting materials on clinical teaching to the CIs.

14.1.2 The clinical education site should provide support for attendance at clinical education conferences and clinical teaching seminars on the consortia, regional, component, and national levels.

14.1.3 The APTA Clinical Instructor Education and Credentialing Program is recommended for clinical educators.

15.0 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.

15.1 The clinical education site's policy and procedure manuals outline policies concerning on- the-job training, in-service education, continuing education, and postprofessional physical therapist/post–entry-level physical therapist assistant study.

15.2 The clinical education site supports personnel participation in various development programs through mechanisms such as release time for in-services, on-site continuing education programs, and financial support and educational time for external seminars and workshops.

15.3 In-service education programs are scheduled on a regular basis and should be planned by personnel of the clinical education site.

15.4 Student participation in career development activities is expected and encouraged.

16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

16.1 Activities may include, but are not limited to, self-improvement activities; professional development and career enhancement activities; membership in professional associations, including the American Physical Therapy Association; activities related to offices or committees; paper or verbal presentations; community and human service organization activities; and other special activities.

16.2 The physical therapy personnel should be encouraged to be active at local, state, component, and/or national levels.

16.3 The physical therapy personnel should provide students with information about professional activities and encourage their participation.

16.4 The physical therapy personnel should be knowledgeable of professional issues.

16.5 Physical therapy personnel should model APTA's core values for professionalism.

17.0   THE PROVIDER OF PHYSICAL THERAPY HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

17.1   Performance evaluations of physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.

17.2   Evaluation of the provider of physical therapy should occur at regularly scheduled intervals.

17.2.1   Evaluation methods may include, but are not limited to, continuous quality improvement, peer review, utilization review, medical audit, program evaluation, and consumer satisfaction monitors.

17.2.2   Evaluations should be continuous and include all aspects of the service, including, but not limited to, consultation, education, critical inquiry, and administration.

17.3   The clinical education site has successfully met the requirements of appropriate external agencies.

17.4   The provider of physical therapy involves students in the review processes whenever possible.

17.5   The physical therapy clinical education program should be reviewed and revised as changes occur in objectives, programs, and personnel.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers.* Alexandria, Va: American Physical Therapy Association; 1981:3-8.

The development of this document was a result of combined efforts of the Task Force on Clinical Education, 1989-1991, and the Task Force on Clinical Education, 1992-1994.

Revisions of this document are based on:

1. *Guide to Physical Therapist Practice.* Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2001.

2. *A Normative Model of Physical Therapist Professional Education, Version 2000.* Alexandria, Va: American Physical Therapy Association; 2000.

3. *A Normative Model of Physical Therapist Assistant Education, Version 99.* Alexandria, Va: American Physical Therapy Association; 1999.

4. Physical Therapist Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments.* Alexandria, Va: American Physical Therapy Association; 1998.

5. Physical Therapist Assistant Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments.* Alexandria, Va: American Physical Therapy Association; 1998.

6. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. In: *Accreditation Handbook.* Alexandria, Va: American Physical Therapy Association; 1998.

7. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. In: *Accreditation Handbook.* Alexandria, Va: American Physical Therapy Association; 2002.

SELF-ASSESSMENTS FOR CLINICAL EDUCATION SITES

1.0 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PHYSICAL THERAPY SERVICE FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.

1. Does the provider of physical therapy policy and procedure manual contain a statement of philosophy for clinical education? ❑ Yes ❑ No ❑ Developing

2. Does the clinical education site have a written statement of philosophy regarding clinical education? ❑ Yes ❑ No ❑ Developing

3. Does the clinical education site statement of philosophy include comments related to the site's responsibilities for patient/client care plans, community service and resources, and educational and scholarly activities? ❑ Yes ❑ No ❑ Developing

4. After reviewing the academic program's philosophy, do you believe the philosophy of the provider of physical therapy is compatible with that of the academic program? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

2.0 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PHYSICAL THERAPY SERVICE, AND THE INDIVIDUAL STUDENT.

1. Does your provider of physical therapy:

   a) Have written objectives for clinical education? ❑ Yes ❑ No ❑ Developing

   b) Develop objectives with the input of physical therapy personnel? ❑ Yes ❑ No ❑ Developing

   c) Include students in planning learning experiences according to mutually agreed-on objectives? ❑ Yes ❑ No ❑ Developing

   d) Prepare CIs to modify particular learning experiences to meet individual student needs, objectives, and interests? ❑ Yes ❑ No ❑ Developing

   e) Have continuous communication with the academic program(s) about clinical education objectives? ❑ Yes ❑ No ❑ Developing

2. Are all members of the physical therapy staff who will be involved with clinical education familiar with the academic program and provider of physical therapy objectives for clinical education? ❑ Yes ❑ No ❑ Developing

   a) Is there a mechanism for staff to regularly review the academic program's curriculum and objectives? ❑ Yes ❑ No ❑ Developing

3. Are the clinical education objectives sufficiently flexible to accommodate:

   a) The student's objectives? ❑ Yes ❑ No ❑ Developing

   b) The clinical instructor's objectives? ❑ Yes ❑ No ❑ Developing

   c) Student learning at different levels? ❑ Yes ❑ No ❑ Developing

   d) The academic program's objectives for specific experiences? ❑ Yes ❑ No ❑ Developing

4. Are there organized procedures for the orientation of students? ❑ Yes ❑ No ❑ **Developing**

   a) Does a student orientation manual exist? ❑ Yes ❑ No ❑ Developing

b) Does student orientation include a facility tour and information related to housing, transportation, parking, dress code, documentation and scheduling procedures, and other important policies and procedures? ❑ Yes ❑ No ❑ Developing

5. Do your CIs participate in providing student feedback? ❑ Yes ❑ No ❑ Developing

    a) How do you or your CIs provide feedback to student(s)? [check all that apply]

        ▪ Daily ❑

        ▪ Weekly ❑

        ▪ Periodically ❑

        ▪ Orally ❑

        ▪ Written ❑

6. Do your CIs participate in both constructive (interim) and cumulative (final) formative evaluations? ❑ Yes ❑ No ❑ Developing

    a) How do you or your CIs provide evaluations to the student(s)? [check all that apply]

        ▪ Orally ❑

        ▪ Written ❑

        ▪ Predetermined schedule ❑

COMMENTS/PLAN:

3.0 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.

1. Does your clinical education site have a written policy for ethical standards of practice?   ❑ Yes   ❑ No   ❑ Developing

2. Does your physical therapy service policy and procedure manual contain:

   a) A current copy of the APTA *Code of Ethics, Standards for Ethical Conduct of the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member*, and a clinical education site code of ethics?   ❑ Yes   ❑ No   ❑ Developing

   b) A current copy of the state practice act and interpretive rules and regulations?   ❑ Yes   ❑ No   ❑ Developing

3. Does your clinical education site have written policies, which include statements on patients' rights, including HIPAA, release of confidential information, photographic permission, and clinical research?   ❑ Yes   ❑ No   ❑ Developing

4. Does your clinical education site have a mechanism, formal or informal, for reporting: ❑ Yes   ❑ No   ❑ Developing

   a) Unethical practice?   ❑ Yes   ❑ No   ❑ Developing

   b) Illegal practice?   ❑ Yes   ❑ No   ❑ Developing

   c) Unprofessional practice?   ❑ Yes   ❑ No   ❑ Developing

   d) Incompetent practice?   ❑ Yes   ❑ No   ❑ Developing

5. Does your clinical education site have evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate?   ❑ Yes   ❑ No   ❑ Developing

6. Is your physical therapy service consistent with policies and positions of the APTA?   ❑ Yes   ❑ No   ❑ Developing

COMMENTS/PLAN:

4.0   THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.

1. Does your clinical education site have written policies prohibiting discrimination on the basis of race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?   ❑ Yes   ❑ No   ❑ Developing

    These policies apply to [check all that apply]:

    ▪ Recruiting   ❑ Yes   ❑ No   ❑ Developing

    ▪ Hiring   ❑ Yes   ❑ No   ❑ Developing

    ▪ Promoting   ❑ Yes   ❑ No   ❑ Developing

    ▪ Retaining   ❑ Yes   ❑ No   ❑ Developing

    ▪ Training   ❑ Yes   ❑ No   ❑ Developing

    ▪ Recommending benefits   ❑ Yes   ❑ No   ❑ Developing

2. Does your clinical education site ensure each student is provided equal opportunities by:

    a) Accepting students regardless of race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?   ❑ Yes   ❑ No   ❑ Developing

    b) Providing equal opportunities, learning experiences, and benefits?   ❑ Yes   ❑ No   ❑ Developing

    c) Evaluating student's performance without regard race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?   ❑ Yes   ❑ No   ❑ Developing

    d) Demonstrating sensitivity to issues of cultural diversity in clinical education?   ❑ Yes   ❑ No   ❑ Developing

3. Does the clinical education site make reasonable accommodations for personnel and students according to ADA guidelines?   ❑ Yes   ❑ No   ❑ Developing

4. Does your clinical education site demonstrate evidence of the above through a clinical education agreement, policies and procedures, or organized activities addressing issues of cultural competence (eg, sharing different foods, discussing cultural values)? ❏ Yes ❏ No ❏ Developing

COMMENTS/PLAN:

5.0 THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.

1. Does your clinical education site have a mechanism for completion of clinical education agreements with academic programs?   ❑ Yes   ❑ No   ❑ Developing

2. Does your administration demonstrate support for clinical education by:

    a) Including a statement of educational commitment within the clinical education site's philosophy?   ❑ Yes   ❑ No   ❑ Developing

    b) Showing a willingness to enter into a written agreement with an academic program?   ❑ Yes   ❑ No   ❑ Developing

3. Does your clinical education site demonstrate continued support for clinical education by:

    a) Maintaining current clinical education agreements?   ❑ Yes   ❑ No   ❑ Developing

    b) Providing educational opportunities related to clinical education?   ❑ Yes   ❑ No   ❑ Developing

    c) Providing support to attend continuing education programs pertinent to clinical education?   ❑ Yes   ❑ No   ❑ Developing

    d) Providing job flexibility to accommodate additional responsibilities in clinical education?   ❑ Yes   ❑ No   ❑ Developing

    e) Allocating resources such as space, equipment, and supportive personnel?   ❑ Yes   ❑ No   ❑ Developing

4. Does a clinical education program policy and procedure manual exist that includes, but is not limited to:

    a) Structure of the program?   ❑ Yes   ❑ No   ❑ Developing

    b) Roles and responsibilities of personnel?   ❑ Yes   ❑ No   ❑ Developing

    c) Quality assurance and improvement mechanisms?   ❑ Yes   ❑ No   ❑ Developing

    d) Listing current academic program relationships?   ❑ Yes   ❑ No   ❑ Developing

e) Policies and procedures?   ❑ Yes   ❑ No   ❑ Developing

f) Sample forms?   ❑ Yes   ❑ No   ❑ Developing

COMMENTS/PLAN:

6.0 THE CLINICAL EDUCATION SITE HAS A VARIETY OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.

1. Do you believe you can provide quality learning experiences for:

   a) Observational experiences? ❑ Yes ❑ No ❑ Developing

   b) Part-time experiences (less than 35 hours/week)? ❑ Yes No ❑ Developing

   c) Full-time experiences (greater than 35 hours/week)? ❑ Yes ❑ No ❑ Developing

   d) Extended experiences (greater than 16 weeks)? ❑ Yes ❑ No ❑ Developing

2. Do you provide patient/client care learning experiences for students, such as: (See *Guide to Physical Therapist Practice*)

   a) Observation? ❑ Yes ❑ No ❑ Developing

   b) Screening? ❑ Yes ❑ No ❑ Developing

   c) Examination*? ❑ Yes ❑ No ❑ Developing

   d) Evaluation? ❑ Yes ❑ No ❑ Developing

   e) Diagnosis? ❑ Yes ❑ No ❑ Developing

   f) Prognosis?

   - Plan of care* ❑ Yes ❑ No ❑ Developing

   - Consultation ❑ Yes ❑ No ❑ Developing

   - Goals ❑ Yes ❑ No ❑ Developing

   g) Intervention*?

   - Coordination, communication, and documentation ❑ Yes ❑ No ❑ Developing

   - Patient/client-related instruction ⌐Yes ⌐No ❑ Developing

   - Patient interventions ❑ Yes ❑ No ❑ Developing

   h) Outcome*?

   - Data collection ❑ Yes ❑ No ❑ Developing

   - Analysis ❑ Yes ❑ No ❑ Developing

   - Development of statistical reports ❑ Yes ❑ No ❑ Developing

i) Discharge planning?

- Follow-up/reexamination   ❑ Yes   ❑ No   ❑ Developing

j) Complexity of patient/client learning experiences (level of acuity, comorbidities, etc)?   ❑ Yes   ❑ No   ❑ Developing

3. Do your clinical education experiences provide for a continuum of patient/client care?   ❑ Yes   ❑ No   ❑ Developing

4. Do you provide other learning experiences such as:

a) Service consultation (other health professionals, schools, businesses, organizations, community, etc)?   ❑ Yes   ❑ No   ❑ Developing

b) Education?

- In-service programs   ❑ Yes   ❑ No   ❑ Developing

- Patient care rounds   ❑ Yes   ❑ No   ❑ Developing

- Case conferences   ❑ Yes   ❑ No   ❑ Developing

- Observation of other health professionals and/or medical procedures   ❑ Yes   ❑ No   ❑ Developing

c) Clinical reasoning and evidenced-based practice?

- Observation or participation in systematic data collection, clinical research, and clinical decision making   ❑ Yes   ❑ No   ❑ Developing

d) Administration/management?

- Quality improvement   ❑ Yes   ❑ No   ❑ Developing

- Utilization of resources   ❑ Yes   ❑ No   ❑ Developing

- Reimbursement and billing procedures   ❑ Yes   ❑ No   ❑ Developing

- Cost containment   ❑ Yes   ❑ No   ❑ Developing

- Fiscal management   ❑ Yes   ❑ No   ❑ Developing
-
- Scheduling   ❑ Yes   ❑ No   ❑ Developing

- Productivity analysis   ❑ Yes   ❑ No   ❑ Developing

- Direction, supervision, and appropriate utilization of the physical therapist assistant ☐ Yes ☐ No ☐ Developing

- Utilization of support personnel ☐ Yes ☐ No ☐ Developing

- Ability to supervise other students ☐ Yes ☐ No ☐ Developing

 e) Social responsibility and advocacy?

- Consumer education, prevention, wellness, and health promotion ☐ Yes ☐ No ☐ Developing

- Exposure to pro bono work ☐ Yes ☐ No ☐ Developing

- Exposure to community service activities ☐ Yes ☐ No ☐ Developing
- Opportunities for patient/client advocacy and advocacy for the profession ☐ Yes ☐ No ☐ Developing

 f) Other scholarly activities?

- Journal club ☐ Yes ☐ No ☐ Developing

- Literature review ☐ Yes ☐ No ☐ Developing

- Case studies ☐ Yes ☐ No ☐ Developing

5 Does your provider of physical therapy have equipment and space that is:

 a) Appropriate to the types of patients/clients* managed? ☐ Yes ☐ No ☐ Developing

 b) Appropriate to the physical therapy interventions provided? ☐ Yes ☐ No ☐ Developing

 c) Contemporary? ☐ Yes ☐ No ☐ Developing

6 Does your clinical education experience have accessibility to library, Internet, or audiovisual resources? ☐ Yes ☐ No ☐ Developing

COMMENTS/PLAN:

7.0 THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

1. Do your physical therapy personnel demonstrate characteristics, such as:

   a) Variety of expertise? ❑ Yes ❑ No ❑ Developing

   b) Flexibility? ❑ Yes ❑ No ❑ Developing

   c) Interest in contemporary theory and evidence-based practice? ❑ Yes ❑ No ❑ Developing

   d) Receptiveness to diversity? ❑ Yes ❑ No ❑ Developing

   e) Positive working relationships with other professions? ❑ Yes ❑ No ❑ Developing

2. Does your provider of physical therapy demonstrate:

   a) Positive collegial relationships? ❑ Yes ❑ No ❑ Developing

   b) Effective management? ❑ Yes ❑ No ❑ Developing

   c) Positive staff morale? ❑ Yes ❑ No ❑ Developing

3. Are there regular formal mechanisms for communication within the clinical education site, such as:

   a) Personnel meetings? ❑ Yes ❑ No ❑ Developing

   b) Advisory committee meetings? ❑ Yes ❑ No ❑ Developing

   c) Interdisciplinary conferences and meetings? ❑ Yes ❑ No ❑ Developing

   d) Interaction with referral agencies? ❑ Yes ❑ No ❑ Developing

   e) Interaction with consumers? ❑ Yes ❑ No ❑ Developing

   f) Written communications, which may include monthly or yearly reports, memorandums, or evaluations? ❑ Yes ❑ No ❑ Developing

   g) Use of information technology that may include, but is not limited to, e-mail, voicemail, computer documentation, and electronic pagers? ❑ Yes ❑ No ❑ Developing

4. Does the physical environment include appropriate space for:

    a) Patient/client care services? ☐ Yes ☐ No ☐ Developing

    b) Administration activities? ☐ Yes ☐ No ☐ Developing

    c) Educational activities? ☐ Yes ☐ No ☐ Developing

    d) Consultative functions? ☐ Yes ☐ No ☐ Developing

    e) Documentation services? ☐ Yes ☐ No ☐ Developing

    f) Personal belongings? ☐ Yes ☐ No ☐ Developing

COMMENTS/PLAN:

8.0 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

1. Is the student given advance written information concerning the availability, access, limitations, and cost of support services, such as:

   a) Health care? ❑ Yes ❑ No ❑ Developing

   b) Emergency medical care and pharmaceutical supplies? ❑ Yes ❑ No ❑ Developing

   c) Library facilities? ❑ Yes ❑ No ❑ Developing

   d) Educational media and equipment? ❑ Yes ❑ No ❑ Developing

   e) Duplicating services? ❑ Yes ❑ No ❑ Developing

   f) Computer services? ❑ Yes ❑ No ❑ Developing

   g) Research and independent study support? ❑ Yes ❑ No ❑ Developing

   h) Room and board? ❑ Yes ❑ No ❑ Developing

   i) Laundry? ❑ Yes ❑ No ❑ Developing

   j) Parking? ❑ Yes ❑ No ❑ Developing

   k) Public or special transportation? ❑ Yes ❑ No ❑ Developing

   l) Recreational facilities? ❑ Yes ❑ No ❑ Developing

2. Does your clinical education site provide for special learning needs of students, within reasonable accommodations and in accordance with ADA guidelines? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

1. Do you have a job description for all personnel as the providers of physical therapy? ❑ Yes ❑ No ❑ Developing

2. Do the job descriptions include the clinical education responsibilities of the:

    a) CCCE? ❑ Yes ❑ No ❑ Developing

    b) CI? ❑ Yes ❑ No ❑ Developing

3. Are the roles of the various physical therapy personnel explained to the student(s)? ❑ Yes ❑ No ❑ Developing

4. Does your policy and procedure manual include a written organizational chart for the provider of physical therapy in relation to the other components of the clinical education site? ❑ Yes ❑ No ❑ Developing

5. Does the organizational chart for the physical therapy service clearly show:

    a) The relationship of personnel? ❑ Yes ❑ No ❑ Developing

    b) The person to whom the students are responsible while at the clinical education site? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

10.0 THE PHYSICAL THERAPY PERSONNEL ARE ADEQUATE IN NUMBER TO PROVIDE AN EDUCATIONAL PROGRAM FOR STUDENTS.

1. Have you referred to your state practice act as a guideline in developing your clinical education program?

   ❑ Yes ❑ No ❑ Developing

2. Do your personnel have adequate time, aside from patient/client care responsibilities, to assume responsibility for the education of students?

   ❑ Yes ❑ No ❑ Developing

3. Have accommodations been made to provide student supervision in the absence of the clinical instructor?

   ❑ Yes ❑ No ❑ Developing

4. Are you currently using or willing to consider alternative approaches to student–staff ratios for the CI?

   ❑ Yes ❑ No ❑ Developing

   Examples of such ratios are [check all that are used]:

   a) 1 CI : 1 student ❑

   b) 1 CI : 2 students ❑

   c) 1 CI : > 2 students ❑

   d) 2 CIs : 2 students ❑

   e) 2 CIs (split rotations) : 1 student ❑

   f) 1 PT/1 PTA (CI team) : 1 PT/1 PTA (student team) ❑

   g) Other (list them) ❑

COMMENTS/PLAN:

11.0 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

1. Does your clinical education site have written criteria for the position of CCCE? ❑ Yes ❑ No ❑ Developing

2. Are the criteria based on the *Guidelines for Center Coordinators of Clinical Education*? ❑ Yes ❑ No ❑ Developing

3. Is the responsibility for coordination of clinical education assigned to one or more individuals? ❑ Yes ❑ No ❑ Developing

   a) Is/are the designated person(s) physical therapist(s)? ❑ Yes ❑ No ❑ Developing

   b) Is/are the designated person(s) physical therapist assistant(s)? ❑ Yes ❑ No ❑ Developing

   c) Is/are the designated person(s) non–physical therapist professional(s) who possess the skills to organize and maintain an appropriate clinical education program? ❑ Yes ❑ No ❑ Developing

4. If the CCCE is a non–physical therapist professional:

   a) Is the direct supervision of PT students provided by physical therapists? ❑ Yes ❑ No ❑ Developing

   b) Is the direct supervision of PTA students provided by PTs or the PTA working with the PT? ❑ Yes ❑ No ❑ Developing

5. Is the clinical education site's CCCE the key contact person with academic programs? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

12.0 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.

1. Does your clinical education site have written criteria for the position of CI? ☐ Yes ☐ No ☐ Developing

2. Are the criteria based on the *Guidelines for Clinical Instructors*? ☐ Yes ☐ No ☐ Developing

3. Do your CIs have at least 1 year of clinical experience and meet the recommended criteria as outlined by the *Guidelines for Clinical Instructors*? ☐ Yes ☐ No ☐ Developing

4. Do your CIs demonstrate:

   a) A desire to participate in the clinical education program? ☐ Yes ☐ No ☐ Developing

   b) The ability to plan, conduct, and evaluate a clinical education experience based on sound educational principles? ☐ Yes ☐ No ☐ Developing

5. Have your CIs attended formal CI training such as:

   a) APTA's voluntary Clinical Instructor Education and Credentialing Program (www.apta.org, "Education")? ☐ Yes ☐ No ☐ Developing

   b) Consortia/component-sponsored CI training? ☐ Yes ☐ No ☐ Developing

   c) Academic program–sponsored CI training? ☐ Yes ☐ No ☐ Developing

6. Does the clinical education site have a mechanism to determine CI competence in providing quality clinical education experiences? ☐ Yes ☐ No ☐ Developing

7. Is the direct supervision of a physical therapist student provided by a physical therapist? ☐ Yes ☐ No ☐ Developing

8. Is the direct supervision of a physical therapist assistant student provided by a physical therapist or a physical therapist assistant working with a physical therapist? ☐ Yes ☐ No ☐ Developing

COMMENTS/PLAN:

13.0 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.

1. Are there any areas of special expertise within your clinical education site? ☐ Yes ☐ No ☐ Developing

    a) Are these experiences available to students? ☐ Yes ☐ No ☐ Developing

2. Does the CI's responsibility include determining individual student readiness for these experiences? ☐ Yes ☐ No ☐ Developing

3. If your clinical education site is multidisciplinary, are learning experiences from other disciplines available to the student? ☐ Yes ☐ No ☐ Developing

COMMENTS/PLAN:

14.0 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI AND CCCE) TRAINING AND DEVELOPMENT.

1. Does the clinical education site foster formal and informal clinical educator training by:

   a) Providing clinical teaching in-service education? ❑ Yes ❑ No ❑ Developing

   b) Providing support for attendance at clinical teaching seminars? ❑ Yes ❑ No ❑ Developing

   c) Encouraging attendance at clinical education conferences on the consortia, regional, component, and national levels? ❑ Yes ❑ No ❑ Developing

   d) Recommending the APTA Clinical Instructor Education and Credentialing Program? ❑ Yes ❑ No ❑ Developing

   e) Supporting collaborative efforts of the CCCE and ACCE/DCE for CI training? ❑ Yes ❑ No ❑ Developing

   f) Providing CI training materials, such as manuals and videotapes? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

15.0 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.

1. Does the clinical education site's policy and procedure manuals outline policies concerning:

   a) On-the-job training?   ❑ Yes   ❑ No   ❑ Developing

   b) In-service education?   ❑ Yes   ❑ No   ❑ Developing

   c) Continuing education?   ❑ Yes   ❑ No   ❑ Developing

   d) Post–entry-level study?   ❑ Yes   ❑ No   ❑ Developing

2. Does the clinical education site support personnel participation in various development programs through mechanisms, such as:

   a) Release time for in-services?   ❑ Yes   ❑ No   ❑ Developing

   b) On-site or online continuing education programming?   ❑ Yes   ❑ No   ❑ Developing

   c) Financial support or educational release time for external seminars and workshops?   ❑ Yes   ❑ No   ❑ Developing

3. Are personnel in-service programs scheduled on a regular basis?   ❑ Yes   ❑ No   ❑ Developing

4. Are in-service programs planned by clinical education site personnel?   ❑ Yes   ❑ No   ❑ Developing

5. Is student participation in career development activities expected and encouraged?   ❑ Yes   ❑ No   ❑ Developing

COMMENTS/PLAN:

16.0   PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

1. Do physical therapy personnel participate in:

    a) Self-improvement, self-assessment, and peer assessment activities? ❑ Yes   ❑ No   ❑ Developing

    b) Professional career enhancement activities? ❑ Yes   ❑ No   ❑ Developing

    c) Membership in professional associations? ❑ Yes   ❑ No   ❑ Developing

    d) Professional activities relating to offices or committees? ❑ Yes   ❑ No   ❑ Developing

    e) Presentations? ❑ Yes   ❑ No   ❑ Developing

    f) Community and human service organization activities? ❑ Yes   ❑ No   ❑ Developing

    g) Other special activities? ❑ Yes   ❑ No   ❑ Developing

2. Are the physical therapy personnel knowledgeable about professional issues? ❑ Yes   ❑ No   ❑ Developing

3. Are the physical therapy personnel encouraged to be active in the profession? ❑ Yes   ❑ No   ❑ Developing

4. Are students aware of your personnel's involvement in professional or career activities? ❑ Yes   ❑ No   ❑ Developing

5. Do your physical therapy personnel provide students with information about professional (eg, APTA) or career activities and encourage them to participate? ❑ Yes   ❑ No   ❑ Developing

COMMENTS/PLAN:

17.0 THE PHYSICAL THERAPY SERVICE HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

1. Are physical therapy personnel performance evaluations:

   a) Completed at regularly scheduled intervals? ❑ Yes ❑ No ❑ Developing

   b) Providing appropriate feedback to the individual being evaluated? ❑ Yes ❑ No ❑ Developing

   c) Covering all aspects of the job, including teaching and scholarly activities? ❑ Yes ❑ No ❑ Developing

2. Is the physical therapy service, including patient/client care and teaching and scholarly activities, evaluated at regularly scheduled intervals? ❑ Yes ❑ No ❑ Developing

3. Is the provider of physical therapy evaluated by: [check all that apply]

   a) Continuous quality improvement? ❑

   b) Peer review? ❑

   c) Utilization review? ❑

   d) Medical audit? ❑

   e) Consumer satisfaction monitors? ❑

   f) Program evaluation? ❑

   g) Other? ❑

4. Are the physical therapy personnel actively involved in these monitoring activities? ❑ Yes ❑ No ❑ Developing

5. Does the provider of physical therapy involve students in review processes? ❑ Yes ❑ No ❑ Developing

6. Has the clinical education site successfully met the requirements of external agencies, if applicable (ie, JCAHO, CARF, OSHA)? ❑ Yes ❑ No ❑ Developing

7. Is the physical therapy clinical education program reviewed and revised:

    a) On a regular basis?   ❑ Yes   ❑ No   ❑ Developing

    b) As changes in objectives, programs, and staff occur?   ❑ Yes   ❑ No   ❑ Developing

8. Are changes in the clinical education program communicated to the academic program(s)?   ❑ Yes   ❑ No   ❑ Developing

COMMENTS/PLAN:

GUIDELINES FOR CLINICAL INSTRUCTORS

1.0   THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.

    1.1   One year of clinical experience is preferred as minimal criteria for serving as the CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

        1.1.1   The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

    1.2   The CI is a competent physical therapist or physical therapist assistant.

        1.2.1   The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the *Guide to Physical Therapist Practice.*

        1.2.2   The CI uses critical thinking in the delivery of health services.

        1.2.3   Rationale and evidence is provided by:

            1.2.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and reexaminations.

            1.2.3.2 The physical therapist assistant for directed interventions, data collection associated with directed interventions, and outcomes.

        1.2.4   The CI demonstrates effective time-management skills.

        1.2.5   The CI demonstrates the core values (accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility) associated with professionalism in physical therapy.

    1.3   The CI adheres to legal practice standards.

        1.3.1   The CI holds a valid license, registration, or certification as required by the state in which the individual provides physical therapy services.

        1.3.2   The CI provides physical therapy services that are consistent with the respective state/jurisdictional practice act and interpretive rules and regulations.

        1.3.3   The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA.

            1.3.3.1 The physical therapist is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services.

1.4   The CI demonstrates ethical behavior.

    1.4.1   The CI provides physical therapy services ethically as outlined by the clinical education site policy and the *APTA Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, and Guide to Physical Therapist Practice.*

2.0   THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

2.1   The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express himself or herself to students and others.

    2.1.1   The CI defines performance expectations for students.

    2.1.2   The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.

    2.1.3   The CI provides feedback to students.

    2.1.4   The CI demonstrates skill in active listening.

    2.1.5   The CI provides clear and concise communication.

2.2   The CI is responsible for facilitating communication.

    2.2.1   The CI encourages dialogue with students.

    2.2.2   The CI provides time and a place for ongoing dialogue to occur.

    2.2.3   The CI initiates communication that may be difficult or confrontational.

    2.2.4   The CI is open to and encourages feedback from students, clinical educators, and other colleagues.

3.0   THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

3.1   The CI forms a collegial relationship with students.

    3.1.1   The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students.

    3.1.2   The CI promotes the student as a colleague to others.

    3.1.3   The CI demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

    3.1.4   The CI is willing to share his or her strengths and weaknesses with students.

3.2   The CI is approachable by students.

   3.2.1   The CI assesses and responds to student concerns with empathy, support, or interpretation, as appropriate.

3.3   The CI interacts with patients/clients, colleagues, and other health care providers to achieve identified goals.

3.4   The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students.

   3.4.1   Activities for development may include, but are not limited to, continuing education courses, journal clubs, case conferences, case studies, literature review, facility sponsored courses, post–professional/entry-level education, area consortia programs, and active involvement in professional associations, including APTA.

4.0   THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

4.1   The CI collaborates with students to plan learning experiences.

   4.1.1   Based on a plan, the CI implements, facilitates, and evaluates learning experiences with students.

   4.1.2   Learning experiences should include both patient/client interventions and patient/client practice management activities.

4.2   The CI demonstrates knowledge of the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience.

4.3   The CI recognizes and uses the entire clinical environment for potential learning experiences, both planned and unplanned.

4.4   The CI integrates knowledge of various learning styles to implement strategies that accommodate students' needs.

4.5   The CI sequences learning experiences to promote progression of the students' personal and educational goals.

   4.5.1   The CI monitors and modifies learning experiences in a timely manner based on the quality of the student's performance.

5.0   THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

5.1   The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.

5.1.1   The CI presents clear performance expectations to students at the beginning and throughout the learning experience.

5.1.2   Goals and objectives are mutually agreed on by the CI and student(s).

5.2   Feedback is provided both formally and informally.

5.2.1   To provide student feedback, the CI collects information through direct observation and discussion with students, review of the students' patient/client documentation, available observations made by others, and students' self-assessments.

5.2.2   The CI provides frequent, positive, constructive, and timely feedback.

5.2.3   The CI and students review and analyze feedback regularly and adjust the learning experiences accordingly.

5.3   The CI performs constructive and cumulative evaluations of the students' performance.

5.3.1   The CI and students both participate in ongoing formative evaluation.

5.3.2   Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments.

6.0   THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

6.1   The CI articulates observations of students' knowledge, skills, and behavior as related to specific student performance criteria.

6.1.1   The CI familiarizes herself or himself with the student's evaluation instrument prior to the clinical education experience.

6.1.2   The CI recognizes and documents students' progress, identifies areas of entry-level competence, areas of distinction, and specific areas of performance that are unsafe, ineffective, or deficient in quality.

6.1.3   Based on areas of distinction, the CI plans, in collaboration with the CCCE and the ACCE/DCE when applicable, activities that continue to challenge students' performance.

6.1.4   Based on the areas identified as inadequate, the CI plans, in collaboration with the CCCE and ACCE/DCE when applicable, remedial activities to address specific deficits in student performance.

6.2   The CI demonstrates awareness of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure.

6.3   The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (eg,

problem identification, processing, and solving) as part of the performance evaluation process.

6.4　The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and CCCE performance, and the evaluation process.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. Alexandria, Va: American Physical Therapy Association; 1981:3-8.

Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. In: *Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 1997.

Moore ML, Perry JF. *Clinical Education in Physical Therapy: Present Status/Future Needs*. Alexandria, Va: American Physical Therapy Association and the Section for Education; 1976.

The development of this document was a result of combined efforts of the Task Force on Clinical Education, 1989-1991, and the Task Force on Clinical Education, 1992-1994.

Revisions of this document are based on:

1.　*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.

2.　*A Normative Model of Physical Therapist Professional Education:: Version 2000*. Alexandria, Va: American Physical Therapy Association; 2000.

3.　*A Normative Model of Physical Therapist Assistant Education:: Version 99*. Alexandria, Va: American Physical Therapy Association; 1999.

4.　Physical Therapist Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.

5.　Physical Therapist Assistant Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.

6.　Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. *In: Accreditation Handbook.* Alexandria, Va: American Physical Therapy Association; 1998.

7.　Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. In: *Accreditation Handbook.* Alexandria, Va: American Physical Therapy Association; 2002.

1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.

1. Do you, as the clinical instructor (CI), have at least 1 year of clinical experience? ☐ Yes ☐ No ☐ Developing

2. Do you demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching? ☐ Yes ☐ No ☐ Developing

3. Do you, as the CI, demonstrate competence as a physical therapist or a physical therapist assistant by:

   a) Utilizing the patient/client management model in the *Guide to Physical Therapist Practice* to demonstrate a systematic approach to patient care? ☐ Yes ☐ No ☐ Developing

   b) Using clinical reasoning and evidence-based practice in the delivery of health services? ☐ Yes ☐ No ☐ Developing

   c) Providing rationale for the patient/client?

      ▪ Examination, evaluation, diagnosis, prognosis, interventions, outcomes, and reexaminations (PT) ☐ Yes ☐ No ☐ Developing

      ▪ Interventions (including data collection and outcomes associated with those interventions) as directed and supervised by the PT and within the plan of care (PTA) ☐ Yes ☐ No ☐ Developing

   d) Demonstrating effective time-management skills? ☐ Yes ☐ No ☐ Developing

4. Do you, as the CI, adhere to legal practice standards?

   a) By holding a current license/registration/certification as required by the physical therapy practice act in the state in which you practice? ☐ Yes ☐ No ☐ Developing

   b) By providing physical therapy services that are consistent with your state practice act and interpretive rules and regulations? ☐ Yes Γ No ☐ Developing

c) By providing physical therapy services that are consistent with state and federal legislation, including, but not limited to:

▪ Equal opportunity and affirmative action policies ❑ Yes ❑ No ❑ Developing

▪ Americans With Disabilities Act (ADA) ❑ Yes ❑ No ❑ Developing

d) By ensuring that the patients/clients have been informed of and consent to have a student involved in providing physical therapy services? ❑ Yes ❑ No ❑ Developing

5. Do you, as the CI, demonstrate ethical behavior, as outlined by the clinical education site policy and the APTA *Code of Ethics* and *Guide for Professional Conduct*? ❑ Yes ❑ No ❑ Developing

6. Do you, as the CI, consistently demonstrate the APTA Core Values (http://www.apta.org/documents/public/education/professionalism.pdf) of accountability,* altruism,* compassion/caring,* excellence,* integrity,* professional duty,* and social responsibility*? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

2.0   THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

1. Do you, as the CI, use verbal, nonverbal, and written communication skills and information technology to clearly express yourself to students to:

    a) Define performance expectations for students? ❑ Yes   ❑ No   ❑ Developing

    b) Collaborate to develop mutually agreed-on goals and objectives for the clinical education experience? ❑ Yes   ❑ No   ❑ Developing

    c) Provide feedback? ❑ Yes   ❑ No   ❑ Developing

    d) Demonstrate skill in active listening? ❑ Yes   ❑ No   ❑ Developing

2. Do you, as the CI, facilitate communication by:

    a) Encouraging dialogue with students? ❑ Yes   ❑ No   ❑ Developing

    b) Providing time and a place for ongoing dialogue to occur? ❑ Yes   ❑ No   ❑ Developing

    c) Initiating communication that may be difficult or confrontational around an issue of concern? ❑ Yes   ❑ No   ❑ Developing

    d) Remaining open to and encouraging feedback from students, clinical educators, and other colleagues? ❑ Yes   ❑ No   ❑ Developing

COMMENTS/PLAN:

3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

1. Do you, as the CI, form a collegial relationship with students? ❑ Yes ❑ No ❑ Developing

2. Do you model behaviors and conduct and instructional and supervisory skills that are expected of the PT or PTA? ❑ Yes ❑ No ❑ Developing

3. Do you demonstrate an understanding of the impact of your behavior and conduct as a role model for students? ❑ Yes ❑ No ❑ Developing

4. Do you promote the student as a colleague to others? ❑ Yes ❑ No ❑ Developing

5. Do you demonstrate respect for and sensitivity to individual differences? ❑ Yes ❑ No ❑ Developing

6. Are you willing to share your strengths and weaknesses with students? ❑ Yes ❑ No ❑ Developing

7. Do you, as the CI, remain approachable by assessing and responding to student concerns with empathy, support, or interpretation, as appropriate? ❑ Yes ❑ No ❑ Developing

8. Do you, as the CI, interact appropriately with patients, colleagues, and other health professionals to achieve identified goals? ❑ Yes ❑ No ❑ Developing

9. Do you represent the physical therapy profession positively by assuming responsibility for career and self-development and demonstrate this responsibility to the student by participation in activities, such as:

   a) Continuing education courses? ❑ Yes ❑ No ❑ Developing

   b) Journal club? ❑ Yes ❑ No ❑ Developing

   c) Case conferences? ❑ Yes ❑ No ❑ Developing

   d) Case studies? ❑ Yes ❑ No ❑ Developing

   e) Literature review? ❑ Yes ❑ No ❑ Developing

   f) Facility sponsored courses? ❑ Yes ❑ No ❑ Developing

   g) Post–entry-level education? ❑ Yes ❑ No ❑ Developing

h) Area consortia programs?   ❑ Yes   ❑ No   ❑ Developing

i) Membership and active involvement in the profession (eg, America Physical Therapy Association)   ❑ Yes   ❑ No   ❑ Developing

COMMENTS/PLAN:

4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

1. Do you, as the CI, implement, facilitate, and evaluate learning experiences for students based on a plan created in collaboration with students? ❑ Yes ❑ No ❑ Developing

2. Do you, as the CI, review the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience? ❑ Yes ❑ No ❑ Developing

3. Do you include learning experiences in the patient/client management model (eg, examination, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes for the PT student; directed interventions with the plan of care for the PTA student) and practice management activities (eg, billing, staff meetings, marketing)? ❑ Yes ❑ No ❑ Developing

4. Do you, as the CI, maximize learning opportunities by using planned and unplanned experiences within the entire clinical environment? ❑ Yes ❑ No ❑ Developing

5. Do you, as the CI, integrate knowledge of various learning styles to implement strategies that accommodate students' needs? ❑ Yes ❑ No ❑ Developing

6. Do you, as the CI, sequence learning experiences to allow progression towards the student's personal and educational goals? ❑ Yes ❑ No ❑ Developing

7. Do you, as the CI, monitor and modify learning experiences in a timely manner, based on the quality of the student's performance? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

1. Do you, as the CI, present clear performance expectations to students at the beginning of and throughout the learning experience? ❑ Yes ❑ No ❑ Developing

2. Are goals and objectives mutually agreed on by you and students? ❑ Yes ❑ No ❑ Developing

3. Do you, as the CI, provide both formal and informal feedback? ❑ Yes ❑ No ❑ Developing

4. To provide student feedback, do you collect information through:

   a) Direct observation and discussions with students? ❑ Yes ❑ No ❑ Developing

   b) Review of the students' patient/client documentation? ❑ Yes ❑ No ❑ Developing

   c) Available observations made by others? ❑ Yes ❑ No ❑ Developing

   d) Students' self-assessments? ❑ Yes ❑ No ❑ Developing

5. Do you, as the CI, provide feedback to students that is:

   a) Frequent? ❑ Yes ❑ No ❑ Developing

   b) Positive? ❑ Yes ❑ No ❑ Developing

   c) Constructive? ❑ Yes ❑ No ❑ Developing

   d) Timely? ❑ Yes ❑ No ❑ Developing

6. Do you, as the CI, review and analyze feedback regularly and adjust learning experiences accordingly? ❑ Yes ❑ No ❑ Developing

7. Do you, as the CI, perform constructive (interim) and cumulative (final) evaluations of the students' performance by:

   a) Participating with the student in ongoing constructive evaluations? ❑ Yes ❑ No ❑ Developing

   b) Providing cumulative evaluations at least at midterm and at the completion of the clinical education experience? ❑ Yes ❑ No ❑ Developing

   c) Including student self-assessments? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

1. Do you, as the CI, familiarize yourself with the students' evaluation instrument(s) prior to the clinical education experience? ☐ Yes ☐ No ☐ Developing

2. Do you, as the CI, use and articulate available information and observations when evaluating students' knowledge, skills, and behavior as related to specific performance criteria? ☐ Yes ☐ No ☐ Developing

3. Do you, as the CI, recognize and document students' progress by identifying areas of:

   a) Entry-level competence? ☐ Yes ☐ No ☐ Developing

   b) Exceptional performance? ☐ Yes ☐ No ☐ Developing

   c) Unsafe or ineffective performance? ☐ Yes ☐ No ☐ Developing

   d) Appropriate progression? ☐ Yes ☐ No ☐ Developing

4. In collaboration with the CCCE and ACCE/DCE, do you plan activities that continue to challenge student performance based on areas of:

   a) Exceptional performance? ☐ Yes ☐ No ☐ Developing

   b) Appropriate progression? ☐ Yes ☐ No ☐ Developing

   c) Specific deficits? ☐ Yes ☐ No ☐ Developing

5. Do you, as the CI, demonstrate awareness of the relationship between the academic program and clinical education site as it relates to:

   a) Student performance evaluations? ☐ Yes ☐ No ☐ Developing

   b) Grading? ☐ Yes ☐ No ☐ Developing

   c) Remedial activities? ☐ Yes ☐ No ☐ Developing

   d) Due process in the case of student failure? ☐ Yes ☐ No ☐ Developing

6. Do you, as the CI, demonstrate a constructive approach to student performance evaluation that is:

   a) Educational? ☐ Yes ☐ No ☐ Developing

   b) Objective? ☐ Yes ☐ No ☐ Developing

   c) Reflective? ☐ Yes ☐ No ☐ Developing

d) Directed at engaging students in self-assessment? ❑ Yes ❑ No ❑ Developing

7. Do you foster student evaluation of the clinical education experience, including:

    a) Learning opportunities? ❑ Yes ❑ No ❑ Developing

    b) CI performance? ❑ Yes ❑ No ❑ Developing

    c) CCCE performance? ❑ Yes ❑ No ❑ Developing

    d) The evaluation process? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

GUIDELINES FOR COORDINATORS OF CLINICAL EDUCATION

1.0   **THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.**

     1.1   To qualify as a center coordinator of clinical education (CCCE), an individual should meet the *Guidelines for Center Coordinators of Clinical Education*. Preferably, a physical therapist or a physical therapist assistant is designated as the CCCE. Various alternatives may exist, including, but not limited to, non–physical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.

         1.1.1   If the CCCE *is a physical therapist or physical therapist assistant*, he or she should be experienced as a clinician, be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.

             1.1.1.1   The CCCE meets the requirements of the *APTA Guidelines for Clinical Instructors.*

         1.1.2   If the CCCE *is not from the physical therapy profession*, the CCCE should be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable of the clinical education site and its resources, and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist and physical therapist assistant who are experienced clinicians must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of a physical therapist student is delegated to a physical therapist. Direct clinical supervision of a physical therapist assistant student is delegated to either a physical therapist or physical therapist working with a physical therapist assistant.

             1.1.2.1   The CCCE meets the non–discipline-specific *APTA Guidelines for Clinical Instructors* (ie, Guidelines 2.0, 3.0, 4.0, and 5.0).

     1.2   The CCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory, and issues in health care delivery.

     1.3   The CCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.

2.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

2.1   The CCCE interacts effectively and fosters collegial relationships with parties internal and external to the clinical education site, including students, clinical education site personnel, and representatives of the academic program.

2.1.1   The CCCE performs administrative functions between the academic program and clinical education site, including, but not limited to, completion of the clinical center information forms (CCIF), clinical education agreements, student placement forms,* and policy and procedure manuals.

2.1.2   The CCCE provides consultation to the clinical instructor (CI) in the evaluation process regarding clinical learning experiences.

2.1.3   The CCCE serves as a representative of the clinical education site to academic programs.

2.1.4   The CCCE is knowledgeable about the affiliated academic programs and their respective curricula and disseminates the information to clinical education site personnel.

2.1.5   The CCCE communicates with the academic coordinator of clinical education* (ACCE) regarding clinical education planning, evaluation, and CI development.

2.1.6   The CCCE is open to and encourages feedback from students, CIs, ACCE/DCEs, and other colleagues.

2.1.7   The CCCE demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

3.1   The CCCE plans and implements activities that contribute to the professional development of the CIs.

3.1.1   The CCCE is knowledgeable about the concepts of adult and lifelong learning and life span development.

3.1.2   The CCCE recognizes the uniqueness of teaching in the clinical context.

3.2   The CCCE identifies needs and resources of CIs in the clinical education site.

3.3   The CCCE, in conjunction with CIs, plans and implements alternative or remedial learning experiences for students experiencing difficulty.

3.4   The CCCE, in conjunction with CIs, plans and implements challenging clinical learning experiences for students demonstrating distinctive performance.

3.5 The CCCE, in conjunction with CIs, plans and implements learning experiences to accommodate students with special needs.

4.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

4.1 The CCCE supervises the educational planning, clinical experiences, and performance evaluation of the CI(s)/students(s) team.

4.1.1 The CCCE provides consistent monitoring and feedback to CIs about clinical education activities.

4.1.2 The CCCE serves as a resource to both CIs and students.

4.1.3 The CCCE assists in planning and problem solving with the CI(s)/student(s) team in a positive manner that enhances the clinical learning experience.

5.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.

5.1 The CCCE is knowledgeable about educational evaluation methodologies and can apply these methodologies to the physical therapy clinical education program.

5.2 The CCCE contributes to the clinical education site's process of personnel evaluation and development.

5.3 The CCCE provides feedback to CIs on their performance in relation to the *APTA Guidelines for Clinical Instructors.*

5.3.1 The CCCE assists CIs in their goal setting and in documenting progress toward achievement of these goals.

5.4 The CCCE consults with CIs in the assessment of student performance and goal setting as it relates to specific evaluative criteria established by academic programs.*

5.4.1 For student remedial activities, the CCCE participates in the development of an evaluation plan to specifically document progress.

6.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS.

6.1 The CCCE is responsible for the management of a comprehensive clinical education program.

6.1.1 The clinical education program includes, but is not limited to, the program's goals and objectives; the learning experiences available and the logistical details for student placements; and a plan for CI training, evaluation, and development.

6.1.2 The CCCE implements a plan for program review and revision that reflects the changing health care environment.

6.2 The CCCE advocates for clinical education with the clinical education site's administration, the provider of physical therapy's administration, and physical therapy personnel.

6.3 The CCCE serves as the clinical education site's formal representative and liaison with academic programs.

    6.3.1 Activities include scheduling; providing information, documentation, and orientation to incoming students; and maintaining records of student performance, CI qualifications, and clinical education site resources.

6.4 The CCCE facilitates and maintains the necessary documentation to affiliate with academic programs.

    6.4.1 The CCCE maintains current information, including clinical site information forms (CSIF), clinical education agreements, and policy and procedure manuals.

6.5 The CCCE has effective relationships with clinical education site administrators, representatives of other disciplines, and other departments to enhance the clinical education program.

6.6 The CCCE demonstrates knowledge of the clinical education site's philosophy and commitment to clinical education.

6.7 The CCCE demonstrates an understanding of the clinical education site's quality improvement and assessment activities.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. Alexandria, Va: American Physical Therapy Association; 1981:3-8.

Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. In: *Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 1997.

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5. Physical Therapist Assistant Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments.* Alexandria, VA: American Physical Therapy Association; 1998.

6. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. In: *Accreditation Handbook.* Alexandria, Va: American Physical Therapy Association; 1998.

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1.0   THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.

1. Are you, as the Center Coordinator of Clinical Education (CCCE):

   a) Experienced in clinical education?   ❑ Yes   ❑ No   ❑ Developing

   b) Interested in students?   ❑ Yes   ❑ No   ❑ Developing

   c) Skilled in interpersonal relationships, communication, and organization?   ❑ Yes   ❑ No   ❑ Developing

   d) Knowledgeable about the clinical education site and its resources?   ❑ Yes   ❑ No   ❑ Developing

   e) Able to serve as a consultant in the evaluation process?   ❑ Yes   ❑ No   ❑ Developing

2. Are you a physical therapist or physical therapist assistant? If so: ❑ Yes   ❑ No   ❑ Developing

   a) Are you an experienced clinician?   ❑ Yes   ❑ No   ❑ Developing

   b) Do you meet the *APTA Guidelines for Clinical Instructors*?   ❑ Yes   ❑ No   ❑ Developing

3. If you are a non–physical therapy professional:

   a) Do you have an experienced physical therapist clinician available for consultation in planning clinical educational experiences?   ❑ Yes   ❑ No   ❑ Developing

   b) Do you have a physical therapist for direct clinical supervision of physical therapist students and a physical therapist or physical therapist assistant working with a physical therapist for the direct clinical supervision of the physical therapist assistant student?   ❑ Yes   ❑ No   ❑ Developing

   c) Do you meet Guidelines 2.0 through 5.0 for CIs, as outlined in the *APTA Guidelines for Clinical Instructors?*   ❑ Yes   ❑ No   ❑ Developing

4. Do you, as the CCCE, demonstrate knowledge of:

    a) Contemporary issues of clinical practice?   ❑ Yes   ❑ No   ❑ Developing

    b) Management of the clinical education program?   ❑ Yes   ❑ No   ❑ Developing

    c) Education theory?   ❑ Yes   ❑ No   ❑ Developing

    d) Issues in health care delivery?   ❑ Yes   ❑ No   ❑ Developing

5. Do you, as the CCCE, demonstrate legal and ethical behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy?   ❑ Yes   ❑ No   ❑ Developing

COMMENTS/PLAN:

2.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

1. Do you, as the CCCE, interact effectively and foster collegial relationships, both internal and external to the clinical education site, by:

   a) Performing administrative functions between academic programs and the clinical education site? Such as completing:

▪ The clinical site information form (CSIF)	❑ Yes	❑ No	❑ Developing
▪ Clinical education agreements	❑ Yes	❑ No	❑ Developing
▪ Student placement forms	❑ Yes	❑ No	❑ Developing
▪ Policy and procedure manual	❑ Yes	❑ No	❑ Developing

   b) Providing consultation to the CI in the evaluation process? ❑ Yes ❑ No ❑ Developing

   c) Serving as a representative of the clinical education site to academic programs? ❑ Yes ❑ No ❑ Developing

   d) Demonstrating knowledge of the affiliated academic programs and their respective curricula and disseminating the information to clinical education site personnel? ❑ Yes ❑ No ❑ Developing

   e) Communicating with the ACCE/DCE regarding clinical education planning, evaluation, and CI development? ❑ Yes ❑ No ❑ Developing

   f) Remaining open to and encouraging feedback from students, CIs, ACCEs/DCEs, and other colleagues? ❑ Yes ❑ No ❑ Developing

   g) Demonstrating respect for and sensitivity to individual and cultural differences? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

3.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

1. Do you, as the CCCE, plan and implement activities that contribute to the development of CIs by fostering:

   a) Understanding of the concepts of adult and lifelong learning and life span development? ☐ Yes ☐ No ☐ Developing

   b) Recognition of the uniqueness of teaching in the clinical context? ☐ Yes ☐ No ☐ Developing

2. Do you, as the CCCE, identify needs and resources of CIs in the clinical education site? ☐ Yes ☐ No ☐ Developing

3. In conjunction with CIs, do you, as the CCCE, plan and implement:

   a) Alternative or remedial learning experiences for students experiencing difficulty? ☐ Yes ☐ No ☐ Developing

   b) Challenging learning experiences for students demonstrating exceptional clinical performance? ☐ Yes ☐ No ☐ Developing

   c) Learning experiences that accommodate students with special needs? ☐ Yes ☐ No ☐ Developing

COMMENTS/PLAN:

4.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

1. Do you, as the CCCE, supervise the CI(s)/student(s) team during the experience to ensure quality of:

   a) Educational planning?   ❑ Yes   ❑ No   ❑ Developing

   b) Clinical learning experiences?   ❑ Yes   ❑ No   ❑ Developing

   c) Performance evaluation?   ❑ Yes   ❑ No   ❑ Developing

2. Do you, as the CCCE, provide consistent monitoring of and feedback to CIs regarding clinical education activities?   ❑ Yes   ❑ No   ❑ Developing

3. Are you, as the CCCE, serving as a useful resource to:

   a) CIs?   ❑ Yes   ❑ No   ❑ Developing

   b) Students?   ❑ Yes   ❑ No   ❑ Developing

   c) ACCEs/DCEs?   ❑ Yes   ❑ No   ❑ Developing

4. Do you, as the CCCE, enhance the clinical learning experience by assisting in planning and problem solving with the CI(s)/student(s) team?   ❑ Yes   ❑ No   ❑ Developing

COMMENTS/PLAN:

5.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.

1. Are you, as the CCCE, knowledgeable about educational evaluation methodologies? ❑ Yes ❑ No ❑ Developing

   a) Do you apply these methodologies to the physical therapy clinical education program? ❑ Yes ❑ No ❑ Developing

2. Do you, as the CCCE, contribute to the clinical education sites process of personnel evaluation development? ❑ Yes ❑ No ❑ Developing

3. Do you, as the CCCE, provide feedback to CIs on their performance as clinical teachers in relation to the *APTA Guidelines for Clinical Instructors*? ❑ Yes ❑ No ❑ Developing

4. Do you, as the CCCE, assist CIs in:

   a) Goal setting? ❑ Yes ❑ No ❑ Developing

   b) Documenting progress toward achievement of goals? ❑ Yes ❑ No ❑ Developing

5. Do you, as the CCCE, consult with CIs in the assessment of student performance as it relates to specific evaluative criteria established by each academic program? ❑ Yes ❑ No ❑ Developing

6. When a student requires remedial activities, do you, as the CCCE, participate in the development of a plan to specifically document student progress? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

6.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS.

1. Do you, as the CCCE, manage the comprehensive clinical education program? ❑ Yes ❑ No ❑ Developing

2. Does your program include:

   a) Goals and objectives? ❑ Yes ❑ No ❑ Developing

   b) Available learning experiences? ❑ Yes ❑ No ❑ Developing

   c) Logistical details for student placements? ❑ Yes ❑ No ❑ Developing

   d) A plan for CI training, development, and evaluation? ❑ Yes ❑ No ❑ Developing

3. Do you, as the CCCE, routinely review and revise your clinical education program? ❑ Yes ❑ No ❑ Developing

4. Do you, as the CCCE, advocate for clinical education with:

   a) Clinical education site administration? ❑ Yes ❑ No ❑ Developing

   b) Provider pf physical therapy administration? ❑ Yes ❑ No ❑ Developing

   c) Provider of physical therapy personnel? ❑ Yes ❑ No ❑ Developing

5. Do you, as the CCCE, serve as the clinical education site's formal representative and liaison with academic programs for activities such as:

   a) Scheduling of students? ❑ Yes ❑ No ❑ Developing

   b) Orienting incoming students? ❑ Yes ❑ No ❑ Developing

   c) Maintaining records of student performance? ❑ Yes ❑ No ❑ Developing

   d) Maintaining records of CI qualifications? ❑ Yes ❑ No ❑ Developing

   e) Maintaining records of clinical education site resources? ❑ Yes ❑ No ❑ Developing

6. Are you, as the CCCE, responsible for facilitating and maintaining the necessary documentation to affiliate with academic programs such as:

   a) Clinical site information form (CSIF)? ❑ Yes ❑ No ❑ Developing

b) Clinical education agreement? ❑ Yes ❑ No ❑ Developing

c) Policy and procedure manual? ❑ Yes ❑ No ❑ Developing

7. Do you, as the CCCE, enhance the clinical education program by developing effective relationships with:

    a) Clinical education site administrators? ❑ Yes ❑ No Γ Developing

    b) Representatives of other disciplines? ❑ Yes ❑ No ❑ Developing

    c) Other site departments? ❑ Yes ❑ No ❑ Developing

8. Do you, as the CCCE, demonstrate knowledge of the clinical education site's philosophy and commitment to clinical education? ❑ Yes ❑ No ❑ Developing

9. Do you, as the CCCE, demonstrate an understanding of the clinical education site's quality improvement and assessment activities? ❑ Yes ❑ No ❑ Developing

COMMENTS/PLAN:

Academic Coordinator/Director of Clinical Education (ACCE/DCE): An individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating development of the clinical education site and clinical educators. This person is also responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information on clinical education sites.

Academic program: That aspect of the curriculum where students' learning occurs directly as a function of being immersed in the academic institution of higher education; the didactic component of the curriculum that is managed and controlled by the physical therapy educational program.

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

ADA (Americans with Disabilities Act): The 1990 federal statute that prohibits discrimination against individuals in employment, public accommodations, etc.

Administration: The skilled process of planning, directing, organizing, and managing human, technical, environmental, and financial resources effectively and efficiently. A physical therapist or physical therapist assistant can perform administrative activities, based on recognition of additional formal and informal training, certification, or education.

Affective: Relating to the expression of emotion (eg, affective behavior).

Altruism: The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

Caring: The concern, empathy, and consideration for the needs and values of others. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

Center Coordinator of Clinical Education (CCCE): Individual(s) who administer, manage, and coordinate clinical instructor assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Clients: Individuals who are not necessarily sick or injured but can benefit from a physical therapist's consultation, professional advice, or services. Clients are also businesses, school systems, families, caregivers, and others who benefit from physical therapy services.

Clinical education agreement: A legal contract that is negotiated between academic institutions and clinical education sites that specifies each party's roles, responsibilities, and liabilities relating to student clinical education. (*Synonyms:* letter of agreement, affiliation contract)

Clinical education consortia: The formation of regional groups that may include physical therapy programs or clinical educators for the express purpose of sharing resources, ideas, and efforts.

Clinical education experience: That aspect of the curriculum where students' learning occurs

directly as a function of being immersed within physical therapy practice. These dynamic and progressive experiences comprise all of the direct and indirect formal and practical "real life " learning experiences provided for students to apply classroom knowledge, skills, and behaviors in the clinical environment. These experiences can be of short or long duration (eg, part-time and full-time experiences, internships that are most often full-time postgraduation experiences for a period of 1 year) and can vary by the manner in which the learning experiences are provided (eg, rotations on different units that vary within the same setting, rotations between different practice settings within the same health care system). These experiences include comprehensive care of patients across the life span and related activities. (*Synonym:* Clinical learning experiences)

Clinical education program: That portion of a physical therapy program that is conducted in the health care environment rather than the academic environment; the sum of all clinical education experiences provided.

Clinical education site: The physical therapy practice environment where clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment and encompasses the entire clinical facility.

Clinical instructor (CI): An individual at the clinical education site, who directly instructs and supervises students during their clinical learning experiences. These individuals are responsible for carrying out clinical learning experiences and assessing students' performance in cognitive,* psychomotor,* and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (*Synonyms:* clinical teacher; clinical tutor; clinical supervisor)

Clinical Performance Instrument (CPI): American Physical Therapy Association developed student evaluation instruments that are used to assess the clinical education performance of physical therapist and physical therapist assistant students. The Physical Therapist CPI consists of 24 performance criteria and the Physical Therapist Assistant CPI consists of 20 performance criteria.

Cognitive: Characterized by knowledge, awareness, reasoning, and judgment.

Communication: A verbal or nonverbal exchange between two or more individuals or groups that is: open and honest; accurate and complete; timely and ongoing; and occurs between physical therapists and physical therapist assistants, as well as between patients, family or caregivers, health care providers, and the health care delivery system.

Compassion: The desire to identify with or sense something of another's experience; a precursor of caring. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

Competent: Demonstrates skill and proficiency in a fluid and coordinated manner in rendering physical therapy care (physical therapist), or those aspects of physical therapy care (eg, interventions) as directed and supervised by the physical therapist (physical therapist assistant). **Competencies:** A set of standard criteria, determined by practice setting and scope, by which one is objectively evaluated.

Cultural competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Working definition adapted from

Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.

Cultural and individual differences: The recognition and respect for and response to, age, gender, race, creed, national and ethnic origin, sexual orientation, marital status, health status, disability or limitations, socioeconomic status, and language.

Data collection: For the physical therapist assistant, this term is used in the context of providing interventions that are directed by the physical therapist and within the plan of care and consist of processes or procedures used to collect information relative to the intervention, which may include observation, measurement, and subjective, objective, and functional findings.

Diagnosis: Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Ethical and legal behaviors: Those behaviors that result from a deliberate decision-making process that adheres to an established set of standards for conduct that are derived from values that have been mutually agreed on and adopted for that group.

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

Evaluation: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.No defined number or range of number of visits is established for this type of episode. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Integrity: *S*teadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

Intervention: The purposeful and skilled interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in care (ie, physical therapist assistant), using various methods and techniques to produce changes in the condition. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Outcomes (assessment of the individual): Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments,

functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

Patients: Individuals who are the recipients of physical therapy direct intervention.

Patient/client management model: Elements of physical therapist patient care that lead to optimal outcomes through examination, evaluation, diagnosis, prognosis, intervention, and outcomes. (Adapted from the *Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Philosophy: Broad context and theoretical framework provided for program purpose, organization, structure, goals, and objectives; a statement of philosophy under some conditions may be synonymous with a mission statement.

Physical therapist: A person who is a graduate of an accredited physical therapist education program and is licensed to practice physical therapy.

Physical therapist assistant: A person who is a graduate of an accredited physical therapist assistant program and who assists the physical therapist in the provision of physical therapy. The physical therapist assistant may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

Physical therapist professional education: First level of education that prepares student to enter the practice of physical therapy.

Physical therapy: Use of this term encompasses both physical therapists and physical therapist assistants.

Physical therapy personnel: This includes all persons who are associated with the provision of physical therapy services, including physical therapists, physical therapist assistants who work under the direction and supervision of a physical therapist, and other support personnel. (*Synonym:* physical therapy staff)

Plan of care: Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Professional: A person who is educated to the level of possessing a unique body of knowledge, adheres to ethical conduct, requires licensure to practice, participates in the monitoring of one's peers, and is accepted and recognized by the public as being a professional. (See *Physical Therapist*.)

Professional duty: Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

Prognosis: The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Provider of physical therapy: This indicates the part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist

including within the plan of care physical therapy interventions provided by the physical therapist assistant.

Psychomotor: Refers to motor activity that is preceded by or related to mental activity.

Reexamination: The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Screening: Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: *Cognitive.*)

Social responsibility: The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. (*Professionalism in Physical Therapy: Core Values,* August 2003.)

Student placement forms: A questionnaire distributed by physical therapy education programs to clinical education sites requesting the number and type of available placements for students to complete clinical education experiences.
Supervision: A process where two or more people actively participate in a joint effort to establish, maintain, and elevate a level of performance; it is structured according to the supervisee's qualifications, position, level of preparation, depth of experience, and the environment in which the supervisee functions.

Treatment: The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Validity: The degree to which accumulated evidence and theory support specific interpretation of test scores entailed by proposed use of a test. The degree to which a test measures what it is intended to measure; a test is valid for a particular purpose for a particular group.

Variety of clinical education experiences: Considers multiple variables when providing students with clinical learning experiences relative to patient care including, but not limited to, patient acuity, continuum of care, use of a PT/PTA care-delivery team, complexity of patient diagnoses and environment, and health care delivery system.