

Clinical Education Manual



Physical Therapy Program

Nazareth College Physical Therapy

Department of Physical Therapy
4245 East Avenue
Rochester, NY 14618
(585)389-2900

Clinical Education Manual
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J.J. Mowder-Tinney PT, PhD, NCS
Director of Clinical Education
Assistant Professor
(585) 389-2901
Jmowder3@naz.edu

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PURPOSE OF THE HANDBOOK

This handbook is to be used to prepare and guide Physical Therapy Students and Clinical Faculty at Nazareth College through the completion of several full-time and integrated clinical education experiences.

This handbook was created to:

- Enhance communication between PT students, Nazareth College's PT Department and our Clinical Faculty who offer clinical education experiences for our students.
- Detail roles & responsibilities of all involved persons to assist in making each clinical experience successful and valuable.
- Simplify the experience while educating all parties regarding the clinical education process at Nazareth College.

SECTION I: Clinical Assignments

Clinical Education Experiences

The goal of clinical education experiences at Nazareth College is to provide PT students with multiple applied opportunities for demonstrating and integrating safe and professional knowledge, skills, and attitudes while engaged with a variety of patients and health care professionals. These learning experiences occur under the supervision and mentorship of clinical faculty.

Clinical Education I (PTR 528)

This is a full-time eight (8) week supervised clinical educational experience provided in an approved agency. Supervision is provided by a licensed physical therapist who helps the student bridge academic knowledge to actual patient care. The primary emphasis of this experience is to reinforce and practice basic physical therapy skills and professional behavior in direct patient care.

Clinical Education II (PTR 635)

This is a full time, eight (8) week, supervised clinical education experience provided in an approved agency. Supervision is provided by a licensed physical therapist. The goal of this experience is to have students manage a variety of patients using the "Guide to Practice" in examination, evaluation, documentation, goal setting, intervention, and discharge planning.

Clinical Education III (PTR 636)

This is a full time, eight (8) week supervised clinical educational experience provided in an approved agency. The primary emphasis of this experience is to demonstrate entry-level competency in examination, evaluation, documentation, goal setting, intervention, and discharge planning.

Clinical Education IV (PTR 725)

This course provides the opportunity for students to apply the clinical skills they have acquired in an array of settings to underserved populations utilizing an interdisciplinary approach. Students learn through facilitated interdisciplinary groups and supervised clinical practice to identify the needs of underserved individuals and their families. Once the needs are identified through screening and evaluation, students are guided to identify the types of interventions most likely to meet the clients' needs in an interdisciplinary setting.

Clinical Education V (PTR 726)

This is a full time, eight (8) week culminating clinical education course. For this experience, students are encouraged to select a practice setting addressing the needs of more complex or unique clients. Experiences include, but are not limited to: evaluation and intervention, interdisciplinary team planning, client education, consultation, and clinical research. Students are expected to practice at entry level with supervision.

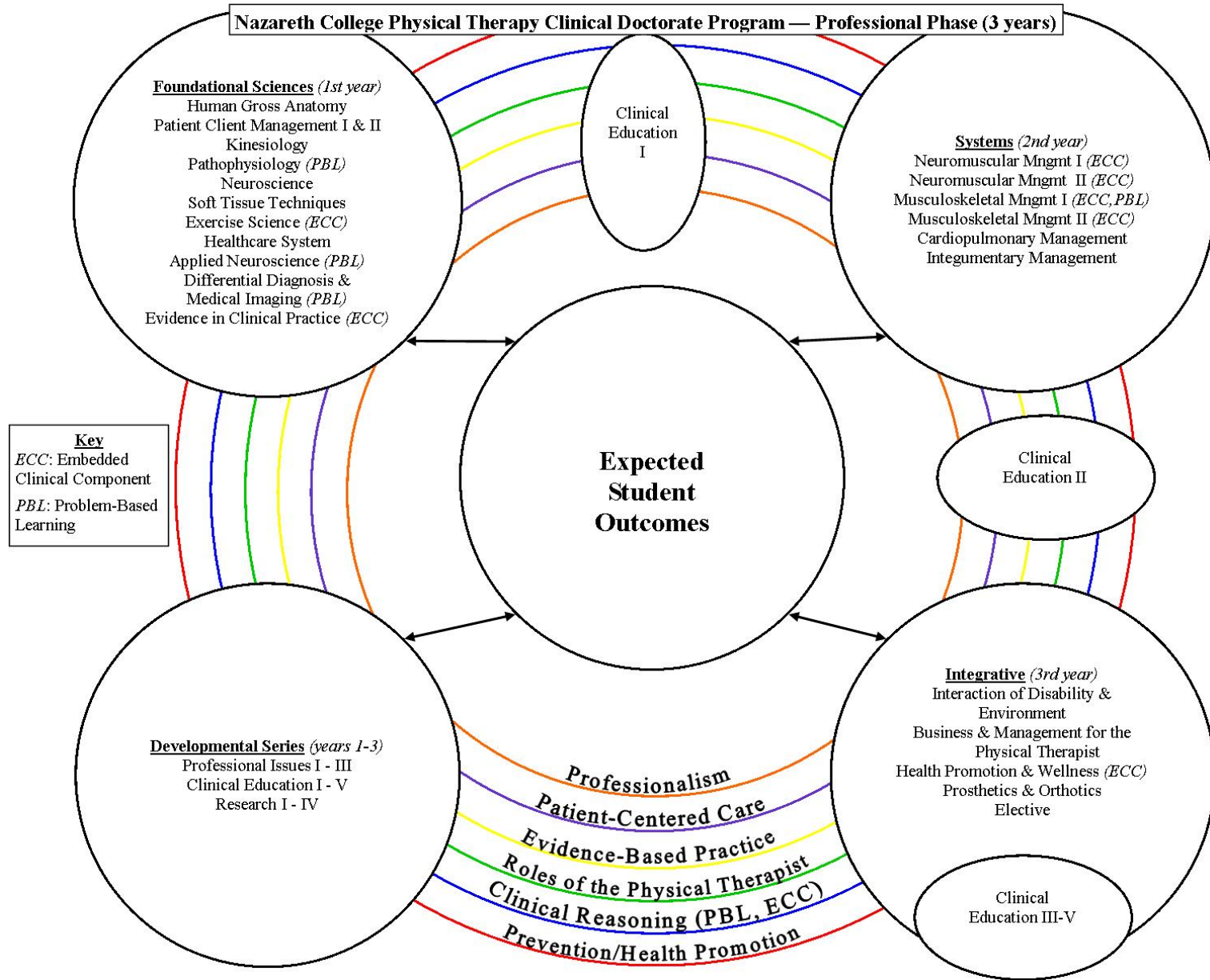
Curriculum Information for DPT Courses

Summer Session YEAR IV [BS.DPT] / YEAR I [DPT.AS]			
PTR 518/PTR 518AS Human Gross Anatomy	6cr.		
PTR 524/PTR 524AS Pat./Client Management I	4cr.		
PTR 520AS Professional Issues I	3cr.	[DPT.AS students only; BS.DPT students already completed as PTU 304]	
Year IV [BS.DPT] / Year I [DPT.AS]			
Fall Semester		Spring Semester	
PTR 511/PTR 511AS Kinesiology	4cr.	PTR 514/PTR514AS Exercise Science	2cr.
PTR 513/PTR 513AS Pathophysiology	3cr.	PTR 522 Professional Issues II	2cr.
PTR 512/PTR 512AS Neuroscience	4cr.	PTR 525/PTR 525AS Pat/Client Management II	4cr.
PTR 523/PTR 523AS Soft Tissue Techniques	3cr.	PTR 516/PTR 516AS Applied Neuroscience	3cr.
PTR 515/PTR 515AS Evidence in Clinical Practice	1cr.	PTR 628/PTR 628AS Differential Diagnosis and Medical Imaging	3cr.
Note: Half of cohort will take PTR 515/515AS during the fall semester; remainder will take during spring.		PTR 515/PTR 515AS Evidence in Clinical Prac.	1cr.
	15		15
Summer Session YEAR V [BS.DPT] / YEAR II [DPT.AS]			
PTR 528 Clinical Education I (1 st 8 weeks)	6 cr.		
Year V [BS.DPT] / Year II [DPT.AS]			
Fall Semester		Spring Semester	
PTR 659 Neuromuscular Management I	4cr.	PTR 629 Musculoskeletal Management II (1 st 7 weeks)	4cr.
PTR 626 Cardiopulmonary Management	3cr.	PTR 660 Neuromuscular Management II (1 st 7 weeks)	4cr.
PTR 627 Musculoskeletal Management I	4cr.	PTR 635 Clinical Education II (2 nd 8 weeks)	6cr.
PTR 521/PTR 521AS Healthcare System	2cr.	PTR 654 Research II	1cr.
PTR 650 Research I	2cr.		
	15		15
Summer Session YEAR VI [BS.DPT] / YEAR III [DPT.AS]			
PTR 630 Integumentary Management	2cr.	PTR 636 Clinical Education III (2 nd 8 weeks)	6cr.
PTR 712 Interaction of Disability and Environment	2cr.		
PTR 661 Research III	2cr.		

Year VI [BS.DPT] / Year III [DPT.AS]			
Fall Semester		Spring Semester	
PTR 710 Business & Management for the Physical Therapist	4cr.	PTR 721 Professional Issues III	3cr.
PTR 615 Health Promotion and Wellness	3cr.	PTR 726 Clinical Education V – 8 weeks	6cr.
PTR 714 Prosthetics and Orthotics	2cr.	PTR 761 Research V	3cr.
PTR 760 Research IV	3cr.	PTR 728 Elective	3cr.
PTR 725 Clinical Education IV	2cr.		
	14		15

This is the PT website for course description

www.naz.edu/dept/ptclinical/



Philosophy for Selecting and Retaining Clinical Education Sites

The purpose of clinical education as an integral component in the curriculum is to provide each student with the opportunity to practice patient skills in a realistic environment. To assure that each student is exposed to a variety of high quality clinical settings, centers are identified by their responsiveness to student needs, consistent acceptance of students for clinical education experiences, staff expertise, regular and timely communication as requested by the DPT Program, and provision of high quality patient care services. In addition, it is important to add clinical centers in geographically appropriate areas when such additions will enhance student opportunities. It is therefore essential to add clinical experience sites if they provide unique opportunities for students and/or increase the number of options available to students for practice in specialized areas.

Considerations for Selection and Retention of Clinical Education Sites

Suggestions from the students for future site development are encouraged and should be addressed by the DCE. It is the responsibility of the DCE, and not the student, to make the formal contact with the potential site. However, students are allowed to ask the site the following questions to provide necessary information to the DCE regarding the possibility of adding the site.

- 1) Is the site interested in a contract with the DPT Program at Nazareth College?
- 2) What is the primary patient population seen at the facility?
- 3) How many patients are seen, on average, by each therapist a day?
- 4) Do they have a student program or have they taken students before?

Considerations for Selection by the College

1. Appropriate accreditation by local, state, or federal organizations.
2. Staffing is adequate for the patient load and types of disabilities encountered. (Staff Physical Therapists, Physical Therapist Assistants, numbers of patients treated per day).
3. Types and numbers of patients cared for are adequate to meet the general or specific needs of the students (disability, specialization).
4. Administration's attitude toward clinical education, inclusive of recognition of the time and effort required by the staff, promotes the clinical education program.
5. Atmosphere is conducive to learning as demonstrated through the availability of supervision, space, equipment, and educational resources.
6. Clinical atmosphere is conducive to learning as evidenced by positive staff/administrative interactions, and the ability to assist and facilitate goal setting and attainment with students.
7. Staff display interest and a genuine commitment to clinical education through well-constructed verbal and written feedback to students and to the program, and attendance at clinical education workshops and programs as available.

Clinical Site Selection Procedure

Approximately one year prior to placement, at a voluntary time agreed upon by physical therapist education programs across the nation, clinical sites indicate when they are able to accept students for clinical education. Such decisions are based on multiple factors, including but not limited to: PT staff availability, PT staff expertise, and facility policy. In **July or August** PRIOR to when clinical experiences will be completed, each PT student will be supplied with a list of clinical facilities willing to accommodate students at their level. Due to the variety of site needs, it **cannot** be guaranteed that the student can be placed in a local facility. **Students should plan on at least one clinical out of town.** All effort will be made to take into account personal situations of each student. However, **the program cannot guarantee that students will be placed in the setting of their choice.**

Students are encouraged to review the Physical Therapy Clinical Education Student file cabinet which contains information, including the Clinical Site Information Files, about each available clinical site. Immediately upon returning in the fall each student will attend a group meeting for questions and 1:1 meeting times will be encouraged. However, it will be up to the student to initiate contact with the DCE for meeting times and any specific needs. The DCE will be available to discuss essential considerations, preferences, and options. The student will submit a fully completed Clinical Education Site Preference Form with their top 5 preferences, along with a justification of their selection and geographic preferences, to the DCE by the due date to have preferences considered.

The DCE will then assign each student to a clinical site based on matching clinical site availability, clinical education expectations, academic requirements, student needs identified by faculty, and student preferences. If all things are equal, and there are multiple requests for one site, random assignments will occur to maintain unbiased placements. It is required that each student will complete a clinical experience in a VARIETY of clinical settings containing a variety of patient diagnoses and lifespans. The student is encouraged to choose experiences in a VARIETY of geographical locations.

Request for a Specific Site

Requests for a specific clinical site must be received by the DCE by July when the clinical site preference forms are turned in PRIOR to the clinical education assignments. The following information must be provided in full: name of clinical site, address, telephone number, contact person, clinical experience desired, and reason for requesting this site: Please use the **CE Student Request Form** and refer to the considerations for selection of clinical education sites on previous page when requesting site.

The DCE decides whether to pursue a specific site request agreement. If the DCE attempts to pursue an agreement and if no answer has been received, an alternate placement will be made for the subsequent year. No changes in clinical placements will occur, any later than a full semester prior to the start of the placement unless initiated by the site. If a site is established or contacted by the DCE for the student, and the clinical site agrees to accept the student, the student is obligated to attend this clinical facility.

Clinical Site Cancellation

Students are made aware of any clinical experience cancellation through e-mail immediately following notification of DCE. Then the following procedure is in place for cancelled clinical experience.

1. E-mail notice sent to the cancelled student.
2. A discussion with student regarding preferences and options for a new site.
3. Student is assigned to first site that is able to accept the student.

Responsibilities of the Student

Role of PT Student

The Clinical Education courses are like any other academic course, in that they require in class (clinic) time and out of class preparation. Students are expected to be actively engaged in clinical learning. Requiring appropriate planning for patient/client examination, evaluation, development of plans of care, and intervention. Much of this will occur after normal clinic hours. It is not unusual to spend time each evening preparing for the next day in clinic. In addition, each clinical site will have varied hours of operation. It is the student's responsibility to adjust their schedule according to any CI that they are assigned.

Student Objectives

Each PT student will be required to develop measurable clinical learning objectives for each clinical experience. Conferences will be scheduled with the PT student and DCE to review and discuss individual clinical learning objectives and provide detailed written feedback.

Individualized clinical **learning objectives** are useful to:

- Begin a conversation between the student and CI regarding the nature of the clinical education experience.
- Provide measurable benchmarks for determining student progress.
- Outline expectations clearly for the student, CI, and DCE.
- Identify areas for student development.

Unless the objectives are written in terms of specific and measurable behaviors, they will not be useful for the purposes intended. Students should refer to course materials on writing goals using the "A, B, C, D" method:

A=Audience

B=Behavior

C=Condition

D=Degree

Contacting the Clinical Site

Approximately **four to six (4-6) weeks before** the start of EACH clinical education experience, the PT student must send an **introductory letter** to his/her Clinical Instructor. This letter should include, the **Student Profile** form with emergency contact information, **health information, clinical learning objectives**, and any specific questions the student may have about the particular clinical experience. In addition, each student is required to follow up with their site to determine if they will need to have a background check or drug testing prior to attending.

Approximately two (2) weeks before the start of EACH clinical experience, each PT student is expected to call his/her Clinical Instructor directly to:

- Confirm that his/her introductory letter was received; if not, re-send.
- Confirm location/site of clinical
- Confirm any special requirements that may need to be completed (background check, drug testing, etc)
- Clarify any goals and objectives.
- Inquire about any special requirements and procedures that need to be completed before starting the clinical experience.
- Inquire about dress codes and schedule for the first day.
- Inquire about important areas or diagnoses to review before beginning.

General Preparation

- Review clinical learning objectives, course objectives, notes and articles relevant for this setting.
- Review the information concerning the assigned clinical site (CSIF and other site specific documents) that is found within the Clinical Education student file cabinet.
- Review the responsibilities of the student, Nazareth College faculty, and the clinical site, along with the policies and procedures found within the Physical Therapy Program's Student Handbook and Clinical Education Manual.
- Acquire proper attire as required by the clinical site (no shorts, jeans, or sandals). Lab coat may be required for some sites. See dress code policy.

SECTION II: Clinical Education Policies and Procedures

Abbreviations/Definitions

Clinical Education Manual (CEM)

This manual contains all necessary information for the clinical education experience. It can be found as part of the main Physical Therapy manual.

Director of Clinical Education (DCE)

The licensed physical therapist employed by Nazareth College who organizes, directs, supervises and coordinates the clinical education components of the curriculum.

Clinical Instructor (CI)

The licensed physical therapist employed by the clinical site to whom is designated by the clinic/Center Coordinator of Clinical Education to supervise and evaluate the activities of the assigned physical therapy students. The clinical instructor has at least one year of clinical experience.

Center Coordinator of Clinical Education (CCCE)

The individual employed and designated by the clinical site to organize, direct, supervise, coordinate, and evaluate the activities of the physical therapy student assigned to the clinical site by the program. The CCCE is encouraged to utilize the document, Clinical Education Guidelines and Self-Assessments, published by the APTA to enhance the student's clinical experience.

Clinical Site Information Form (CSIF)

The CSIF was developed by the APTA Department of PT Education so that PT Academic programs can collect information from clinical education sites. This information facilitates clinical site selection, student placements, assignments of learning experiences and clinical practice operations available to students, and provides assistance with completion of documentation for accreditation in clinical education.

Source: <http://www.apta.org>

Clinical Performance Instrument (CPI)

APTA developed student evaluation instruments that are used to assess the clinical education performance of physical therapist and physical therapist assistant students. The old Physical Therapist CPI consists of 24 performance criteria, while the new CPI web consists of 18 criteria and is completed electronically after completing a 2 hour module training.

Clinical Education Policies

1. Clinical Education Orientations

Orientation to Clinical Education will be scheduled throughout each year of the professional program for each DPT class.

2. Clinical Education Courses

The completion of five clinical education experiences is required prior to graduation. CE I (PTR 528) is 8 weeks long (May – July), CE II (PTR 635) is eight weeks long (March - May), CE III (PTR 636) is eight weeks long (June – August), CE V (PTR 726) is eight weeks long (January – March), and an integrated clinical experience (PTR 725). The courses and their requirements are included in the CEM. Students on academic probation will not be allowed to progress in the long-term clinical education experiences until the probationary status has been resolved and the student is in unconditional academic standing. In addition, each semester faculty will review student performance and professional behavior. If faculty determines that a student displays behaviors not consistent with the expectations of professional behavior the student may be ineligible to continue to clinical until a change in behavior occurs.

3. ADA Requirements

Due to the ADA privacy requirement, the Director of Clinical Education (DCE) is legally prohibited from discussing any disability with the clinical site without specific authorization. However, written verbal permission may be provided by the student allowing the DCE to discuss any disability and its implications to the clinical site prior to the student's arrival. The student is encouraged to discuss any relevant information about their disability that may result in any clinical performance, scheduling, or time management difficulties with the Clinical Instructor (CI) during the orientation meeting to allow time to request reasonable accommodations. If problems arise which cannot be resolved, the DCE should be notified as described in the "clinical problems" section of these policies.

4. Essential Functions

At the beginning of the professional program the student completes an essential functions review as described in the policies and procedure student manual for the program. If at anytime during the clinical affiliation the students' ability to perform the essential functions changes, it is the students' responsibility to notify the DCE immediately.

5. Health Insurance

It is recommended that all students carry their own health insurance during clinical rotations. Students on clinical experience may be assisted by the clinical site in obtaining emergency care but it is the student's financial responsibility for this care.

6. Physicals, CPR Certification, HIPPA, and OSHA Infection Control

Physicals, CPR certifications, and OSHA Infection Control training must be completed **by November 1st prior to clinicals the following year.** Failure to complete the following requirements will result in cancellation of the next clinical experience. A completed physical and CPR certification is the responsibility of the student. A physical may be completed by the

Nazareth Health Services office or a private physician. OSHA training will be provided at a certain time each year. The following forms must be submitted to the DCE's office **by November 1st: copy of CPR card, HIPPA certificate, and Health Insurance.** It is the policy of the DPT Program that all students in the program receive "HIPAA Basics" training. Students are directed to the following website, [HIPAA Training Site \(http://www.goer.state.ny.us/Train/onlinelearning/HIP/intro.html\)](http://www.goer.state.ny.us/Train/onlinelearning/HIP/intro.html).

All health information, including the students' physical and necessary immunizations, will be sent to the clinical site by the student approximately 4-6 weeks before the clinical education experience.

7. Criminal Background Check

Several clinical sites require mandatory criminal background checks prior to beginning the clinical education experience at that facility. The student is responsible for obtaining this information if they wish to attend a site with this requirement. The students will be informed of sites requiring background checks when choosing clinical sites. Please consider this requirement before providing the DCE with your preference list.

8. Drug Testing

As a requirement for participation in patient care, some clinical sites require mandatory drug testing for the student to be placed at that facility. The student must comply and pass the drug testing to remain assigned to that clinical site. The students will be informed of sites requiring drug testing when choosing clinical sites. Students are encouraged to consider this requirement before selecting their preferences.

9. Dress Code

Professional Dress:

- Comfortable flat shoes, socks/stockings, dress pants (no jeans or shorts), shirts/blouses with collars (no t-shirts).
- No sneakers (unless permitted by clinical site), sandals, or open-toed shoes
- No jeans or shorts

Students are expected to adopt the dress code of the assigned facility (for example, jeans and tennis shoes on Friday). Unkempt, dirty, or rumpled appearance is not acceptable. Students should choose clothing that permit active movement during interventions **WITHOUT** excessive skin exposure (for example: shirts that ride up when bending over).

Jewelry should be kept to a minimum (watch, non-abrasive ring, non-dangling earrings). Long hair should be securely fastened away from the face. Nails should be trimmed to prevent any injury to the patient. The student will be required to change behaviors or appearance fads if a patient is offended by the student's appearance or if it poses a hazard to a patient during treatment. Examples of appearance fads include hair style/color, body (tongue) piercing, earrings on men, and/or tattoos. When in doubt about such a characteristic, ask the DCE prior to the clinical experience.

Students are required to wear a Nazareth College name tag or a facility name tag with indication of "student physical therapist" at all times.

Only one warning will be given with respect to unacceptable dress or appearance. Failure to comply following one warning may result in dismissal from the clinical.

10. Transportation and Housing

Students are responsible for provision of all necessary transportation to/from assigned clinical education experiences and to arrange/secure housing. Students are also responsible for personal costs incurred by travel, housing, or meals during each clinical education experience. If a clinical site is of interest in another state, there are many possible options for housing. Please see the DCE for suggestions.

When preparing for housing and transportation costs, please refer to the Clinical Education expense sheets folder. These forms will assist you with cost estimates provided from previous students' experiences and can be located in the Clinical Education student file cabinet.

11. Facility Policies and Procedures

The student is expected to adhere to all policies and procedures of the clinical facility. Failure to comply with facility policies and procedures will result in removal of the student from that clinical facility.

12. Special Clinical Site Requests

No changes in clinical placements will occur after the placement sheet has been posted unless initiated by the site. If a site is established or contacted by the DCE by request of a student, and the clinical site agrees to accept the student, the student is obligated to attend this clinical facility.

13. Attendance

Attendance at all clinical experiences is MANDATORY. A student is expected to be punctual in daily arrival at the facility and remain until excused by the CCCE or CI. Excessive tardiness or failure to maintain specified hours may be cause for dismissal from the clinical experience and an Unsatisfactory grade

Students are required to adhere to the hours of the assigned facility and Clinical Instructor. It is important to note that the clinical experiences are considered full-time (40 hours, or sometimes more per week). The hours required can vary significantly from site to site, therefore do not schedule work around an anticipated 8-4 schedule. Every site varies and has different requirements and expectations. Additionally, students should expect that they will need to spend time outside of the clinical experience preparing and/or reviewing in order to make each day successful 'on-the-job'. This means that the students should strongly consider limiting outside/extracurricular activities such as part-time employment or planning special events (i.e., weddings) while in full-time clinical educational experiences.

14. Professional Behavior

Students are expected to practice in a legal, ethical, and professional manner. Any noted professional behaviors by faculty member will result in a faculty discussion and possible delay in progressing to the next upcoming clinical affiliation. In addition, failure to perform in a professional manner during an affiliation may result in failure of the clinical education experience. Refer to the Department Policies and Procedures manual to see the APTA Guide for Professional Conduct. Inappropriate behavior may result in removal of a student from an

assigned clinical facility at the discretion of the CI and the DCE. Continuation of Program enrollment eligibility will be determined based on the academic policies of the Program.

15. Student Concerns Process in the Clinic

If a clinical problem arises (eg supervision, academic preparation, professional behaviors, or injuries) the student should discuss the problem with the CI immediately. If the situation is not improved the student should next notify the CCCE of the facility for assistance in resolving the problem. If that does not resolve the problem notify the DCE immediately. Due to the nature of some problems faced by students it may be appropriate to contact the DCE immediately to discuss alternative strategies for resolving the problem. Options available include performing a telephone intervention or arranging a 1:1 meeting with the student, the CI and/or both. At any time the student can go directly to the Director of the program with any concerns.

If a student is removed from a clinical experience by the clinical sites request due to conduct, the student may receive an “Incomplete” for that clinical experience.

16. CI Concerns Process

If a clinical problem arises (eg supervision, academic preparation, professional behaviors, or injuries) the CI should discuss the problem with the student immediately. If the situation is not improved the CI should next notify the CCCE of the facility for assistance in resolving the problem. If that does not resolve the problem notify the DCE immediately. Due to the nature of some problems faced by students it may be appropriate to contact the DCE immediately to discuss alternative strategies for resolving the problem. Options available include performing a telephone intervention or arranging a 1:1 meeting with the student, the CI and/or both. In addition a weekly planning form should be implemented immediately and an anecdotal record form should be utilized if appropriate. The CCCE and CI also have the right to submit a complaint form directly to the Director of the program, or to the Commission on Accreditation in Physical Therapy Education (CAPTE). This can be done by going to: http://www.naz.edu/dept/physical_therapy/problems_concerns.cfm.

17. Illness

In the event of a student’s absence due to illness or unavoidable circumstance, the student must notify the CCCE and/or CI prior to scheduled daily arrival time giving the reason for the absence. The CI/CCCE will determine if the reason is appropriate for an excused absence. It is the discretion of the CCCE and/or CI to require the student to make up one day. If the absence exceeds one day during the clinical experience, the absence must be made up at the discretion of the CI/CCCE. Medical documentation of illness may be required.

An unexcused absence is cause for dismissal from the clinical experience. The potential need for making up time is a compelling reason to avoid scheduling special events or travel in the days immediately following a scheduled clinical education experience.

18. Leave of Absence

If a student is unable to complete a full-time clinical education experience due to illness, injury, or a personal situation, the student may be granted a leave of absence. Notification of a leave of absence is made through a Graduate Studies Notification of Leave of Absence Form.

Information required on the form includes: (1) date leave is to begin; (2) date of expected return; (3) advisor's signature. A leave of absence may impact course consequence and program completion. Signature and processing by the Office of Graduate Student Services is the final step in the process. A completed petition for a leave of absence must be received prior to the semester it applies. A mutually agreeable plan will then be formed by the DCE, clinical site, and the student for how the requirements will be fulfilled.

19. Incident Report

It is the policy of the School of Health and Human Services that the following procedure be followed if a student is involved in any incident in which there is potential for a professional liability legal action to be filed.

- 1) The student must immediately notify the CI of the incident.
- 2) The student must immediately notify the DCE of the event and provide the DCE with a written copy of the incident report from the student and CI.
- 3) Upon receipt of any official document notifying the student of a compensable event, the student must furnish a copy of the document to the DCE.

20. Patients Right to Refuse

Any patient has a right to refuse treatment from a student during a clinical affiliation. If a patient prefers not to be treated by a student, the student should immediately inform their CI and/or CCCE and discuss alternative options.

21. Fax/E-mail Communication Form – Week 1

A *Fax/E-mail Communication Form* is required to be submitted by the student at the end of the first week of each full-time clinical education experience. The purpose is to provide the DCE with input as to the name of the CI, the type of supervision being received, and to confirm the contact scheduled for the DCE. This form is found in the student's manual and on Blackboard.

22. Clinical Contact by the DCE

The purpose of the midterm clinical contact has many objectives and may include, but are not limited to the following:

- 1) Discussion of the students' overall clinical performance.
- 2) Discussion of the rights and privileges of students and clinical instructors.
- 3) Discussion to facilitate clinical instructors' roles as educators of students.
- 4) Assisting clinical instructors in the integration of clinical and academic education.
- 5) Discussion of student performance with the clinical instructors and help identify and deal with any real or potential areas of deficit.
- 6) Providing the students the opportunity to evaluate the clinical experience and the effectiveness of the clinical education program.
- 7) Providing feedback to the academic faculty members regarding the adequacy of academic preparation for clinical performance.
- 8) Discussion of suggestions for continuing education programs and speakers which could be facilitated through the academic program
- 9) Assisting the clinical instructors to evaluate and develop the overall potentials of their clinical education program.

The schedule of clinical contacts will be provided to the clinical instructor and the student prior to each full-time clinical education rotation. It is the responsibility of the student to discuss the scheduled contact with the CI during the orientation to the facility. Once the contact date has been reviewed, the student must return the *Fax/E-mail Communication Form* to confirm the time with the DCE. If the on-site visit or telephone call must be rescheduled it is the student's responsibility to provide alternative dates so that the DCE can reschedule an alternate time for that clinical contact.

Each student will receive at least one on-site visit at some point within the four full-time clinical education experiences unless program resources prevent an on-site visit from occurring. If an on-site visit is not scheduled for a specific clinical education experience, but the student or CI believe an on-site visit to be necessary to resolve problems, the student or CI should contact the DCE to schedule an on-site visit as soon as possible.

23. CE Expense Sheets

Completion of the appropriate *CE Expense Sheet* form (used to provide future students of estimated costs while in clinical education) is required of each student to successfully complete the clinical education experience. The forms are included in the CEM and on Blackboard and are given to the DCE as part of the required paperwork at the completion of each education experience. All required paperwork is due within 7-10 working days of completion of the clinical education experience and is the responsibility of the student to return to the DCE.

24. Evidence in Practice Presentation Requirement (Inservice Presentation)

Refer to full sub-section under evaluation of student performance.

25. Paperwork Requirement

The required paperwork for each clinical education experience includes completed *CPI's* by both the student and CI, *PT Student Evaluation of the Site* form, *CE Expense* form, *Feedback for Presentation* form, and a copy of the student's presentation. The clinical course will be considered as "incomplete" until all paperwork is returned with appropriate signatures. All required paperwork is due within 7-10 working days of completion of the clinical education experience. It is the student's responsibility to ensure all items are submitted.

26. DCE Evaluation Forms

Every year evaluation forms will be sent to the students following their CE I experience and their CE V to allow them an opportunity to provide feedback to the DCE using the *DCE Assessment Form – Student version*. Clinical sites will be randomly chosen each year to receive the *DCE Assessment Form – CCCE and CI version* to provide feedback to the DCE, however the CCCE or CI are welcome to fill out the assessment form included in this manual at anytime. Suggestions and feedback are recommended to improve these experiences for everyone. Each year the faculty will also have an opportunity to provide feedback and evaluate the communication skills of the DCE using the *DCE Assessment Form- Faculty version*.

27. Additional Policies

The Department, the College, and New York State all reserve the right to amend or develop new policies that may affect the clinical education component of the curriculum. When a new

policy has been implemented the student will be informed in writing so that the revised policy may be included in the CEM.

Evaluation of Student Performance

Evaluation Instruments:

Clinical Performance Evaluation/CPI: Both midterm and final Clinical Performance Instrument (CPI): Evaluation forms from both the CI and student will be used to evaluate the performance of the student for all clinical education placements. CPI VAS ratings as well as narrative comments are required by the student and CI. Separate assessments should be shared in a formal evaluation conference between the student and CI at both the midterm of the clinical and during the final week of the placement. This assessment should clearly delineate the difference in the student's performance since the midterm evaluation. Both CPI packets should be completed and signed when they are returned to the DCE.

Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Form/CEM: Students are required to complete Part 2 of this form at midterm and then the form in its entirety at the conclusion of the placement and share it with the CI during the final evaluation conference. The completed form provides demographic information on the CI (General Information), an assessment of the clinical instructor's performance (Part 2), the overall quality of the clinical experience (Part 1) and the adequacy of the student's academic preparation (overall summary appraisal). Completed forms are to be submitted to the DCE with the final CPI's.

The quality of students' work will be indicated by a satisfactory (S), in progress (IP), or unsatisfactory (U) grade issued by the DCE. The determination of the grade for all clinical experiences is at the sole discretion of the Director of Clinical Education (DCE). Grades are assigned according to academic institution policy based on:

- A review of the completed PT CPI at the end of the clinical experience.
- A review of the student feedback on the clinical experience.
- Additional written documentation from the CI or CCCE if available.
- Additional verbal information from the CI and student.
- The following factors will also be considered when assigning a grade: clinical setting, experience with patients/clients in that setting, expectations of experience, progression of performance from midterm to final, whether significant concern boxes are checked, congruence between comments and rating, and the improvement over the coursework of clinical education experience.

Satisfactory (S) grade:

- The completion and return of both original CPIs within 7-10 days of last day. Incomplete CPIs are not acceptable and will result in a grade of 'Incomplete'(I) for the course.
- Completion and return of the Physical Therapist student evaluation: Clinical Experience and Clinical Instruction.
- Completion and return of a copy of the presentation/in-service and peer feedback sheets.
- Compliance with Clinical Education Policies.
- CPI VAS Ratings Evaluation Requirements

- No more than one “significant concern” on any performance criteria identified at final evaluation.
- Demonstrated progress in interval ratings between midterm and final evaluations (entry-level ratings are generally not noted in CEI)
- Performance criteria #1-4 (Foundation Criteria): Are expected to be above Advanced Intermediate Performance. Any rating below this interval should be marked as a “significant concern”
- Performance criteria #5-18 are expected to progress along with each experience. Please refer to syllabi for specific expectations.

In progress (IP) grade:

If the student requires extra time to complete a clinical due to injury or illness then an IP may be given until successful completion of the clinical. If the CI and DCE determine the student requires extra time to successfully complete an assigned clinical education experience, an alternative plan may be developed through discussion between the CI and DCE, as well as between the DCE and student. Then the DCE must design a learning contract that will allow the student to demonstrate satisfactory competency in clinical performance. If the remediation requires additional clinical experience, the student may: 1. Continue at the same clinical site or 2. Start at a new site in the same clinical category, or 3. Achieve learning needs through a combination experience. Changing the clinical environment will be at the discretion of the DCE and the clinical facility and, thus, may not be at the convenience of the student. The choice of the remediation activity will be made by the DCE in conjunction with the Program Director and will be designed to address the specific deficiency noted. If a student is unable to demonstrate competence after this second effort, a grade of "U" will be issued, the entire clinical experience must be repeated and the student will be placed on probation.

Unsatisfactory (U) grade:

The student may receive an automatic failure, (U) grade, if he/she is asked to leave the clinical education site before the scheduled conclusion of the clinical placement because of any of the following: unacceptable professional behavior, attitude and/or clinical performance problems that are not successfully remediated in a timely manner or any combination of these performance areas.

Repeating a failed clinical course

At the time that the grade of U is issued, the remediation plan for the student will be discussed with the student and their wishes and needs will be given due consideration however, every effort will be made to keep the student in the Western New York area for their clinical experience. This will provide for quick response to any questions or concerns of the student or the CI. An unsatisfactory grade in two clinical experiences and/or inability to bring an ‘Unsatisfactory’ to a ‘Satisfactory’ in any one course will result in dismissal from the program. Since the student is repeating the course due to failure, they will be required to pay tuition to re-take the course.

Appeals

Students may appeal decisions of probation or dismissal from the program. Students should refer to the [Graduate School Policy and Procedures](#).

Evidence in Practice Presentation Requirements

Each student is required to perform a presentation at each clinical affiliation. The goal is to provide students with an opportunity to practice teaching skills in front of their peers, to review the literature, and to provide the clinicians with relevant and evidence-based information to improve their clinical skills. This should be considered a thank you to the site for the opportunity to learn from their expertise. A variety of presentation topics are required at each clinical experience.

Clinical Experience (CE)

Options for presentations include:

- Perform an **article critique** on a topic relevant to your caseload. Make sure to include the key aspects required in an article critique (i.e. – the importance of sample size, what is validity and reliability, how was the subject recruitment). This will act as a review for clinicians of what is important in a critical analysis of the research. Please use the article critique feedback form.
- A topic chosen by a site request to do a basic informational in-service. However this topic must be cleared by the DCE and an article critique must be added as a component of the in-service.
- A general presentation should be focused toward providing the clinical site and therapists with information (related to assessment, evaluation, intervention) that is supported by AT LEAST 3 relevant and recent (last 10 years) research articles. These articles must be critically analyzed before using them. A summary of relevant points of the articles must be included to substantiate intervention recommendations regarding a relevant topic.
- A case report presentation that can correlate to your CEIII case report requirement. It is intended to be an example of Evidence Based Practice. Therefore, the literature review guides evaluation and intervention. The goals for this case report are to:
 - Understand the aspects of performing a literature review and performing a case report.
 - Provide the clinicians an example of a case report of a relevant topic for the setting.
 - Give you an opportunity to receive feedback from practicing clinicians.

Methods of Evaluation for Evidence in Practice: Student must provide each attending therapist a copy of the *Feedback for Presentation* form. It is required that copies of the evaluation/feedback and the presentation be given to the DCE after the presentation. Copies of the evaluation form can be found in the CEM and on the website.

Clinical Coordinator (CCCE) and/or Clinical Instructor (CI) Roles and Responsibilities

- The CCCE will assign a CI for each student that has a minimum of a year of experience and expertise in their area.
- Remain current with changes and trends in clinical education. Take advantage of courses offered by affiliating programs.
- Identify, organize and coordinate the specific learning experiences within the clinical education facility/clinical site, including but not limited to:
 - Educational opportunities, forms used at the facility, patient assignment
- Perform a thorough orientation of the facility, including but not limited to:
 - Facility and staff, general policies and procedures, emergency procedures, clinic operations, philosophy of the clinical site, student learning objectives
- Discuss clinical education goals and expectations for the student and facility.
- Review the Guidelines for Clinical Education Sites, CI's, and CCCE's in the Clinical Education Manual on the clinical education website: www.naz.edu/dept/prclinicaled/.
- Organize, direct, supervise, coordinate and evaluate the activities of the PT student assigned to the respective clinical site.
- Maintain communication with the DCE and the assigned student during the course of the clinical education experience (i.e., notification of progress and/or problems).
- Perform midterm and final CPI evaluations of the student's clinical performance and send a copy of completed evaluation to the DCE. We recommend that the CI keep a copy of the CPI.
- Abide by the profession's Code of Ethics and Standards of Practice as published by the APTA.
- Formally evaluate the effectiveness of the DCE on a random basis.
- Provide specific feedback to the academic institution about the student's performance, and global feedback about perceived strengths and weaknesses of the academic program.
- Revise CSIF as needed to keep information accurate and current.
- Respond in a timely manner to requests for student placement on an annual basis.
- Conduct staff development activities to enhance CI skills.
 - Participate in CI credentialed courses, request DCE to present on requested topics, participate in educational opportunities provided by the college.
- Demonstrate effective communication and conduct in interpersonal relationships.
- Demonstrate effective instructional and supervisory skills.

Rights and Privileges of Clinical Education Faculty

Clinical faculty members (center coordinators of clinical education and clinical instructors) of Nazareth's physical therapy program have the following rights and privileges associated with their participation in the PT clinical education program:

1. To be treated fair, with dignity and without discrimination by all students and Nazareth Faculty.
2. The right to request individual in-services by the clinical site regarding effective teaching strategies, as well as presentations on requested topics in their areas of specialization.
3. The right to request assistance from the academic program in dealing with clinical education issues or problems that arise in clinic.
4. The right to request feedback regarding student experience or CPI comments.
5. The right to attend periodic continuing education sponsored by Nazareth College Physical Therapy.
6. The right to attend twice a year annual CI training offered by the NYNJ Consortium.
7. The right to off-site supervisor library privileges. A request to the DCE is required and then the Director of Circulation will be notified and registration can be done at the library each semester.
8. The right to receive information regarding affiliating students, changes in clinical education, and the physical therapy program in a timely fashion.
9. The right to terminate a student's participation in the clinical education experience if it is felt that the continued participation of a student is unsafe, disruptive, or detrimental to the clinical site or patient care, or otherwise not in conformity with the clinic's standards, policies, procedures, or health requirements.

Guidelines for Clinical Education Sites

These are recommended guidelines that should be used to guide and develop Clinical Education sites. These guidelines can be used to help determine the readiness of taking students at individual clinical education sites. The complete recommendations, along with CCCE and CI self assessment forms, can be found on the APTA website (www.apta.org) under the heading clinical education - guidelines and self assessments for clinical education. Please contact the DCE if copies of these forms are needed or if there are any questions regarding these guidelines.

- 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.
- 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.
- 3.0 Physical therapy personnel provide services in an ethical and legal manner.
- 4.0 The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.
- 5.0 The clinical education site demonstrates administrative support of physical therapy clinical education.
- 6.0 The clinical education site has a variety of learning experiences available to students.
- 7.0 The clinical education site provides an active, stimulating environment appropriate to the learning needs of students.
- 8.0 Selected support services are available to students.
- 9.0 Roles and responsibilities of physical therapy personnel are clearly defined.
- 10.0 The physical therapy personnel are adequate in number to provide an educational program for students.
- 11.0 A center coordinator of clinical education is selected based on specific criteria.
- 12.0 Physical therapy clinical instructors are selected based on specific criteria.
- 13.0 Specific expertise of the clinical education site personnel is available to students
- 14.0 The clinical education site encourages clinical educator (CI and CCCE) training and development.
- 15.0 The clinical education site supports active career development of personnel.
- 16.0 Physical therapy personnel are active in professional activities.
- 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.

Please refer to this website for self-assessment forms:

<http://www.apta.org/AM/Template.cfm?Section=Clinical&Template=/MembersOnly.cfm&ContentID=21123>

SECTION III: Clinical Education Forms

Student Profile and Emergency Contact Information

Student Name:

Address: (where pre-clinical information should be sent)

Street:

City:

State/Zip:

Email Address:

Phone Number:

Emergency Contact: Name:

Address:

Phone (day):

Phone (evening):

School Contact: DCE: J.J. Mowder-Tinney_____

Phone (day): **585-389-2901** (direct line/voice mail)_____

Email: **jmowder3@naz.edu**_____

PT Office: 585-389-2900_____

Fax: 585-389-2908_____

Areas of Special Interest:

Briefly Describe Yourself: (What would like the Clinical Instructor to know about yourself)

How do you learn best?

What are your clinical strengths? (describe relevant previous work experience and previous affiliation or special training)

What clinical skills would you like to upgrade during this affiliation?

How often do you prefer meetings with your clinical supervisor?

Daily

Weekly

Impromptu

As needed

Describe any conditions (medical or otherwise) that may affect your ability to perform in the clinic that we need to be aware of:

Sample Introductory Letter 1

Date

Name
Place
Department of Physical Therapy
Address

Dear Ms. or Mr. Last Name:

Thank you for allowing me to complete my first clinical experience at your clinic from *<start date>* through *<ending date>*. Prior to this experience I will have completed the following physical therapy courses: Patient Management I & II, Orthopedics I (extremities), Professional Issues I & II, Research I, and Applied Neuroscience. I am looking forward to using the skills I have learned thus far in my education and welcome the opportunity to expand my knowledge.

I will be contacting you two weeks prior to my scheduled arrival to gain information regarding hours of operation, where to report the first day, dress code and other relevant information. Should you wish to contact me, I can be reached at *<put your phone number>*. Thank you again for this opportunity.

Sincerely,

Name
Address

Sample Introductory Letter 2

(Date)

(Name), PT, CCCE
Physical Therapy Department
(Facility Name)
(Facility Address)
(City, state, Zip)

Dear *(Ms or Mr.) (Last name)*:

I have been confirmed at *(facility name)* for my *(number of rotation: first, second, third)* full time clinical education experience from *(start date)* to *(end date)*. My clinical education assignments have and will include:

Part-time: NY State PT Clinic semester: *(spring, summer, fall with year)*
First full-time: *(facility name)* type: *(acute, OP, peds. . .)*
Second full-time: *(facility name)* type: *(acute, OP, peds. . .)*
Third full-time: *(facility name)* type: *(acute, OP, peds. . .)*

Until *(date)* my contact information is:

Address: *Street address* Phone: *(phone)*
City, State, Zip Email: *(Email)*

[Remaining information should include additional information such as:

- 1. information related to your PT experience prior to entering PT school**
- 2. other information you might want to include – primary interests, goal for the clinical**
- 3. or you can refer them to your enclosed resume for information about you**
- 4. Clinical Objectives**

Sincerely,
(Signature), SPT
(Your name typed), SPT

CC: Prof. Mowder-Tinney, DCE

Sample Housing Needs Letter

123 Any Street
Any Town,
Any State/Zip
Today's
Today's Date

Ms. /Mrs. Funny, CCCE
Site Name
Department of PT
Your City, Your State Zip

Dear Ms. CCCE:

I am a junior physical therapy student at Nazareth College, who will be doing an internship with you during April, 2000. I am writing to provide you information on my background and my goals for the internship.

I will be starting my internship on July 1st and will be finishing with you on July 30. I plan to arrive in town on June 28th.

Although you do not provide housing, I was wondering if you would provide me with a housing list. I can afford to pay up to \$XXX for my housing during the four weeks I spend with you. Please let me know if you are able to help me in this area.

You will see that I have provided you with my permanent address and telephone where you can leave a message.

If you have any information which I can read to prepare for my affiliation, please send it to my permanent address. I look forward to my time with you.

Sincerely,

PT student

Fax/E-mail Communication - Week 1
CE# _____

Fill out ALL sections of this form and e-mail or fax at the end of the first week

To: J.J. Mowder-Tinney
Nazareth College - Department of PT

Fax #: 585-389-2908

E-mail: Jmowder3@naz.edu, Phone # 389-2901

Student Name: _____

Subject: CE __ @ _____

Message:

My **CI** for this clinical experience is : _____

Type of **supervision** so far appears to be:

_____ too close _____ about right
_____ not enough (I _____ have _____ have not talked with the CI about this)

The scheduled midterm **contact** by the DCE with you is/is not OK for BOTH CI and student (check Blackboard if unclear of scheduled time)

_____ is OK as scheduled for: _____

_____ needs to be changed to: _____

or: contact me with some of these alternatives:

To **contact me** the best times and numbers are:

During work hours: time: _____

Phone: _____

During the evening: time: _____

Phone: _____

Email: _____

The best phone # at which to reach my CI is: _____

Goals established for weeks 1-3 of this clinical experience include:

Check List for Clinical Education Experiences

To Take to Clinical Site – Pick packet up from secretary

- CPI x 2 – blank (give one to your CI and keep the second to complete)
- Fax/E-mail Communication Form Week #1
- Syllabi for course
- Rights, Responsibilities, and Privilege sheets, Learning Objectives Template, Supervision Guidelines – **You will give these forms to your CI the first day of clinical**
- Expense Sheet
- Student Nametag
- PT Student Site Evaluation Form: **Section 2 must be filled out at midterm and final**
- Any relevant resources applicable to setting type

**** Remember to send your Fax/E-mail Communication form at the end of the first week of your clinical. Make sure to include goals for the first half of your clinical, contact numbers, e-mails for both you and your CI, and confirm the time of call or visit.****

To Return to Nazareth at end of Clinical

- CPI – CI version
- CPI – student version
- A copy of the “evidence in practice” presentation given to staff during your clinical site.
- Feedback Presentation Forms completed by attendees of your inservice.
- PT Student Site Evaluation Form
- Student Expense Report

Refer to your Continuing Education Manual on the website if you have any questions or need to access any forms: www.naz.edu/dept/ptclinical/

Please make sure you are returning a packet with everything completed. This is your responsibility and should be done on your last day of your clinical. I cannot assign a grade until I get the packet.

Don't forget to have fun, enjoy the learning opportunity, and contact me at anytime with questions or concerns.

Contact:

**J.J. Mowder-Tinney PT, PhD, NCS
Director of Clinical Education
Nazareth College
4245 East Ave
Rochester, NY 14618
Phone (585) 389-2901
Fax (585) 389-2908
E-mail: jmowder3@naz.edu**

Weekly Planning Form

Student Name: _____

Clinical Instructor: _____

Date: _____

Week #: _____ **of** _____

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

Students Review of the Week	CI's Review of the Week
<u>Professionalism, Behavior, Attitude:</u>	<u>Professionalism, Behavior, Attitude:</u>
<u>Safety:</u>	<u>Safety:</u>
<u>Communication Skills:</u>	<u>Communication Skills:</u>
<u>Problem-Solving Skills:</u>	<u>Problem-Solving Skills:</u>
Student's Summary:	
CI's Review:	
Goals: 1. 2. 3.	

Students Signature

CI's Signature

Feedback for General Presentations
Evidence In Practice: Linking Clinic and Academic

The goal of this presentation is to provide the clinicians with relevant intervention ideas supported with recent research articles. Please fill out the following feedback for the student.

Student's Name: _____

Please circle the appropriate rating:

Ratings:	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
1. The topic chosen was relevant to my setting and patient population	5	4	3	2	1
2. The presenter was prepared and knowledgeable about this topic	5	4	3	2	1
3. The use of audio/visual materials was helpful	5	4	3	2	1
4. The student communicated clearly and concisely during the presentation	5	4	3	2	1
5. The student was able to answer questions posed about this topic	5	4	3	2	1
Overall – this was a helpful presentation	5	4	3	2	1

Comments: _____

Thank you for the time to complete this form!

CE I Preference Form

Student Name: _____
Student Email Address: _____

Clinic Preferences:

Please use the list of clinical sites provided by the DCE from which to make your top five preferences in order of preference. (Print Legibly)

Choice	Clinic Name/Setting
1.	
2.	
3.	
4.	
5.	

If none of the above clinics are available, please list your top THREE geographic preferences outside of the Rochester area.

Geographic Preferences:

Choice	Location (example: Albany NY, Utica, Syracuse, etc.)
1.	
2.	
3.	

Please provide me the zip codes of where you would like to be living:

Additional comments/special situations:

CE II Preference Form

Student Name: _____

Student Email Address: _____

Clinic Preferences:

Please use the list of clinical sites approved by the DCE from which to make your top five preferences. (Print Legibly)

Choice	Clinic Name/Setting
1.	
2.	
3.	
4.	
5.	

If none of the above clinics are available, please list your top THREE geographic preferences outside of the Rochester area.

Geographic Preferences:

Choice	Location (example: Albany NY, Utica, Syracuse, etc.)
1.	
2.	
3.	

Please provide me the zip codes of where you would like to be living:

Additional comments/special situations:

CE III Preference Form

Student Name: _____

Student Email Address: _____

Clinic Preferences:

Please use the list of clinical sites approved by the DCE from which to make your top five preferences. (Print Legibly)

Choice	Clinic Name/Setting
1.	
2.	
3.	
4.	
5.	

If none of the above clinics are available, please list your top THREE geographic preferences outside of the Rochester area.

Geographic Preferences:

Choice	Location (example: Albany NY, Utica, Syracuse, etc.)
1.	
2.	
3.	

Please provide me the zip codes of where you would like to be living:

Additional comments/special situations:

CE V Preference Form

Student Name: _____

Student Email Address: _____

Clinic Preferences:

Please use the list of clinical sites approved by the DCE from which to make your top five preferences. (Print Legibly)

Choice	Clinic Name/Setting
1.	
2.	
3.	
4.	
5.	

If none of the above clinics are available, please list your top THREE geographic preferences outside of the Rochester area.

Geographic Preferences:

Choice	Location (example: Albany NY, Utica, Syracuse, etc.)
1.	
2.	
3.	

Please provide me the zip codes of where you would like to be living:

Additional comments/special situations:

CE Student Request Form

I II III V

Students who wish to start an affiliation with a new site must supply all requested information and give to the DCE by September when preference forms are turned in.

PT Student Name: _____
 Student ID#: _____
 Email address: _____

Request for NEW Clinical Site(s):

Please list the clinical site(s) in which you are requesting. Please provide ALL information requested.

Choice	Clinic (include name of clinic, contact name, AND contact information-phone, email, fax)	Location (include City, State, Zip)
1.		
2.		

Please provide a detailed explanation as to WHY you are requesting a specific clinical site and/or geographical region. Please also state the type of experience you hope to gain from this request.

Clinical Education Expense Sheet

CE #____

Student: _____

Dates: _____

Facility: _____

Housing:

____ provided by facility Contact name and #: _____

____ stayed with family/friends

____ arranged own housing Who assisted? _____

Cost: ____ \$/day ____ \$/week ____ NA

Food:

____ provided by facility ____ arranged own

____ Discount meals at facility

Cost: ____ \$/day ____ \$/week ____ NA

Travel:

____ provided by facility ____ arranged own

Cost: ____ \$/day ____ \$/week ____ airfare ____ NA

Stipend: ____ none ____ \$/hr ____ \$/week ____ \$/mo

Other costs: (i.e. parking - list category and cost)

Comments:

Director of Clinical Education Assessment Form

Student Version

The Director of Clinical Education (DCE) Assessment Form is designed to allow clinical faculty an opportunity to provide feedback to the DCE regarding behavioral skills needed to fulfill responsibilities of this position. The ultimate purpose is to improve the overall quality of the clinical experience for the student, the clinical faculty, and the clients. This form will be sent to active facilities annually for performance evaluation however, please feel free to fill this form out at anytime with feedback.

Rating	Description
4	The DCE performs at a SUPERIOR level going beyond the average level of behavior
3	The DCE performs at an AVERAGE level by consistently exhibiting behavior that is adequate for the fulfillment of the responsibilities of the DCE
2	The DCE performs at a BELOW AVERAGE level by inconsistently exhibiting behavior that is adequate for the fulfillment of the responsibilities of the DCE OR exhibits behavior at a minimally acceptable level.
1	The DCE performs at a POOR level by exhibiting behavior that is inadequate for the fulfillment of the responsibilities of the DCE
N/A	Skill not observed

Please circle the number that corresponds to your agreement with the statement.

	Superior	Avg	Below Avg	Poor	Not applicable
1. The DCE accurately communicates appropriate and necessary activities, news, and other current information (ie. student information, newsletters, site visit information) to the clinical faculty.	4	3	2	1	N/A
2. The DCE accurately manages or maintain the academic programs clinical education records (ie. current data base of clinical sites)	4	3	2	1	N/A
3. The DCE clearly explains the clinical placement process, provides 1:1 guidance for each student as appropriate during the decision making process, and is approachable when the student requires clarification.	4	3	2	1	N/A
4. The DCE oversees the clinical experience with appropriate guidance/support as needed for all students.	4	3	2	1	N/A
5. The DCE adjusts guidance/support as needed during challenging experiences while providing strategies and options for improving the experience for both the student and CI.	4	3	2	1	N/A
6. The DCE demonstrates an adequate level of knowledge concerning the clinical education program by answering questions thoroughly, concisely and timely.	4	3	2	1	N/A
7. The DCE is easily accessible for questions and problems for the student during the clinical experience.	4	3	2	1	N/A

Director of Clinical Education Assessment Form
CCCE and CI Version

The Director of Clinical Education (DCE) Assessment Form is designed to allow clinical faculty an opportunity to provide feedback to the DCE regarding behavioral skills needed to fulfill responsibilities of this position. The ultimate purpose is to improve the overall quality of the clinical experience for the student, the clinical faculty, and the clients.

This form will be sent to active facilities annually for performance evaluation however, please feel free to fill this form out at anytime with feedback.

Rating	Description
4	The DCE performs at a SUPERIOR level going beyond the average level of behavior
3	The DCE performs at an AVERAGE level by consistently exhibiting behavior that is adequate for the fulfillment of the responsibilities of the DCE
2	The DCE performs at a BELOW AVERAGE level by inconsistently exhibiting behavior that is adequate for the fulfillment of the responsibilities of the DCE OR exhibits behavior at a minimally acceptable level.
1	The DCE performs at a POOR level by exhibiting behavior that is inadequate for the fulfillment of the responsibilities of the DCE
N/A	Skill not observed

Please circle the number that corresponds to your agreement with the statement.

	Superior	Average	Below Average	Poor	Not applicable
1. The DCE accurately communicates appropriate and necessary activities, news, and other current information (ie. student information, newsletters, site visit information) to the clinical faculty.	4	3	2	1	N/A
2. The process for requesting and assigning clinical education placements was communicated well by the school.	4	3	2	1	N/A
3. The DCE was accessible and responsive to concerns raised by the site.	4	3	2	1	N/A
4. The DCE demonstrates an adequate level of knowledge concerning the clinical education program by answering questions thoroughly, concisely and timely.	4	3	2	1	N/A
5. The DCE oversees the clinical experience with appropriate guidance/support as needed for all students.	4	3	2	1	N/A
6. The DCE is easily accessible for questions or problems with students.	4	3	2	1	N/A
7. The DCE demonstrates adequate knowledge of clinical education.	4	3	2	1	N/A
8. The DCE exhibits flexibility and concern for the clinical faculty's schedules.	4	3	2	1	N/A
9. The DCE demonstrates enthusiasm for clinical education.	4	3	2	1	N/A

10. Please comment on your overall impression of the Director of Clinical Education. Include strengths and areas needing improvement.

11. Suggestions for improving our clinical education program: (manual, student preparation, administration, etc.)

12. What topics for continuing education would be beneficial to you?

13. Feel free to comment on any area addressed in this form.

Thank you for your time! I appreciate your feedback.

Site Call/Visit Form

Student Name: _____ **Facility/CI:** _____
Contact: Call Visit **Dates of Clinical:** _____ **Phone #:** _____
Today's Date: _____ **Setting:** _____ **CE#: I II III IV**
Case Mix: Peds Adults Geriatrics Mixed
 Musculoskeletal Neuromuscular Integumentary Cardiopulmonary Other
Comments:

Discussion Items	Student	CI
Level of Supervision <input type="checkbox"/> Discrepancy Noted between CI and student	Level of Supervision: <input type="checkbox"/> Direct Supervision, CI in line of sight <input type="checkbox"/> CI typically in line of sight <input type="checkbox"/> CI immediately accessible and available, not always line of sight <input type="checkbox"/> CI frequently not in line of sight Supervision conducive to learning experience: <input type="checkbox"/> yes <input type="checkbox"/> no Orientation to site: <input type="checkbox"/> yes <input type="checkbox"/> no	Level of Supervision: <input type="checkbox"/> Direct Supervision, CI in line of sight <input type="checkbox"/> CI typically in line of sight <input type="checkbox"/> CI immediately accessible and available, not always line of sight <input type="checkbox"/> CI frequently not in line of sight Comments:
Safety <input type="checkbox"/> Discrepancy Noted between CI and student	Uses safe handling techniques: Recognizes and responds to changes in the patient:	Uses safe handling techniques: Recognizes and responds to changes in the patient:
Communication Skills <input type="checkbox"/> Discrepancy Noted between CI and student	Methods of communication/feedback: <input type="checkbox"/> Formal meeting times set aside If yes, how often: _____ <input type="checkbox"/> Ongoing, informal communication <input type="checkbox"/> Use of weekly communication sheets <input type="checkbox"/> Other: _____ Who initiates the communication? <input type="checkbox"/> Student <input type="checkbox"/> CI <input type="checkbox"/> Student or CI CI provides constructive feedback <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never Communication with other professionals:	Methods of communication/feedback: <input type="checkbox"/> Formal meeting times set aside If yes, how often: _____ <input type="checkbox"/> Ongoing, informal communication <input type="checkbox"/> Use of weekly communication sheets <input type="checkbox"/> Other: _____ Who initiates the communication? <input type="checkbox"/> Student <input type="checkbox"/> CI <input type="checkbox"/> Student or CI Student accepts constructive feedback <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never Non-verbal communication: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate
Documentation/ Teaching/ Delegation <input type="checkbox"/> Discrepancy Noted between CI and student	Documentation Skills: (Clear, concise, appropriate, thorough, timely) Performance of patient education: Appropriate delegation:	Documentation Skills: (Clear, concise, appropriate, thorough, timely) Performance of patient education: Appropriate delegation:

Discussion Items	Student	CI
Professional Behaviors <input type="checkbox"/> Discrepancy Noted between CI and student	<u>Problem solving skills require guidance:</u> <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time <u>Integration of CIs feedback:</u> <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time Time Management: Use of free time:	<u>Problem solving skills require guidance:</u> <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time <u>Integration of CIs feedback:</u> <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time Time Management: Use of free time:
Planning / Implementation <input type="checkbox"/> Discrepancy Noted between CI and student	<u>Exam/Evals:</u> <u>Goal Setting:</u> <u>Can student rationalize selected interventions:</u> <input type="checkbox"/> yes <input type="checkbox"/> no <u>Can student progress POC:</u> <input type="checkbox"/> yes <input type="checkbox"/> no <u>Does student incorporate EBP into practice:</u> <input type="checkbox"/> yes <input type="checkbox"/> no <u>Utilization of resources:</u> <input type="checkbox"/> Texts <input type="checkbox"/> Web <input type="checkbox"/> Journals <input type="checkbox"/> Professionals <input type="checkbox"/> Others	<u>Exam/Evals:</u> <u>Goal Setting:</u> <u>Can student rationalize selected interventions:</u> <input type="checkbox"/> yes <input type="checkbox"/> no <u>Can student progress POC:</u> <input type="checkbox"/> yes <input type="checkbox"/> no <u>Does student incorporate EBP into practice:</u> <input type="checkbox"/> yes <input type="checkbox"/> no <u>Utilization of resources:</u> <input type="checkbox"/> Texts <input type="checkbox"/> Web <input type="checkbox"/> Journals <input type="checkbox"/> Professionals <input type="checkbox"/> Others
Patient Case Load	<u>How many patients seen a day?</u> <u>How many evaluations in a week?</u>	<u>Entry level case load/day:</u>
Preparation for Clinical <input type="checkbox"/> Need to discuss points at faculty meeting	<u>Was academic preparation appropriate:</u> <input type="checkbox"/> yes <input type="checkbox"/> no Comments:	<u>Was academic preparation appropriate:</u> <input type="checkbox"/> yes <input type="checkbox"/> no <u>Strengths of Nazareth Program:</u>
Strengths/ Weaknesses <input type="checkbox"/> Discrepancy Noted between CI and student	<u>Strengths:</u> <u>Areas for Development:</u>	<u>Strengths:</u> <u>Areas for Development:</u>
Additional Opportunities	<u>In-service:</u>	<u>Other activities:</u> <u>Any unique activity opportunities:</u>

Site Call/Visit Form Continued

Areas of Interest for Clinical Investigation:

CI Description:

- Is this your first student? yes no
Have you been CI credentialed yes no
 If no – would you like to be? yes no
 Would you like to be notified of any credentialing courses in the area?
 yes no

Other CI certifications:

- Did the clinical placement process run smoothly? yes no
What could the DCE do to facilitate success and improve communication?
Have you attended a continuing education course this year? yes no
Any course topics you are interested in? _____
How many years in practice? _____ As a CI? _____

Mid Term Evaluation Forms:

- Goals discussed and agreed upon: yes no
Completion of CI Assessment Form: yes no
Feedback Discussed and Reviewed: yes no
Mid term CPI completed and Discussed: yes no

Overall Performance:

- Above expected level of competence
At expected level of competence
Below expected level of competence

Comments:

- On track Follow-up needed Intervention Required
-
-
-

If Performing Site Visit:

- First site visit at this facility: yes no
Size of facility: -
-

Equipment at facility: _____

Additional opportunities: _____

If any discrepancies noted between CI and student responses what action was performed?

- Clarification only was needed from CI Student Both
 Follow up was performed via phone
 Follow up performed during a visit

Physical Therapy Student Site Evaluation Form Clinical Experience and Clinical Instruction

Each student will be given a copy of the Student Site Evaluation form prior to their affiliation. This form can also be accessed from Blackboard and the website referenced below.

The student must evaluate their clinical instructor at midterm and final.

To download the Physical Therapy Student Site Evaluation Form off of the internet you can go to the APTA website:

http://www.apta.org/Education/educatorinfo/site_evaluationforms

Or to the Forms Section on the Nazareth PT Clinical Education Website

CPI: Clinical Performance Instrument

Each student will be provided with a copy of the CPI. We are unable to post it due to APTA copyright rules. Please contact the DCE if you need additional copies.

To download the CPI off of the internet you can go to the APTA website:

http://www.apta.org/Education/enrolledstudents/compBasedCPI/cpi_institution

**For general assistance with using the CPI please refer to APTA's website for "Frequently Asked Questions" regarding the CPI:
http://www.apta.org/Education/enrolledstudents/pt_pta-faq**



Clinical Education Scholarship Opportunity

Anne-Marie Sirois Clinical Education Scholarship
Student Application

Dear Student:

We welcome your application for the Anne-Marie Sirois Clinical Education Scholarship. This scholarship was developed to honor Anne-Marie Sirois' contributions to physical therapy clinical education by providing financial assistance to students during their clinical practice courses. The New York/New Jersey Physical Therapy Clinical Education Consortium will award two annual \$500.00 scholarships to students based upon an application, personal statement, and recommendation form.

Please submit a personal statement to your ACCE/DCE including:

- What are your clinical education goals?
- What are your career goals?
- What will this scholarship help you to achieve in your clinical education?

All student applications must be submitted to the ACCE/DCE by August 1st.

Award recipients will be notified by January 15th.

Thank you,

The Awards Committee of the NYNJPTCEC



Anne-Marie Sirois Clinical Education Scholarship
Student Application

Student's Name _____

Address _____

Phone Number _____

E-mail _____

University/College _____

Expected Year of Graduation _____

Are you an APTA member? ___Yes ___No

Are you a member of any other professional organizations? _____

What regional or national professional activities have you participated in? (e.g. conferences, workshops, student conclave) _____

Please list other student or physical therapy related activities you have been involved in:

Please attach your personal statement and submit to your ACCE/DEC by August 1st.



Anne-Marie Sirois Clinical Education Scholarship
ACCE/DCE Recommendation Form

Student's Name _____

University/College _____

Please assess the student's qualifications for the scholarship by checking the appropriate box using the rating scale below:

	Exceptional	Above Average	Average	Below Average	Unacceptable
	4	3	2	1	0
Commitment to Learning					
Interpersonal Skills					
Communication Skills					
Professionalism					
Responsibility					
Leadership Skills					
Use of Constructive Feedback					
Stress Management					
Use of Time and Resources					

Student's current GPA _____

SECTION IV: Professional Policies

General Supervision Guidelines During Clinical Experiences

The PT should practice consistent with guidelines provided for each state. In the absence of supervisory guidelines refer to the general APTA position for student supervision.

APTA position on the supervision of PT students:

The physical therapy program supports the position of the APTA on supervision of physical therapy students. RC 30-00 (www.apta.org/Home/Members/governance) states:

It is the position of the APTA that student physical therapists, when participating as part of a physical therapist professional education curriculum and when acting in accordance with APTA policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is immediately available for direction and supervision. The physical therapist will have direct contact with the patient during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period.

Medicare Part A

This includes the following settings:

- Inpatient Acute Care Hospitals and Inpatient Rehabilitation Facilities
- Skilled Nursing Facilities

CMS has not specifically stated its policies in these settings. The APTA recommends that the supervising physical therapist provide line-of-sight supervision, consistent with the guidelines for Medicare Part A in SNF settings.

Medicare Part B

This includes the following settings:

- Outpatient setting (private practice and hospital-based)
- Skilled Nursing Facilities
- Home Care Settings

The memo issued by CMS on 4/11/01 states that ...

“Services performed by a student are not reimbursed under Medicare Part B. Medicare pays for services of physicians and practitioners authorized by statute. Students do not meet the definition of practitioners listed in §1861 of the statute.

This does not prohibit a student from providing services to Part B patients/clients. PT's should consider whether the service is being provided directly by the PT, even though the student has some involvement in providing this care.

The PT should be completely and actively engaged in providing care to the patient/client. “The PT should be present in the room guiding the student in service delivery when the student is participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.”

Direction and Supervision of Physical Therapy Assistants

HOD 06-00-16-27

(Program 32) [Amended HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-85-20-41; Initial HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37]

It is the policy of the American Physical Therapy Association that:

Physical therapists have a responsibility to deliver services in ways that protect the public safety and maximize the availability of their services. They do this through direct delivery of services in conjunction with responsible utilization of physical therapist assistants who assist with selected components of intervention. The physical therapist assistant is the only individual permitted to assist a physical therapist in selected interventions under the direction and supervision of a physical therapist. Direction and supervision are essential in the provision of quality physical therapy services. The degree of direction and supervision necessary for assuring quality physical therapy services is dependent upon many factors, including the education, experiences, and responsibilities of the parties involved, as well as the organizational structure in which the physical therapy services are provided.

Regardless of the setting in which the service is provided, the following responsibilities must be borne solely by the physical therapist:

1. Interpretation of referrals when available.
2. Initial examination, evaluation, diagnosis, and prognosis.
3. Development or modification of a plan of care which is based on the initial examination or reexamination and which includes the physical therapy goals and outcomes.
4. Determination of when the expertise and decision making capability of the physical therapist requires the physical therapist to personally render physical therapy interventions and when it may be appropriate to utilize the physical therapist assistant. A physical therapist shall determine the most appropriate utilization of the physical therapist assistant that provides for the delivery of service that is safe, effective and efficient.
5. Reexamination of the patient/client in light of their goals, and revision of the plan of care when indicated.
6. Establishment of the discharge plan and documentation of discharge summary/status.
7. Oversight of all documentation for services rendered to each patient/client.

The physical therapist remains responsible for the physical therapy services provided when the physical therapist's plan of care involves the physical therapist assistant to assist with selected interventions. Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants for selected interventions requires the education, expertise and professional judgement of a physical therapist as described by the Standards of Practice, Guide to Professional Conduct and Code of Ethics.

Cultural Competence

<http://www.apta.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=22949>

Cultural competence refers to a program's ability to honor and respect those beliefs, interpersonal styles, attitudes, and behaviors both of families who are clients and the multicultural staff who are providing services. In doing so, it incorporates these values at the levels of policy, administration, and practice.

Major Values and Principles Integral to A Culturally Competent System of Education and Service Provision

- The family as defined by each culture is the primary system of support and preferred intervention
- The system must recognize that racial and ethnic populations have to be at least bicultural and that this status may create a unique set of issues to which the system must be equipped to respond
- Individuals and families make different choices based on cultural forces; these choices must be considered if education/service delivery are to be helpful and appropriate
- Practice is driven in the service delivery system by culturally preferred choices, not by culturally blind or culturally free interventions
- Inherent in cross-cultural interactions are dynamics that must be acknowledged, adjusted to and accepted
- The system must sanction and in some cases mandate the incorporation of cultural knowledge into policy making, education and practice
- Cultural competence involves determining an individual or family's cultural identity and levels of acculturation and assimilation in order to more effectively apply the helping principle of "starting where the individual or family is"
- Cultural competence involves working in conjunction with natural, informal support and helping networks within culturally diverse communities (for example neighborhood, civic and advocacy associations, ethnic, social and religious organizations, and where appropriate, spiritual healers)
- Cultural competence extends the concept of self-determination
- Cultural competence seeks to identify and understand the needs and help-seeking behaviors of individuals and families. Cultural competence seeks to design and implement services that are tailored or matched to the unique needs of individuals, children and families
- An agency or education program staffing pattern that reflects the make-up of the population within the geographic locale helps ensure the delivery of effective services
- Cultural competence embraces the principles of equal access and non-discriminatory practices in service delivery and education

Achieving cultural competence is a process, not an end point. There are no pat answers or a cookbook model that can help organizations achieve this end. Organizations achieve specific goals and outcomes for cultural competence by engaging in such activities as:

- Developing a process for self-assessment at the organizational and individual levels;
- Developing and implementing policy and guidelines;
- Conducting and participating in training and professional development activities; and
- Providing a forum for safe and honest dialogue with and among agency personnel and the diverse communities they serve.

These activities must be an ongoing process and integral to the organization's or program's core functions. Organizations or programs, and their personnel will develop a different set of actions based on where they are to whom they provide services and supports. There is much room for creativity and accomplishment on the road to cultural competence.

RESOURCES FOR TREATING CLIENTS/PATIENTS FROM DIVERSE BACKGROUNDS

1. *A Provider's Handbook on Culturally Competent Care. Developed by Kaiser Permanente by their National Diversity Council and the Kaiser Permanente National Diversity Department.*
 - a. These handbooks are currently available for the Latino, African-American and Asian/Pacific Island Population
 - b. They were developed to provide health care professionals an overview of the cultural and epidemiological characteristics of the major ethno cultural groups. They focus on aspects of each group that affect health care utilization. They do not suggest that patients' clients be stereotyped. They present general background information and health care statistics that can help health care professionals become more sensitive, responsive and knowledgeable about diverse patient populations.
 - c. For information on obtaining copies, contact the National Diversity Hotline of Kaiser Permanente at 510/271-6663. Kaiser Permanente, National Diversity Department, One Kaiser Plaza, 22 Lakeside, Oakland, CA 94612.
2. *Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups*
 - a. Developed by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services
 - b. Designed to provide state of the science cultural competence principles and standards which are building blocks to guide the provision of culturally competent mental health services.
 - c. To receive copies call the Center for Mental Health Services Knowledge Exchange Network (KEN) at 1-800-789-2647 or the KEN website at www.mentalhealth.org to view the Standards online.
3. *Multicultural Health 2002: An Annotated Bibliography - Second Edition* Prepared by Jann L. Murray-Garcia, MD, MPH for the California Endowment, 21650 Oxnard Street, Suite 1200, Woodland Hills, CA 91367, Tel: 818/703-3311, 800/449-4149 (CA ONLY) Website: www.calendow.org

PT-Magazine of Physical Therapy, Volume 9, Number 10, October 2001

"Cultural Competency: Reaching Out to All Populations", Claire Coyne
Understanding differences among diverse groups and communicating well become critical

when a patient's/client's health is at stake. This article shows how to develop-or hone-this essential skill.

"Cultural Competence Strengthens Our Profession", Pamela A. Duffy, PT, MEd, OCS, RP
Explains why this issue is important to physical therapists and looks at the BIG picture and APTA's response to this issue.

"It Pays to Address Cultural and Language Differences", Joy Sterneck, PT, MHA
Explains why it not only helps to ensure high-quality patient/client care, but it's also vital to risk management.

Physical Therapy-Journal of the American Physical Therapy Association

"Sociocultural Influences on Disability Status in Puerto Rican Children"

Mary E Gannotti, PT, PhD, W Penn Handwerker, PhD, Nora Ellen Groce, PhD, Cynthia Cruz, PT, MPH

Volume 81, Number 9, September 2001

The article describes culturally defined meanings of childhood function and disability in Puerto Rico to provide a context for the interpretation of test scores from the Spanish translation of the Pediatric Evaluation of Disability Inventory (PEDI).

Let's Talk: Answers to Your Questions About Cultural Competency

Reprinted from HIV Impact, Winter 2001 Office of Minority Health , US Department of Health and Human Services

Q: How can healthcare professionals become more culturally competent?

Assess yourself

A: Joanna Su, Executive Director of the Asian Health Coalition of Illinois said:

"Some people may think about cultural competence only in terms of learning about various ethnic groups, and certainly this is an important part of it. But it also means that providers should first be aware of their own cultural backgrounds and the assumptions that they make based on their cultural heritage. Otherwise, providers may assume that everyone looks at things from the same standpoint as they do."

Avoid stigmas and stereotypes

A: Joan Ferguson, Community Coordinator for Blacks Assisting Blacks Against AIDS in St. Louis, Missouri, said:

"The healthcare professional must avoid using labels (junkie, homosexual, prostitute, addict, boy, girl, you people, etc.) because this language is alienating and accusatory. Certain pictures come to mind when those words are used, and if the client doesn't see himself in that picture, he won't see himself as being at risk."

Promote effective communication

A: Robert Like, MD, Director of the Department of Family Medicine at the Center for Healthy Families and Cultural Diversity, Robert Wood Johnson Medical School in New Jersey, said:

"Every clinical encounter is a cross-cultural encounter, and we need to be open to learning to listen to each and every patient's unique perspective. We should not live in a world of 'cookbook medicine.' We need to learn about where our personal and collective blind spots are, and this often means asking others and being receptive to feedback."

Joan Ferguson added:

"It is very important for the healthcare professional to listen to the client and to meet the client where he is. It is important to understand the client's language, both spoken and unspoken (body language: eye contact, or lack of, rolling and shifting of eyes, crossing of arms, a down head, etc.). This conveys whether the client understands his perceived risk, is in denial about his positive status or is clueless as to what the healthcare worker is talking about."

Dismantle Language Barriers

A: Brian Gibbs, PhD, Director of the Program to Eliminate Health Disparities at Harvard University's School of Public Health, Division of Public Health, said:

"Being open to the formal learning of a new language, and/or having one's own patients teach them a new language are also ways that we, as healthcare professionals, can improve skills in cultural competence"

Joanna Su added:

"In many immigrant refugee communities, cultural competence also includes overcoming linguistic barriers. Providers should be aware that all healthcare provider institutions who receive federal funds (e.g., Medicaid) must offer qualified interpreters to their limited English speaking patients under Title VI of the Civil Rights Act of 1964. 'Qualified interpreters' means fluent bilingual individuals who have been trained in health interpretation.

If providers have any questions about how to provide this service, they can contact their local Department of Health and Human Services' Office for Civil Rights for assistance. Also, the Asian and Pacific Islander Wellness Center in San Francisco has produced an excellent publication, *Physician's Guide to Working with Asians and Pacific Islanders Living with HIV*, which identifies cultural factors and how to address cultural and linguistic barriers."

Stress Life-Long Learning

Suganya Sockalingam, PhD, Assistant Project Director at the National Center for Cultural Competence at the Georgetown University Medical Center, said:

"The development of culturally competent skills is dependent on the professional's current level of understanding regarding the definitions and principles of cultural competence, and strategies for acquiring cultural competence in healthcare delivery. The acquisition of cultural competence is a dynamic and evolutionary process. Experienced professionals both recognize the need and plan for continuous skill development activities."

Brian Gibbs added:

"It is important for us to understand that cultural competency is an ever-evolving, dynamic experience. To improve skills in cultural competency, we must appreciate that these are skills which evolve throughout life and involve a certain vigilance and awareness. No one person is so advanced that he is free of biases."