

# **NEW YORK INSTITUTE OF TECHNOLOGY**

School of Health  
Professions

**DEPARTMENT OF PHYSICAL THERAPY**

**CLINICAL EDUCATION MANUAL**

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# **INTRODUCTION**

## **Purpose of the Clinical Education Manual**

The New York Institute of Technology's Doctor of Physical Therapy (DPT) Clinical Education Manual serves to inform students about the curriculum, policies, and procedures related to the clinical education component of the DPT program. The student is expected to abide by the policies established in this manual and the policies established by each clinical affiliate, and the standards established by the physical therapy profession.

## **The Mission Of New York Institute of Technology**

**The Mission of New York Institute of Technology is threefold:**

### **1. To provide career-oriented, professional education**

There are presently six colleges and schools within the NYIT structure.

They are the:

School of Health Professions

School of Management

School of Architecture & Design

College of Arts & Sciences

College of Engineering & Computing Science

College of Osteopathic Medicine

### **2. To offer access to opportunity for all qualified students**

This is provided at NYIT in many forms. These include, but are not limited to:

- low tuition
- financial aid for deserving and needy students
- open admissions to begin class work in some schools
- multiple campus locations
- use of technology, such as distance learning

### **3. To support applications-oriented research that benefits the larger world**

The growth of technology in instruction at NYIT has been vast in the past 10 years. Distance learning (fiber optic video classes) was installed five years ago, and demand for use of the nine distance learning classrooms has increased to capacity. In addition, there has been a large infusion of computers in instruction, student resource areas, and the library.

## **The Mission of NYIT School of Health Professions**

The School of Health Professions is committed to providing students the opportunity to transform their lives by preparing them for a rewarding career in the health professions. The School is dedicated to providing a high quality learning environment that fosters a multicultural inter-professional perspective, spirit of scientific inquiry, life-long learning, and ethical behavior for all students.

## **Mission Statement of the Physical Therapist Professional Education**

*(as prepared by the American Physical Therapy Association)*

The mission of physical therapist professional education is to graduate knowledgeable, self-assured, adaptable, reflective, and service-oriented practitioners who, by virtue of critical thinking, lifelong learning and ethical values, render independent judgments concerning patient or client needs; promote the health of the client; enhance the professional, contextual, and collaborative foundations for practice. These practitioners contribute to society and the profession through practice, teaching, administration, and the application of new knowledge.

## **Mission Statement of the NYIT Physical Therapy Program**

*(in combination with the above statement, from the APTA, and in keeping with the general Mission of NYIT and the Mission of the School of Health Professions)*

To offer suitable qualified applicants a Physical Therapy program that prepares skilled, knowledgeable, adaptable, culturally sensitive, technologically innovative clinicians, scientist and researchers.

## **CLINICAL EDUCATION CONTACTS**

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# **CLINICAL EDUCATION TEAM**

## **The Director of Clinical Education (DCE)**

The DCE holds a faculty academic appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. The DCE serves as a liaison between the physical therapy program and the clinical education site. The DCE establishes and evaluates clinical education sites and facilitates ongoing development of and communication with clinical education sites and clinical faculty.

These activities include but are not limited to the following:

- Developing, monitoring, and refining the clinical education component of the curriculum
- Facilitating high-quality learning experiences for students during their clinical education experiences
- Evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum
- Educating students, clinical, and academic faculty about clinical education
- Selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice
- Maximizing available resources for the clinical education program
- Reviewing policy and procedures of the academic program pertaining to clinical education
- Maintaining and monitoring clinical education contractual agreement negotiated and maintained between the academic program and each clinical education site
- Disseminating appropriate student and related information (e.g., health insurance, liability/malpractice insurance, state/federal laws and regulations such as ADA)
- Collecting information about clinical education sites for use by students in their selection of or assignment to clinical education sites
- Coordinating academic program requests from clinical education sites regarding the number and type of available student clinical placements
- Coordinate student assignments (consideration might be given to items such as patient variety, health care settings and size, types of learning experiences, clinical site and student expectations, strengths/limitations of clinical experiences)

- Assist with educational planning, behavior/performance modification, remedial education, and referral to student support agencies
- Arrange for periodic visits/communication to students, clinical education sites and clinical faculty as needed to problem solve, support, and discuss pertinent issues with student(s), CIs, and/or SCCEs.
- Evaluates each clinical education site through student feedback, on-site visits, and ongoing communications and routinely shares this information with academic and clinical faculties. Provides feedback to clinical educators concerning their effectiveness in delivering clinical learning experiences based on student feedback and through direct observations.
- Managing and updating the Clinical Education Database (EXXAT)
- Participates in regional, state, and/or national clinical education forums, clinical education related activities, and programs designed to foster clinical education (e.g., Clinical Education Consortia, Clinical Education Special Interest Group (SIG) of the Section for Education, Chapter Clinical Education SIGs, and APTA Education Division activities).

### **The Assistant Director of Clinical Education (ADCE)**

The ADCE holds a faculty academic appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. The ADCE assists the DCE with tasks related to clinical education.

These activities include but are not limited to the following:

- Facilitating high-quality learning experiences for students during their clinical education experiences
- Evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum
- Reviewing policy and procedures of the academic program pertaining to clinical education
- Collecting information about clinical education sites for use by students in their selection of or assignment to clinical education sites
- Coordinate student assignments (consideration might be given to items such as patient variety, health care settings and size, types of learning experiences, clinical site and student expectations, strengths/limitations of clinical experiences)
- Assist with educational planning, behavior/performance modification, remedial education, and referral to student support agencies
- Arrange for periodic visits/communication to students, clinical education sites and clinical faculty as needed to problem solve, support, and discuss pertinent issues with student(s), CIs, and/or SCCEs.

- Evaluates each clinical education site through student feedback, on-site visits, and ongoing communications and routinely shares this information with academic and clinical faculties. Provides feedback to clinical educators concerning their effectiveness in delivering clinical learning experiences based on student feedback and through direct observations.
- Managing and updating the Clinical Education Database (EXXAT)

### **Site Coordinator of Clinical Education (SCCE)**

The SCCE (formerly the CCCE) is the individual at each clinical education center who coordinates and arranges the clinical education of the physical therapy student and who communicates with the DCE and faculty at the educational institution. This individual is responsible for ensuring student supervision and a well-rounded clinical experience. The SCCE is often a physical therapist or physical therapist assistant. There may also be an administrative assistant/office manager, who is not a therapist, who assists the SCCE with placement process.

### **Clinical Instructor (CI)**

The CI is the licensed physical therapist employed by a clinical facility, health system, or company who is designated by the SCCE to instruct, mentor, supervise, and evaluate the physical therapy students in the clinical education setting. In order to serve as a CI, physical therapists are expected to have at least one year of clinical experience. The CI should possess a willingness to work with students and be open to developing their clinical teaching skills, providing effective feedback to students. A CI should also be accepting of feedback from students regarding their effectiveness as a clinical educator. The CI is responsible for completing a formal evaluation of the student's cognitive, affective and psychomotor skills at mid-term and completion of the clinical experience using the Web CPI (Clinical Performance Instrument).

# ENTRY-LEVEL CLINICAL DOCTORATE PROGRAM IN PHYSICAL THERAPY CURRICULUM

Year 1	Summer	Fall	Spring
	Gross Anatomy	Evidenced-Based Practice	Seminar in Physical Therapy I: Introduction to Clinical Education
	Kinesiology	Modalities	Motor Learning
		Physical Therapy Practice I: Foundations of Orthopedics	Physical Therapy Practice II: Neurological Rehabilitation
		Pathophysiology	Rehabilitation/ADL
		Biomechanics	Administration and Delivery of Healthcare
		Introduction to Physical Therapy	Prosthetics and Orthotics
		Massage	Neuroscience
			<b>Clinical Education I: 8 Weeks</b>
Year 2			
		Pharmacology for Physical Therapy	Seminar in Physical Therapy II: Professional Topics in Clinical Education
		Medicine for Physical Therapy	Evaluation and Diagnosis
		Physical Therapy Practice III: Pediatrics	Physical Therapy Practice IV: Geriatrics
		Manual Therapy I: Peripheral Joints	Manual Therapy II: Spine
		Research in Physical Therapy I	Research in Physical Therapy II
		Exercise Physiology	Cardiopulmonary Physical Therapy
			<b>Clinical Education II: 8 weeks</b>
Year 3			
		Advanced Medicine for Physical Therapists	<b>Clinical Education IV: 12 weeks (January – March)</b>
		Seminar in Physical Therapy III: Seminar in Career Development	Advanced Physical Therapy Practice
		Physical Therapy Practice VI: Selected Topics in Physical Therapy	Research in Physical Therapy III
		Manual Therapy III: Advanced Spine	
		<b>Clinical Education III: 8 weeks (Mid-October – Mid-December)</b>	

## MISSION AND PURPOSE OF CLINICAL EDUCATION

The faculty at NYIT is dedicated to preparing skilled, knowledgeable, adaptable, culturally sensitive, technologically innovative clinicians, scientist, and researchers. We are committed to providing the education necessary to allow students to become entry-level competent Physical Therapists with high professional standards. The clinical education component of the curriculum plays a vital role in the student’s development.

The clinical education component of the curriculum includes three classroom courses and four clinical education experiences. Professional growth will occur in all three domains of learning: affective, cognitive and psychomotor, through a combination of classroom and clinical education experiences.

## **Affective Domain**

This domain includes verbal and non-verbal communication skills.

### **CRITERIA**

The student is aware of his/her own values and personal preferences and does not allow these to interfere with safe and effective delivery of patient care.

1. The student develops effective oral communication skills with patients demonstrating empathy, proper volume and appropriate choice of terminology.
2. Non-verbal communication must be monitored by the student and appropriate adjustments made according to the clinical situation.
3. Verbal and non-verbal communication with clinical physical therapy staff and inter-departmental staff must be professional.
4. The student accepts feedback regarding communication skills and implements strategies for change until acceptable and effective skills have been achieved.

## **Cognitive Domain**

This category includes the demonstration of physical therapy knowledge base necessary to apply skills in the clinical setting.

### **CRITERIA**

1. The student is able to integrate didactic information into the clinical setting. This pertains to background information this is vital to carrying out evaluation and treatment skills.
2. The student acknowledges self-limitations and implements strategies to expand and /or clarify their knowledge base as needed or requested.
3. Problem solving skills and generalization of physical therapy principles are demonstrated by the student.

## **Psychomotor Domain**

This category encompasses the largest area because it includes the “doing” portion of physical therapy: hands-on implementation of skills performed on patients. Often skills must be practiced over and over until they yield the desired result. Students should acknowledge those skills which need improvement, exhibit initiative to improve them, incorporate feedback from instructors without reminders and demonstrate progressive improvement.

## **CRITERIA**

1. The student demonstrates accurate evaluation skills consistent with the curriculum level.
2. The student demonstrates 100% safety 100% of the time with all functional aspects of patient care.
3. The student is aware of their own body mechanics, as well as their own physical limitations.
4. Clinical treatment skill level improves throughout all four clinical education placements. Students are encouraged to practice skills learned in the previous semester.

## **CLINICAL EDUCATION SEMINARS**

The physical therapy curriculum includes three courses exclusively devoted to the fundamental aspects of the clinical education process. These courses are dispersed to complement the students' clinical exposure. These three courses emphasize the affective domain of learning, critical thinking and clinical problem solving skills. These skills are an integral part of becoming a competent, knowledgeable and empathetic health care professional. Professional behaviors are also emphasized in these courses.

The first course provides students an orientation to the clinical education program, information on clinical education policies and procedures, infection control training, APTA CPI training, and professional service/in-service development. Students also start to develop individual academic and clinical goals for themselves along with their faculty advisors. The second course helps to further develop a students' professional identity and explores legal and ethical issues related to the clinical environment. In addition, the students reassess their individual academic and clinical goals and meet with their faculty advisors in preparation for their 2<sup>nd</sup> clinical experience. The third course offers students the opportunity to reflect on their previous clinical experiences and start developing their resume, cover letter, and interview skills in preparation for graduation.

## **CURRICULAR OBJECTIVES**

The combination of classroom instruction and clinical experience sets the appropriate groundwork for the student to become an effective and competent practitioner. Clinical experiences allow the student to combine classroom instruction with hands-on patient experience. This provides the student with the opportunity to apply learned skills to actual patient care. The direct patient care and the feedback provided by CI reinforce and modify the student's psychomotor skills.

The student gains a broad understanding of the scope of physical therapy practice, and is afforded the expertise of several professionals' approaches to patient care, by being placed at four different clinical education sites throughout the length of the program.

Graduates of the New York Institute of Technology Physical Therapy Program will be able to:

1. Evaluate fully through gathering of relevant patient information, taking proper history and selecting and administering the specific tests and measures to obtain data.
2. Make clinical judgment based on data gathered from the examination.
3. Provide the physical therapy diagnosis which is the process and end result of evaluating information obtained by the patient examination, which the physical therapist then organizes into defined clusters, syndromes or categories to help determine the most appropriate intervention strategies.
4. Plan an intervention based on the examination and evaluation consistent with the physical therapy diagnosis.
5. Carry out the intervention, modifying and assessing appropriately as needed.
6. Express oneself clearly, through verbal communication, gesture, and/or written communication, to colleagues, supervisors, patients, their families and other health professionals, on a formal or informal basis.
7. Educate patients, their families, the patient's caretakers, and/or other staff members regarding relevant information, such as exercise programs, specific precautions, or a general in-service.
8. Understand the privileges, responsibilities, and goals of the various organizations within the physical therapy associations.
9. Take knowledge received from the physical therapy curriculum and adapt it to various clinical, educational, and research settings that are available to physical therapists.

## **CLINICAL EDUCATION OBJECTIVES**

The objectives of each course are shared electronically with the clinical site for review prior to the start date. To review your course objectives for each internship, please refer to the syllabus posted on EXXAT for each Clinical Education Course.

## **CLINICAL EDUCATION PROGRAM SCHEDULE**

There are a total of thirty-six (36) weeks of full-time clinical education experience in the NYIT curriculum.

## **Clinical Education I**

This an 8 week full-time clinical education experience scheduled in the spring and/or summer of the first year. It may be scheduled for any eight-week block from the end of classes in March until classes resume the following fall semester. The 8-week period is determined by the clinical site. **This period is designated as Clinical Education I and students must be available for any 8-week period during the specified clinic sequence. Employment obligations or vacations do not supersede clinical education placement.-**

## **Clinical Education II**

This an 8 week full-time clinical education experience scheduled in the spring and/or summer of the second year. It may be scheduled for any eight-week block from the end of classes in March until classes resume the following fall semester. The 8-week period is determined by the clinical site. **This period is designated as Clinical Education II and students must be available for any 8-week period during the specified clinic sequence. Employment obligations or vacations do not supersede clinical education placement.**

## **Clinical Education III**

This an 8 week full-time clinical education experience scheduled during the final 8 weeks of the fall semester of the final (third) year. It is an 8-week, full-time clinical experience scheduled following the “A” cycle shortened academic semester and runs to the end of the Fall academic semester.

## **Clinical Education IV**

This a 12 week full-time clinical education experience begins the first week in January and ends in late March. This clinical experience may be completed at a single clinical site, or may be completed at two separate clinical sites (i.e. eight weeks at one site, and four weeks at a second site: the four-week clinical experience is designed to provide the student exposure to a specialty- area of practice.)

# **REQUIREMENTS FOR ATTENDING CLINICAL EXPERIENCES**

## **Academic Standing**

Students are required to maintain an overall GPA of 3.0 or above to remain in good academic standing. Students earning a grade below “C” in any required course in the Physical Therapy Program will not be permitted to continue the sequence of physical therapy courses. An academic review with the faculty will be scheduled to determine whether the student should repeat the course and re-enter the program the following year or withdraw from the DPT program. Withdrawal from the DPT program will not prevent the student from continuing at NYIT in another major area.

If a student repeats a failed course, it is required that a grade of “C” will be earned in the repeated course and that the student’s GPA must remain above 3.0. If the student earns below a “C” grade in the repeated course, the student will be dismissed from the program and offered counseling toward another major area. Students are permitted to repeat a failed course one time only. Students may repeat a maximum of one course while enrolled in the PT Program. This policy also applies to clinical affiliation grades, which are pass-fail. **A student is limited to failing one clinical experience throughout the entire curriculum sequence.** If a student fails a clinical experience, the student will meet with the faculty Academic Review Committee to determine a plan for the student (remediation, academic or non-academic dismissal, or other). If so determined that the student continue, the student will be placed in one make-up clinical experience. This make-up clinical experience, and any and all remaining clinical experiences, must be passed (i.e., achieve specified benchmarks for the level of the clinical experience as indicated on the corresponding clinical education course syllabus) for successful continuation and graduation from the program.

The grading policy in courses that include a practical (laboratory) examination or checkout as part of their grades is determined by the faculty member instructing the course. Students must pass all practical examinations. The policy for the passing criteria is included in the individual course syllabus.

### **Readiness to Attend Clinic**

To obtain faculty opinion and approval on readiness to attend clinical education experiences, all students are filtered through the “Light” system.

Students receive a “green” light if faculty feel confident that the student is ready for the rigors of a clinical setting. Typically, these students have not failed an exam or practical and have had no behavioral or professional issues.

Students that received a “yellow” light have experienced some situation where the faculty feel they should be monitored more closely. The criteria for a “yellow” light include but are not limited to the following:

- Undergone a previous meeting with the Academic Review Committee (ARC)
- Professional behaviors issues expressed by any of the faculty or in prior clinical experience(s)
- Repeat practical exam the year prior to the clinical
- Being placed on academic probation
- Difficulty in a prior clinical education experience (remediation and/or behavioral agreement required)

Any student falling into the “yellow” light category will be required to check in weekly with the DCE via videoconference, a phone call or other specified method while in clinic.

Students receiving a “red” light are not be eligible to attend clinic. This serious designation is reserved for those students who have not passed a course in the year prior to the clinical or have been evaluated as failing a recent background check or drug screening or some other very serious situation that would preclude the student from participating in the clinical experience. Following this designation, the Dean will be informed, with appropriate action to follow taking into account the recommendation of the academic program.

### **Accommodations in the Clinic**

Any student who is requesting reasonable accommodations in the clinic must meet to discuss these with the DCE prior to the placement process. The student must be for a formal assessment with the Office of Student Accessibility Services to determine possible accommodations.

### **Health Insurance Portability and Accountability Act (HIPAA)**

Students receive comprehensive HIPAA training via an online learning module. Students are directed to upload their completed course certificate to EXXAT.

### **Infection Control/Blood Borne Pathogens**

Students are required to complete an online infection control course and pass the online exam with a grade of 70% or better. The module is housed in PPTH 645 (Seminar in Physical Therapy I: Introduction to Clinical Education) in the Spring of 1<sup>st</sup> year. Students are directed to upload their completed course certificate to EXXAT.

### **Cardiopulmonary Resuscitation Certification (CPR)**

Students must maintain current certification in Basic Life Support (BLS) for the Health Care Provider until all clinical education has been completed. Certification should be from the American Heart Association or American Red Cross. Cost for certification is the sole responsibility of the student. It is the responsibility of the student to complete this certification and upload a current copy of CPR card prior to EXXAT.

## **Professional Liability Insurance**

All clinical sites require liability insurance coverage. The student is responsible for purchasing their own coverage prior to placement at any clinical site, and for maintaining said coverage continuously until all clinical experiences are successfully completed. The fees are determined by the insurance carrier. The minimum coverage is \$1,000,000/occurrence, \$3,000,000 aggregate, however some clinical sites will require additional coverage. It is the student's responsibility to purchase the amount of coverage required by the clinical site at which they are placed. **Students are required to have proof of liability insurance by September 15 of each academic year and upload their current certificate to EXXAT.**

## **Health Insurance**

Students are required to have health insurance coverage prior to attending clinical experiences and proof of this coverage will be uploaded to EXXAT. It is the responsibility of the student to ensure that a current copy is uploaded to EXXAT prior to all clinical experiences. In the event of the need for medical treatment as a result of an injury/illness sustained while directly participating in an off-campus educational experience, medical care and services shall be at the cost and expense of the student. Other conditions may be specified under individual site affiliation agreements.

The college offers a medical insurance plan, which health professions students are automatically enrolled. Students can waive out by September 25 if they have health insurance. Students can only enroll in the fall or if you have a life changing event during the year. The waiver is be available online on the NYIT website around July 15. **For additional information, contact the Office of Student Services, (516) 686-7976.**

## **Medical Clearance Forms**

Students are required to receive an annual health assessment including Immunizations and the PPD or QuantiFERON Gold blood test. The annual health assessment form conforms to New York State law requirements. This form is available on EXXAT.

1. Evidence of a physical examination and recorded medical history by a physician to ensure that no person shall assume their duties unless he/she is free from a health impairment which is a potential risk to patients or might interfere with performance of their duties including habituation or addiction to drugs or alcohol or other substances which might alter behavior.
2. Documentation of two MMR (measles, mumps, rubella) vaccines
3. Documentation of immunity to measles, mumps, rubella (positive titer)
4. Documentation of two varicella vaccines

5. Documentation of immunity to varicella (positive titer)
6. Current P.P.D. (Mantoux) skin test for tuberculosis annually or QuantiFERON Gold Screening Test. If the screening is positive, the student must have a normal chest X-ray in the last two years or being treated prophylactically, if indicated.
7. Students may be asked to upload their immunization records and records of titer results (lab reports) to EXXAT.

Some clinical sites require an additional health form that needs to be completed prior to starting clinic. Students are financially responsible for the expenses incurred related to the medical examination. Students are required to inform the DCE if they have a change in medical status prior to, or during a clinical experience. **The student is required to upload the completed annual health form to EXXAT by September 15 of each academic year.**

### **Interviews/Orientation**

Some clinical sites require an interview or facility orientation. The DCE/ADCE will inform students which clinical sites require an interview. For sites requiring an interview prior to assignment, the site retains the right to refuse the placement of any student at their site for a clinical experience. All sites are required to comply with NYIT's non-discrimination policy for clinical placements. Length and duration of the orientation program are at the discretion of the facility.

### **Student Profiles and Contact Information**

It is the student's responsibility to update any changes of mailing addresses, telephone numbers, NYIT e-mail accounts, emergency contact persons, and their respective information in EXXAT before each clinical experience.

### **Drug Screening, Criminal Background Checks, and Fingerprinting**

Students may be required to submit to background checks and drug screens prior to the date the student begins their assignment at the clinic. It is the students responsibility to inquire about requirements when they contact their clinical site(s). No student will be allowed into the clinic until a background check and drug screen have been completed and the results yield no adverse findings. If a clinical affiliate refuses to accept a student based on the results of their criminal background check or drug test, the program cannot guarantee another clinical placement. Fingerprinting is conducted in most pediatric placements. Information will be provided to the student by the clinical site based on their specific requirements. Costs of drug screening, criminal background checks and fingerprinting are the responsibility of the student. Student will be directed to a third party vendor

to request the background check and drug testing. This should be completed at least two weeks prior to the start date of their clinical experience.

Student can order criminal background checks and drug testing through Castle Branch at [https://www.castlebranch.com/online\\_submission/package\\_code.php](https://www.castlebranch.com/online_submission/package_code.php). Codes for specific packages are posted in EXXAT.

## **Establishing Clinical Contracts**

One of the roles of the DCE is to develop relationships with clinical sites dedicated to excellence in patient care and clinical teaching. NYIT requires a signed legal contract with each clinical site. The processing of these contracts may take six to twelve (6-12) months. The Site Coordinator of Clinical Education (SCCE) and the DCE work with their respective legal representatives to facilitate completion of the contract process. A contract can only be established if the clinical site's and NYIT's legal department can agree on terms of the contract.

Students who are interested in clinical placement at a clinical site that is not an affiliate of NYIT should contact the DCE as early as possible via email with the name, address, and phone number of the clinical site. **Students are not permitted to call clinical sites to establish a relationship.** Initial contact with the clinical site will be made by the DCE in order to determine if the site is an appropriate match for the student. If the clinical site agrees to a clinical partnership with NYIT and offers a clinical placement, the student who initiated the process will have priority for this placement.

Students requesting a clinical placement out of the area will be required to sign and submit the **Out of Area Agreement** prior to the DCE calling any clinical sites on their behalf. See appendix A.

Please note that not all clinics are appropriate for student placement and many clinics are may be at capacity due to relationships they have with other DPT programs. If the academic faculty determines that a site is inappropriate for clinical placement, a contract will not be established with that site. **A student should not assume that a contract will be established with any particular clinical site.**

**Students, family members, and friends of a student should never call a clinical site or request a contract or a placement from a site. Any student who violates this process may be subject to disciplinary action. Students may only contact clinical sites only after the written approval of the DCE and following confirmation of the clinical placement at the facility.**

# **CLINICAL SITE SELECTION AND PLACEMENT PROCESS**

## **Practice Settings**

NYIT students may have the opportunity to complete clinical experiences in a variety of settings including: acute care facilities, acute and sub-acute rehabilitation centers, schools, children's hospitals, home care, and outpatient orthopedic and specialty practices. Every attempt is made to expose each student to a variety of clinical settings and a diversity of patient populations. A list of all the clinical sites that NYIT currently affiliates with can be found in EXXAT. Students are required to complete at least one inpatient experience (in either an acute care setting or adult rehabilitation setting) and one outpatient orthopedic experience. Over the course of the four clinical experiences, the student has the option of returning to a similar setting to gain additional knowledge at a higher level or to experience a new setting.

The **acute care experience** takes place in a hospital environment. The student will be exposed to patients of varied ages, diagnoses, and stages of medical acuity. The student may have the opportunity to function in various intensive care units and will interact with physicians, nurses, social workers, and other health care professionals. There is an emphasis on the management of acutely ill patients, requiring efficient problem-solving skills, effective program planning, and discharge planning.

The **adult rehabilitation setting** refers to the treatment of adult patients in an inpatient rehabilitation facility, such as a skilled nursing facility or rehabilitation center. These experiences may be acute or subacute rehabilitation settings. Specialty settings, such as traumatic brain injury units or cardiopulmonary rehabilitation centers, are also considered rehabilitation settings. These patients generally require treatment for long-term disabilities that can result from congenital, traumatic or disease processes.

The **pediatric setting** focuses on the treatment of children in school-based, facility-based or outpatient environments. Children can be treated in public schools, private schools, and preschool settings. Pediatric experiences can also be scheduled in hospitals and home care environments. Children in these settings require treatment for long-term disabilities that can result from congenital, genetic, traumatic or disease processes.

The **outpatient setting** includes general orthopedic practices, independent community-based clinics, or satellite clinics affiliated with hospital institutions. These clinics may include specialties such as women's health, vestibular rehab, sports, and performing arts physical therapy.

**\*\*Students will not be assigned to a clinic where they have done volunteer or paid experience unless clinical shortages and learning opportunities warrant such placement. Students will not be assigned to a clinic from which they have received a scholarship unless it is a scholarship requirement. No student will be permitted to complete more than one clinical experience at a single clinical site. Students will not be assigned to a clinic where they have a close personal/familial relationship to any individual employed at that clinic. If a student is inadvertently placed at a site where a close personal/familial relationship exists, the student will notify the DCE immediately and accept an alternate placement, if such placement is available. Students will be assigned to complete their clinical experiences at a minimum of four different clinical sites.\*\***

## **Clinical Site Selections**

Each year on March 1<sup>st</sup>, the DCE sends placement requests to NYIT clinical affiliates to request placements for the following clinical education year. The DCE tracks these requests, and clinical sites offering placements will be available for viewing through the Clinical Education Database (EXXAT). During the selection process, the student should review information about each site in which they are interested and discuss any questions about sites with the DCE team. The APTA Physical Therapy Student Evaluation of the Clinical Experience forms are completed by students who have previously affiliated at the sites and are a good source of information. These are available in EXXAT under the documents.

After reviewing the list of available sites, each student is required to complete a 'Wishlist' in EXXAT during specific time periods designated by the DCE. The student will be directed to rank their top ten to fifteen choices (number is up to the discretion of the DCE and may be different for each experience). **STUDENTS WHO DO NOT SUBMIT THEIR WISH LIST ON EXXAT ON TIME OR SUBMITS AN INCOMPLETE WISH LIST, WILL BE PLACED LAST.**

The DCE reviews each student's Wishlist and considers the student's Wishlist ranking, student academic records, professional behavior, rigor of the clinical site, and performance during previous clinical experiences. The DCE will also solicit feedback from the faculty when assigning placements. The DCE makes every effort to ensure fairness in the selection process. Once completed, students are informed of their clinical placement, via email and details about the site can be viewed on EXXAT. All clinical placements are **final**.

**Changes to clinical placements or schedules are made by the DCE/SCCEs only and are only made due to extenuating circumstances. Occasionally, a clinical site cancels a placement after a student has been placed. In these situations, the student will be reassigned to another clinic site based on availability. Setting and timeframes are not guaranteed in the event of an unforeseen change in placement.**

# CLINICAL EDUCATION POLICIES

## Travel, Housing and Parking

Students should expect to travel to clinical sites and are responsible for all related expenses (tolls, gas, parking, etc.). Students should be prepared to take public transportation to any of the five boroughs of NYC or adjacent counties (Nassau, Suffolk, and Westchester). Commuting time may be as long as 1 ½ - 2 hours each way. If a student chooses to attend a clinical site out of the area, all expenses incurred in travel, housing and parking are the sole responsibility of the student.

## Attendance and Punctuality

Students are required to complete thirty-six (36) weeks of clinical experience. During clinical experiences, students are required to adhere to the hours assigned by the CI/SCCE and this may include early morning, evening, weekends and holidays. *Expect to stay past the scheduled hours on most days.* A minimum of 35- 45 hours per week are required for a full-time clinical experience unless otherwise approved by the DCE. If a student is unable to attend clinic due to observance of a religious holiday, the student must inform the DCE at least 2 months prior to the start date of the clinical experience. The DCE will contact the clinical site and arrange for days to be made-up at the discretion and convenience of the site.

Punctuality is critical during clinical experiences and is a reflection of student commitment to learning and professionalism. Students should arrive at their clinical site at least 15 minutes prior to their assigned start time in order to prepare for the day ahead. If a student anticipates being late, they should contact their CI immediately. *Lateness or failure to abide by the established hours will be reported to the DCEs and SCCE and is grounds dismissal from the clinic and failure of the clinical experience.*

During clinical experiences no days off are permitted. Attendance is required each day of the scheduled clinical experience. The student is expected to make up all days missed as a requirement to successfully complete a clinical experience. Absence due to illness must be reported to the CI and/or SCCE **before** the start of your scheduled workday. All missed time must be rescheduled at the discretion of the CI/SCCE. **If a student is absent from the clinic, the student must contact the DCE/ADCE and report the absence and the reason for said absence.** Please note: **If a student is absent 3 or more days, a doctor's note is required and a statement from the physician verifying that the student is medically cleared to resume all clinical duties and responsibilities.**

If time off is required due to a medical problem, family emergency, or extenuating circumstances during a clinical experience, it must be discussed with the DCE. If more than one week of time off is required, it will be up to the discretion of the DCE to determine whether the student can continue the clinical experience or if it will need to be rescheduled for a later date. This may require a change in clinical site placement. **It is strongly recommended that students not plan vacations for the days immediately following clinical experiences in the event that missed time must be made up.**

### **Work-related injuries**

All injuries that occur at the clinical site should be documented using an NYIT Adverse Clinical Incident Report (found in the appendix D of the DPT Clinical Education Manual), a site-generated incident report or any site-required paperwork (if available) and reported to the CI and SCCE immediately. The student must also inform the DCE by the end of the day. In order to return to the clinical site, the student must obtain written clearance from the treating physician and provide a copy of the clearance with the clinical site and DCE.

### **Non Work-related injuries**

All injuries that occur outside of clinic must be reported to the CI, SCCE, and DCE. In order to return to the clinical site, the student must obtain clearance from the treating physician and provide a copy of the clearance with the clinical site and DCE.

### **Holidays (e.g. Thanksgiving, Memorial Day, Fourth of July,):**

During clinical experiences, students are required to follow the clinic schedule, not the NYIT school holiday schedule. If the clinic is closed, the student is not required to make up the day. In the event the student's CI is working on a holiday or the student's CI is off, but another CI has been scheduled to supervise the student in the absence of the regularly assigned CI, the student is required to attend clinic. Healthcare does not stop because of holidays, especially in hospitals and rehab centers.

### **Student Packets**

Each clinical site receives a packet of information from the Physical Therapy Program prior to the student's arrival. The packet includes: the student's name, address, emergency address, telephone number and emergency telephone number, health form, the clinical experience objectives, course work completed, future courses to be completed, professional liability insurance certificate, student health insurance card and CPR card.

## **Contacting Clinical Sites After Placement**

When directed by the DCE, it is the student's responsibility to contact their clinical site once placements are completed (usually 6 weeks before start date). All detailed requirements of the clinical site should be clarified and confirmed at that time. Students are required to complete all necessary health forms for each clinical experience. Failure to complete necessary requirements may impact a student's ability to start their clinical experience on-time and attend their assigned clinical site. Students must verify receipt from the clinical site of the school's affiliation packet (aka Student Packet). The student is responsible for notifying the DCE if the site coordinator did **not** receive the student's packet.

## **Dress Code**

Students are expected to arrive at the clinical site in appropriate attire and well-groomed and must follow the dress code of the assigned facility. Jewelry may be worn but be kept to a minimum and should appear professional and not restrict or interfere with safe patient care. All exposed body piercings must be covered since they pose potential safety hazards to the patient during clinical activities. Proper care of fingernails and clean personal hygiene are expected and hair should be neat and secured to avoid contact with the patient. Strongly scented perfumes and lotions may not be used. **A wristwatch with a second hand should be considered as an item of professional dress in order to monitor patient vital signs.**

Clothing must allow the student to bend, stretch, and reach without exposing inappropriate areas of the body. Shoes should be clean, closed-toed, rubber-soled, with a minimal heel, and worn with stockings or socks. These clothing requirements are to be followed unless the clinical site has specific dress requirements. Clarify the dress code at the clinical site, especially if it is vague and general (i.e. business casual, activewear, scrubs). When considering your overall appearance, attire and personal grooming should meet the expectations of patients and staff members of the clinical site and be suitable to your work environment. A clean, white lab coat is required in some clinical sites, especially the acute care and adult rehabilitation sites. An NYIT PT Student ID badge should be worn and visible at all times. Be aware that a careless appearance may lead to dismissal from the clinical site.

## **Onsite Supervision**

Onsite supervision by a licensed PT is required for students during all clinical education experiences. The clinical instructor **does not** need to be in same room as the student during patient care but must be onsite (in the same building). The CI is responsible for determining the level of supervision required based on

patient/environment complexity, students experience, and student performance. At no time should a student be treating patients in the clinic without the onsite supervision of a licensed physical therapist. Should the student arrive in clinic and licensed physical therapist is not on the premises, the student is required to contact the DCE immediately. Contact the site administrator immediately to report the incident. Do not leave patients unattended in the clinic until site personnel arrive, but do not continue to engage in patient care.

## **Communication**

If a problem or concern arises in the clinical setting, it is the student's responsibility to discuss the situation with the CI. Following discussion with the CI, the issues may be brought to the attention of the SCCE if it has not been resolved. If the situation is still not adequately addressed, the student and/or SCCE should refer the matter to the student's DCE/ADCE. The student should not wait for small problems/concerns to spontaneously resolve, but, instead, should contact the DCE to address the problem. If the student does not feel comfortable going to the clinical instructor with a problem, they are encouraged to contact their assigned DCE to discuss the issue.

Students are required to check their NYIT email address daily during clinical experience since this is the primary way for the faculty and DCE to communicate with students.

## **Electronic Devices**

Students are not permitted to use their cellular phone during patient care hours. Devices should be left in a secure place. Personal matters should be handled before or after your scheduled hours for the day or during a scheduled break in a private area.

## **Student Self-Assessment using the CPI**

Students are **required** to complete both a mid-term and a final written CPI self-evaluation during each clinical experience, coinciding with the clinic's evaluation, and to review the self-evaluation with their clinical instructor. **The self-evaluation, the student must score their performance in the 18 performance categories using the Anchor Scale Scores (appendix B) and include appropriate comments for each of the categories. Comments and reflection should be specific and discuss areas of strength and areas for improvement. Failure to complete the self-CPI will result in the student receiving an "incomplete" for the clinical education course.** CPIs must be signed by the student's CI at midterm and following review of the final CPI. In some cases, students will be asked to follow up with their CIs for completion and signature of the CPI following a clinical experience.

## Guidelines for Evaluation of the Clinical Site and Clinical Instructor

Students must complete the “APTA PT Assessment of Clinical Instruction” and “APTA Student Assessment of the Clinical Experience” forms found on EXXAT (See sample in appendix C). The completed forms will be shared with the CI/SCCE after a student completes their clinical experience in order to assist in professional growth of the clinical instructor as well as the clinical site. This is the student’s opportunity to provide *constructive feedback* as well as positive feedback to the site, with all comments written in a professional manner. These forms also assist the academic program in evaluating the learning experiences occurring at the clinical site, as well as providing information that can be utilized when advising future students for clinical experiences. These evaluations are completed online and submitted through EXXAT and are to be completed and submitted by the last day of your clinical experience. **Failure to complete these forms will result in the student receiving an “incomplete” for the clinical education course.**

## Clinical Site Visits and Communication

The DCE/ADCE and other program faculty perform site visits around mid-term during each experience. Site visits may be conducted in person or via phone or videoconference. During a site visit, the faculty meets with the student, their CI, and the SCCE (if indicated). Patient care is always the priority and visits are scheduled at a time that is mutually convenient for the CI, student, and visiting faculty member. The site visits allows the CI, student, and faculty to create a strong clinical partnership and enhance the clinical experience for all parties involved.

The DCE/ADCEs monitor all clinical experiences by telephone and are available to students and CIs via telephone or videoconference, during all four clinical experiences. Student are required to check their email during clinical experiences and respond to any email inquiries in a timely fashion.

## Safety in the Clinic

NYIT considers safety in the clinic a requirement. Students must comply with all OSHA regulations. Students are responsible for reviewing patient guarding, handling techniques and body mechanics prior to beginning each clinical experience. If the student does not feel confident with his/her skills in this area, an appointment to review such clinical skills should be scheduled with an DCE/ADCE or with an appropriate faculty member prior to attending the clinical experience.

## **Professional Service Contribution or Inservice**

Students are required to perform a *professional service contribution or inservice* during each of the four clinical experiences. This provides the student with the opportunity to acquire experience in professional service and teaching, which includes receipt of feedback regarding their teaching skills. This requirement encourages the student to participate in self-directed learning in an area of interest that is relevant to the clinical site. The SCCE, CI or student is responsible for selection of an appropriate topic, followed by preparation and presentation of the material. Projects or topics must be approved by the SCCE and/or CI to assure that it is appropriate and of interest to the clinical staff. The presentation could take the form of a traditional inservice for the PT/Rehabilitation Department, a teaching session for nurses' assistants, teachers, etc., or participation in the educational aspects of wellness/injury prevention or a health fair run by the clinical site. If the CI or facility cannot accommodate this requirement, the student must contact the DCE/ADCE so that another teaching experience/project can be arranged. ***If professional service contribution or inservice is not completed, the student will receive an incomplete for the clinical course.*** Subsequent satisfactory completion of this requirement will result in successful completion of the teaching requirement, and a final grade for the clinical course will be submitted. Completion of these activities **do not** count toward Professional Enhancement Program (PEP) points.

## **Policies & Procedures at the Clinical Site**

Students are required to abide by the policies of the clinical site throughout the experience. If the student is not sure of a clinic's policy, the student must ask for the information. Students are responsible for knowing fire and emergency procedures at their assigned clinical site. If this is not reviewed during orientation the student is responsible for acquiring this information. Noncompliance with any policy may be grounds for termination of the clinical experience, and thus failure of the clinical internship. Breach of HIPAA may be grounds for dismissal from the clinical site and possible termination from the PT Program.

## **Code of Ethics**

The **Physical Therapy Code of Ethics** must be upheld at all times during clinical experiences. Please refer to the following link to review the PT Code of Ethics.

[https://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/Ethics/CodeofEthics.pdf](https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf)

## **Medical Clearance**

NYIT requires any student who is pregnant during clinical experiences to provide a letter of waiver to the school and to the clinical site as well as a medical release from the physician.

Students must inform their assigned DCE regarding any medical issue and/or injury that arises during the clinical experience. If a student misses time due to a medical issue or injury, medical clearance must be obtained by a physician before returning to clinic. **The statement from the physician must verify that the student is medically cleared to resume all clinical duties and responsibilities.**

## **Adverse Clinical Incidents (and Needle Sticks)**

It is the responsibility of the students to report all Needle Sticks or exposures immediately, but no later than 24 hours after the incident, to the **Hospital Infection Control Coordinator or Employee Assistance Program**. All laboratory tests should be performed immediately after the incident at the hospital site. The hospital is entitled to reimbursement from students and/or their health insurance. Ongoing diagnostic follow up may be required. If indicated, ongoing treatment may also be necessary.

If an incident occurs in a non-hospital clinical setting, the student should report the incident to the clinical instructor and site coordinator and have appropriate testing done immediately either at the site, at the NYIT Academic Health Care Center, or at the nearest medical facility able to perform the appropriate testing. Ongoing diagnostic follow-up may be required. If indicated, ongoing treatment may also be necessary.

**All Adverse Clinical Incidents including, but not limited to needle sticks** that occur at any rotation site must be reported to the Director of Clinical Education, Dr. Lori Hochman, [lhochman@nyit.edu](mailto:lhochman@nyit.edu)

**The completed NYIT Adverse Incident Form (see appendix D) and a copy of reports filed at the hospital or site on the day of the incident must be submitted to the DCE within 24 hours.** The NYIT Adverse Incident Form is also posted in EXXAT.

## **Professional Development**

During clinical experiences, students may have opportunities to attend professional service opportunities or continuing education courses (e.g. APTA's Combined Section Meeting (CSM), NYPTA Lobby Day). **These must be discussed with the clinical site in advance.** NYIT will allow a maximum of 2-days off during a clinical experience and must provide proof of attendance to the event. If the clinical site requires the time to be made up, the student is required to make up the time at the discretion of the clinical site. Following the event, it

is expected that the student shares the knowledge gained with the CI and the clinical staff either formally or informally.

## **Social Media**

Students must be mindful of their use of social media (i.e. Facebook, Instagram, blogs, Twitter etc.) during their clinical experiences. Do not engage on social media with your CI, employees at your clinical site or patients while you are a student at the site. Laws such as HIPAA must be adhered to, so discussions about patients and posting of pictures not are allowed. In addition, due to the public nature of social media, students are strongly discouraged from posting anything regarding their clinical experiences and clinical site.

## **GUIDELINES FOR EVALUATING STUDENT PERFORMANCE**

The PT CPI Web includes eighteen categories of clinical performance. A rating scale is provided to assess student performance ranging from beginner performance to beyond entry level performance, and each performance level is associated with specific caseload management. A list of sample behaviors is included for each category but is not intended to be a complete list of possible behaviors to be considered for evaluation. A section for written comments at midterm and final assessment periods is *a critical and required element* in completing the evaluation tool. Both the student and CI are instructed to consider the following aspects of student performance in their midterm and final assessment: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance. These terms are defined in the CPI.

APTA PT CPI is designed to be completed online by the student and CI individually, and then viewed by the student, CI and DCE. Students, CIs and CCCEs are required to complete an online training module created by APTA and successfully pass a twenty question exam prior to using the APTA PT CPI in the clinical setting.

## **Assignment of Grades for Clinical Education**

The total evaluation of each clinical experience is pass/fail. The student is expected to meet each of the criteria listed below for each clinical experience level. Performance criteria levels of expectation have been established based upon academic preparation and progressive clinical experiences. The student is expected to meet this level as rated on the scale by the conclusion of the clinical experience (Please see the CPI for a full description of each clinical performance criteria). Note that RF = red flag items and these items are considered **critical**. Students who do not meet these criteria at any point during the clinical experience **may be removed** from the clinical site as requested by the clinical faculty or as deemed appropriate by the academic faculty, and will not

successfully complete the clinical experience (i.e. they will receive a failing grade, and will be responsible to repeat the clinical experience as detailed below). The cost for registering for and repeating a failed clinical experience is the responsibility of the student.

The DCE reserves the right to remove a student from a clinical experience for the following reasons:

- Unprofessional behavior including, but not limited to: issues with attendance, dress code, unpreparedness, defensiveness when receiving feedback, cultural insensitivity, and ineffective communication.
- Safety during patient care after being given the opportunity to discuss and correct unsafe practice.
- Dishonesty and/or engaging in behaviors that are not aligned to the Code of Ethics or Guide to Professional Conduct. This includes, but is not limited to: falsification of patient/client records, violating HIPAA, and not adhering the state practice act where they are attending their clinical experience.

## **Rating Scale Anchors**

### **Beginning performance (B)**

A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.

At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner.

Performance reflects little or no experience. The student does not carry a caseload.

### **Advanced beginner performance (AB)**

A student who requires clinical supervision 75%–90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. At this level, the student demonstrates consistency in developing proficiency with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.

### **Intermediate performance (I)**

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

### **Advanced intermediate performance (AI)**

A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.

At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.

The student is capable of maintaining 75% of a full-time physical therapist's caseload.

### **Entry-Level Performance (E)**

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

### **Beyond Entry-Level Performance (BE)**

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

## CLINICAL EDUCATION EVALUATION

Clinical Performance Criteria	Clinical Education I	Clinical Education II	Clinical Education III	Clinical Education IV
1. Safety (RF)	AB, I	I, AI	AI, E	E, BE
2. Professional Behavior (RF)	AB, I	I, AI	AI, E	E, BE
3. Accountability (RF)	AB, I	I, AI	AI, E	E, BE
4. Communication (RF)	AB, I	I, AI	AI, E	E, BE
5. Cultural Competence	AB, I	I, AI	AI, E	E, BE
6. Professional Development	AB, I	I, AI	AI, E	E, BE
7. Clinical Reasoning (RF)	AB, I	I, AI	AI, E	E, BE
8. Screening	AB, I	I, AI	AI, E	E, BE
9. Examination	AB, I	I, AI	AI, E	E, BE
10. Evaluation	AB, I	I, AI	AI, E	E, BE
11. Diagnosis/Prognosis	AB, I	I, AI	AI, E	E, BE
12. Plan of Care	AB, I	I, AI	AI, E	E, BE
13. Procedural Interventions	AB, I	I, AI	AI, E	E, BE
14. Educational Interventions	AB, I	I, AI	AI, E	E, BE
15. Documentation	AB, I	I, AI	AI, E	E, BE
16. Outcomes Assessment	AB, I	I, AI	AI, E	E, BE
17. Financial Resources	AB, I	I, AI	AI, E	E, BE
18. Direction and Supervision of Personnel	AB, I	I, AI	AI, E	E, BE

**RF=Reg Flag**

### **PASS/FAIL GUIDELINES:**

The student is rated using the CPI at each clinical experience. The criteria above must be met in order to pass each clinical experience. The clinical site and DCE may recommend that the student repeat an affiliation. The academic faculty determines the final pass/fail decision.

**Clinical Education I:** If the faculty determines that the student has failed the first clinical experience, the student will be required to complete another experience of the same duration. Failure of the first experience will require that the student repeat that experience on a space-available basis and may not return to the academic curriculum until it has been repeated and passed. This clinical experience is the prerequisite to the Fall semester second year course work. Any course failure requires that the student undergo academic review with the program faculty. If the faculty finds that the severity of the issues warrant remediation, the student must first

complete the assigned remediation process and second, complete and pass another full-time, 8-week clinical experience. Note that this may delay the potential graduation date by one year. Clinical experience placement is contingent upon availability. The cost of repeating the clinical experience is the student's responsibility.

**Clinical Education II:** If the faculty determines that the student has failed the second clinical experience, the student will be required to complete another experience of the same duration. Failure of the second clinical experience will require that the student repeat that experience on a space-available basis and may not return to the academic curriculum until it has been repeated and passed. This clinical experience is the prerequisite to the Fall semester, third year course work. Any course failure requires that the student undergo academic review with the program faculty. The student must complete assigned remediation prior to clinical placement for a full-time, 8-week placement. The student may be required to sit out one academic year to successfully meet the pre-requisite requirement for the third year fall semester. Note that this may delay the potential graduation date by one year. Clinical experience placement is contingent upon availability. The cost of repeating the clinical experience is the student's responsibility.

**Clinical Education III:** If the faculty determines that the student has failed the third clinical experience, the student will be required to complete another experience of the same duration. The student must complete assigned remediation prior to clinical placement. The student will not continue to their fourth and final clinical experience until successful completion of remediation and the successful repetition of the third clinical experience. Note that this delays the graduation date. Clinical experience placement is contingent upon availability. The cost of repeating the clinical experience is the student's responsibility.

**Clinical Education IV:** If the faculty determines that the student has failed the fourth clinical experience, the student will be required to complete and pass another experience of the same duration. The student must complete assigned remediation prior to clinical placement. The student will not graduate until the successful completion of the repeated final clinical experience. Note that this delays the graduation date. Clinical experience placement is contingent upon \ availability. The cost of repeating the clinical experience is the student's responsibility.

**A student may only repeat a maximum of one affiliation. Any student not meeting the above criteria will no longer be eligible for continuation in the Physical Therapy Program or a degree in Physical Therapy from NYIT.**

**The student cannot apply for the National Physical Therapy licensure examination or state licensure until successful completion of the curriculum**

### **Clinical Education Extensions**

If a student does not meet criteria for passing a particular clinical experience, an extension (additional time added after the scheduled time of the affiliation) may be offered at the discretion of the DCE, SCCE, and CI. A learning contract outlining the learning objectives the students must achieve in order to successfully complete the clinical experience will be developed and implemented in conjunction with the clinical faculty at the clinical site. If the student does not achieve the goals outlined in the learning contract, or if the additional period of time is not sufficient to achieve the goals, or if the extension is not feasible for the clinical site, the student will be assigned to a new full-length clinical experience. Immediate placement of the student is not guaranteed and is based on the availability of an appropriate clinical site. **Students should be aware that such situations can impact the student's ability to graduate on time.**

# **CLINICAL EDUCATION MANUAL APPENDICES**

**Out of Area Agreement**

**NEW YORK INSTITUTE OF TECHNOLOGY  
ENTRY LEVEL DOCTORATE IN PHYSICAL THERAPY PROGRAM  
CLINICAL EDUCATION OUT – OF – AREA AGREEMENT**

Clinical Education I II III IV (circle one)

Geographic Location (city, state)\_\_\_\_\_

I, \_\_\_\_\_, understand that once I have requested a clinical placement at a site that is out of the local area from NYIT, I am committed to attend the clinical experience. I understand that I am responsible for and have the resources for all financial considerations for this experience, including but not limited to housing, food, and transportation. I agree to this commitment and understand that it is not contingent upon any of my classmates' clinical arrangements.

I understand that the only reason this clinical experience can be cancelled is due to an inability to negotiate a contract with the site, or if the clinical site cancels due to issues related to staffing, supervision, or administrative matters.

Reason for the out of state placement request:

\_\_\_\_\_ It is my hometown

\_\_\_\_\_ It is an area I am considering for relocation after graduation

\_\_\_\_\_ I have family/friends/housing in the area

\_\_\_\_\_ I am interested in this particular site(s)

\_\_\_\_\_ Other:\_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

## Definitions of Performance Dimensions and Rating Scale Anchors

### DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
<b>Supervision/ Guidance</b>	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.</li> </ul>
<b>Quality</b>	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</li> </ul>
<b>Complexity</b>	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</li> </ul>
<b>Consistency</b>	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</li> </ul>
<b>Efficiency</b>	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> <li>As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</li> </ul>
<i>Rating Scale Anchors</i>	
<b>Beginning performance</b>	<ul style="list-style-type: none"> <li>A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</li> <li>At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</li> <li>Performance reflects little or no experience.</li> <li>The student does not carry a caseload.</li> </ul>
<b>Advanced beginner performance</b>	<ul style="list-style-type: none"> <li>A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.</li> <li>At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.</li> <li>The student may begin to share a caseload with the clinical instructor.</li> </ul>
<b>Intermediate performance</b>	<ul style="list-style-type: none"> <li>A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.</li> <li>At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</li> <li>The student is <b>capable of</b> maintaining 50% of a full-time physical therapist's caseload.</li> </ul>
<b>Advanced intermediate performance</b>	<ul style="list-style-type: none"> <li>A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.</li> <li>At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</li> <li>The student is <b>capable of</b> maintaining 75% of a full-time physical therapist's caseload.</li> </ul>
<b>Entry-level performance</b>	<ul style="list-style-type: none"> <li>A student who is <b>capable of</b> functioning without guidance or clinical supervision managing patients with simple or complex conditions.</li> <li>At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</li> <li>Consults with others and resolves unfamiliar or ambiguous situations.</li> <li>The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.</li> </ul>
<b>Beyond entry-level performance</b>	<ul style="list-style-type: none"> <li>A student who is <b>capable of</b> functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.</li> <li>At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.</li> <li>The student is <b>capable of</b> maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.</li> <li>The student is capable of supervising others.</li> <li>The student willingly assumes a leadership role for managing patients with more difficult or complex conditions.</li> <li>Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.</li> </ul>

# **Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction**

June 10, 2003  
(updated 12/27/10)



**American Physical Therapy Association  
Department of Physical Therapy Education  
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## PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

### Key Assumptions

The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.

The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).

The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student. Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.

The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.

The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

### Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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**GENERAL INFORMATION AND SIGNATURES**

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address            City            State

Clinical Experience Number            Clinical Experience Dates

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

---

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned            Degree area

Years experience as a CI

Years experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI     Yes             No

Other CI Credential            State             Yes     No

Professional organization memberships     APTA             Other

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned            Degree area

Years experience as a CI

Years experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI     Yes     No

Other CI Credential            State             Yes     No

Professional organization memberships     APTA             Other

## SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site

Address            City            State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.

Acute Care/Inpatient Hospital Facility  
Ambulatory Care/Outpatient  
ECF/Nursing Home/SNF  
Federal/State/County Health  
Industrial/Occupational Health Facility

Private Practice  
Rehabilitation/Sub-acute Rehabilitation  
School/Preschool Program  
Wellness/Prevention/Fitness Program  
Other

### Orientation

4. Did you receive information from the clinical facility prior to your arrival?  Yes  No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?  Yes  No

6. What else could have been provided during the orientation?

#### Patient/Client Management and the Practice Environment

**For questions 7, 8, and 9, use the following 4-point rating scale:**

1 = Never      2 = Rarely      3 = Occasionally      4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

<u>Diversity Of Case Mix</u>	<u>Rating</u>	<u>Patient Lifespan</u>	<u>Rating</u>	<u>Continuum Of Care</u>	<u>Rating</u>
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

<u>Components Of Care</u>	<u>Rating</u>	<u>Components Of Care</u>	<u>Rating</u>
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?

### Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify \_\_\_\_\_ )

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe \_\_\_\_\_

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/conferences/grand rounds
- Directed and supervised physical therapist assistants and other support personnel
- Observed surgery
- Participated in administrative and business practice management
- Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
- Participated in opportunities to provide consultation
- Participated in service learning
- Participated in wellness/health promotion/screening programs
- Performed systematic data collection as part of an investigative study
- Other; Please specify \_\_\_\_\_

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

### Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
  - Time well spent; would recommend this clinical education site to another student.
  - Some good learning experiences; student program needs further development.
  - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

## SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

### Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree    2=Disagree    3=Neutral    4=Agree    5=Strongly Agree

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		

The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation     Yes    No      Final Evaluation     Yes    No

24. If there were inconsistencies, how were they discussed and managed?

Final Evaluation

25. What did your CI(s) do well to contribute to your learning?

Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Final Comments

**NEW YORK INSTITUTE  
OF TECHNOLOGY**

School of Health  
Professions

**Adverse Clinical Incident Report**

Please Return to the Office of Clinical Education

STUDENT NAME: \_\_\_\_\_ CLASS of: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE # \_\_\_\_\_ CELL #: \_\_\_\_\_

HOSPITAL/ SITE: \_\_\_\_\_

ROTATION: \_\_\_\_\_ DATE OF NEDDLE STICK: \_\_\_\_\_

WHO WAS NOTIFIED? \_\_\_\_\_

WAS BLOOD DRAWN FROM STUDENT? YES\_\_ NO \_\_

WAS BLOOD DRAWN FROM PATIENT? YES\_\_ NO \_\_

DESCRIBE TREATMENT INITIATED, IF ANY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Note: Please attach a copy of any incident reports that you filed.

**PHYSICAL THERAPY CLINICAL EDUCATION MANUAL CONFIRMATION**

I \_\_\_\_\_, have read the NYIT Physical Therapy Clinical Education Manual and understand that I am responsible for the content herein. I understand my responsibilities as they relate to clinical experiences. I have reviewed the Clinical Performance Instrument (CPI) and agree to complete a self-evaluation at midterm and final of each clinical experience. I understand the criteria for passing each clinical experience.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_