### Course Change Proposal

**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date: 2/4/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Human Services</td>
<td>Physical Therapy</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Type of Course Proposal:</th>
<th>Department Chair:</th>
<th>Submitted by:</th>
</tr>
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<tbody>
<tr>
<td>New __ Change <em>X</em> Deletion ___</td>
<td>Susan McGinty</td>
<td>Bryan Coleman Salgado</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Does this course fulfill a requirement for single-subject or multiple subject credential students?</th>
<th>For Catalog Copy:</th>
<th>CCE (Extension):</th>
<th>Semester Effective:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ___ No <em>X</em>__</td>
<td>Yes <em>X</em> No ___</td>
<td>Yes ___ No <em>X</em>__</td>
<td>Fall 2012</td>
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This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

### Change from:

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title:</th>
<th>Units:</th>
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<tbody>
<tr>
<td>PT400C</td>
<td>Clinical Practicum IV</td>
<td>4</td>
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</table>

### Change to:

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title:</th>
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<tbody>
<tr>
<td>PT695C</td>
<td>Clinical Internship III</td>
<td>6</td>
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### JUSTIFICATION:

The Physical Therapy Department program change from granting the Masters of Physical Therapy (MPT) degree to Doctor of Physical Therapy (DPT) degree will restructure the clinical education component of the curriculum. The MPT program had 4 internship experiences (PT300, PT400A, PT400B & PT400C), of 6, 8, 8 and 8 weeks each, totaling 30 weeks. The new DPT curricula will eliminate PT300, the original first clinical practicum course, and will instead require three internship experiences of 12 weeks each, increasing the total number of internship weeks to 36. The new PT695C course will be the final in the series of three, 12 weeks full-time clinical internships. This increased time at one facility coincides with the use of a more rigorous clinical grading standard, using the Physical Therapist Clinical Performance Instrument for Students to progress toward entry-level practitioner competency. Additionally, this final clinical experience course in the DPT program will have significantly more prerequisite courses than the 400C course in the MPT curriculum, coming after two previous clinical internships, and 6 full academic semesters rather than after four academic semesters. More advanced coursework combined with the longer time at each site will enable students to be better prepared to attain benchmark scores on clinical rotations that reflect more rigorous doctoral level expectations.

### NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/acaf/univmanual/crapsl.htm - Guidelines for Catalog Course Description)

This third component of the clinical education series of the Doctor of Physical Therapy (DPT) program curriculum totals 12 weeks of progressively responsible full-time clinical education under the direct supervision of a licensed physical therapist. Students improve and refine patient management skills and abilities developed during their first eight semesters and integrate knowledge and skills in a selected clinic setting. Open to physical therapy majors only who have successfully completed the first two years of the DPT curriculum.

### Note:

**Prerequisite:**

- BIO 633 Human Gross Anatomy for Physical Therapists
- PT 600 Pathokinesiology
- PT 608 PT/Patient/Professional Interactions
- PT 630 Pathophysiology
- PT 602 Evidence Informed Practice I
- PT 604 Principles of Human Movement
- PT 606 Therapeutic Measurements and Techniques
- PT 614 Neuroscience for Physical Therapists
- PT 618 Foundations for Patient Management
- PT 620 Physical Therapy Interventions I
- PT 622 Evidence Informed Practice II
- PT 632 Pharmacology for Physical Therapists
- PT 634 Diagnostic Imaging for Physical Therapists
- PT 636 Geriatrics/Gerontology for Physical Therapists
- PT 638 Health, Wellness and Ergonomics in Physical Therapy
FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

**Description of the Expected Learning Outcomes:** Describe outcomes using the following format: “Students will be able to: 1), 2), etc.”
See the example at http://www.csus.edu/acad/example.htm

At the completion of this course, the student is expected to be able to:

**Goal 1.0: Demonstrate Professional Effectiveness**

1.1 Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impaired body functions and structure.

1.1.2 Describe how pathological processes affect normal function.

1.1.2.1 CPI Skill 10: EVALUATION Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

1.1.2.2 CPI Skill 7: CLINICAL REASONING a. presents a logical rationale for clinical decisions.

1.1.4 Analyze the effects of pharmacological agents on human function.

1.1.4.1 CPI Skill 7: CLINICAL REASONING c. utilizes information from multiple data sources (including laboratory and pharmacological information) to make clinical decisions.

1.2 Determine the physical therapy needs of any individual seeking services.

1.2.1 Perform an effective and efficient systems review screen.

1.2.1.1 CPI Skill 8: SCREENING – Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.

1.2.2 Review pertinent medical records and conduct a comprehensive patient interview.

1.2.2.1 CPI Skill 9: EXAMINATION – a. obtains a history from patients and other sources as part of the examination; b. utilizes information from history and other data (e.g. laboratory, diagnostic tests and pharmacological information)

1.2.3 Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

1.2.3.1.1 CPI Skill 9: EXAMINATION – e. conducts tests and measures accurately and proficiently; g. adjusts tests and measures according to patient’s response.

1.2.4 Determine, with each patient encounter, the patient’s need for further examination or consultation.

1.2.4.1 CPI Skill 8 SCREENING - h. analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.

1.2.5 Perform a physical therapy patient examination using evidenced-based tests and measures.

1.2.5.1 CPI Skill 9: EXAMINATION – Performs a physical therapy patient examination using evidence-based tests and measures.

1.2.6 Utilize available evidence in interpreting examination findings to inform the patient evaluation.

1.2.6.1 CPI Skill 10: EVALUATION Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. d. cites the evidence to support a clinical decision.

1.2.7 Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments.

1.2.7.1 CPI Skill 10: EVALUATION Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

1.2.8 Synthesize available data on a patient using the concepts and terminology of the most recent disability/enabledness theoretical construct (currently the International Classification of Functioning, Disability, and Health (ICF) Model of Functioning and Disability).

1.2.8.1 CPI Skill 10: EVALUATION a. synthesizes examination data and identifies pertinent impairments, functional limitations and quality of life (WHO – ICF model)

1.2.9 Cite the evidence (patient history, diagnostic test results, tests, measures, and scientific literature) to support clinical decisions.

1.2.9.1 CPI Skill 12: PLAN OF CARE - Establishes a physical therapy plan of care that is safe, effective, patient-centered and evidence-based

1.2.9.2 CPI Skill 7: CLINICAL REASONING – f. critically evaluates published articles relevant to physical therapy and applies them to clinical practice.

1.2.10 Evaluate and interpret the results of examination findings to classify the patient problem using the most recently adopted diagnostic taxonomy (currently the Guide to Physical Therapist Practice’s labels and practice patterns).

1.2.10.1 CPI Skill 11: DIAGNOSIS AND PROGNOSIS – Determines a diagnosis and prognosis that guides future patient management, a establishes a diagnosis for physical therapy intervention and list for differential diagnosis

1.2.11 Integrate and evaluate data that are obtained during the examination to describe the patient condition in terms that will guide the prognosis, the plan of care and intervention strategies.

1.2.11.1 CPI Skill 12: PLAN OF CARE - Establishes a physical therapy plan of care that is safe, effective, patient-centered and evidence-based

1.2.11.2 CPI Skill 11. DIAGNOSIS AND PROGNOSIS – c. Integrates data and arrives at an accurate
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.2.12</td>
<td>Identify and prioritize body function and structure impairments to determine specific activity limitations towards which interventions will be directed.</td>
</tr>
<tr>
<td>1.2.12.1</td>
<td>CPI Skill 11: DIAGNOSIS AND PROGNOSIS - b. determines a diagnosis that is congruent with pathology, impairment, functional limitation and disability.</td>
</tr>
<tr>
<td>1.2.12.2</td>
<td>CPI Skill 7 CLINICAL REASONING - h. selects interventions based on the best available evidence, clinical expertise and patient preferences</td>
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<tr>
<td>1.2.13</td>
<td>Make a referral to another physical therapist, other health care practitioner or agency when physical therapy is not indicated or the patient/client’s needs are beyond the skills, expertise and/or scope of practice of the physical therapist practitioner.</td>
</tr>
<tr>
<td>1.2.13.1</td>
<td>CPI Skill 12: PLAN OF CARE - j. Identifies patients who would benefit from further follow-up.</td>
</tr>
<tr>
<td>1.2.13.2</td>
<td>CPI Skill 8: SCREENING – Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.</td>
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<tr>
<td>1.2.14</td>
<td>Determine the need for additional information and utilize technological search mechanisms to find that information.</td>
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<tr>
<td>1.2.14.1</td>
<td>CPI Skill 11: DIAGNOSIS AND PROGNOSIS – Determines a diagnosis and prognosis that guides future patient management, e. Utilizes the research and literature to identify prognostic indicators</td>
</tr>
<tr>
<td>1.2.14.2</td>
<td>CPI Skill 7: CLINICAL REASONING – d. seeks disconfirming evidence in the process of making clinical decisions.</td>
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<tr>
<td>1.2.15</td>
<td>Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.</td>
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<tr>
<td>1.2.15.1</td>
<td>CPI Skill 13 – PROCEDURAL INTERVENTIONS – f. Adjusts intervention strategies according to variable related to age, gender, co-morbidities, pharmacological interventions, etc.; j. incorporates the concept of self-efficacy in wellness and health promotion.; g. assesses patient response to interventions and adjusts accordingly.</td>
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<tr>
<td>1.2.16</td>
<td>Apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.</td>
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<tr>
<td>1.2.16.1</td>
<td>CPI Skill 11: DIAGNOSIS AND PROGNOSIS — e. Utilizes the research and literature to identify prognostic indicators that help predict patient outcomes</td>
</tr>
<tr>
<td>1.2.16.2</td>
<td>CPI Skill 12: PLAN OF CARE - d. selects interventions based on the best available evidence and patient preferences.</td>
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<tr>
<td>1.2.16.3</td>
<td>CPI Skill 7: CLINICAL REASONING j. integrates patient needs and values in making decisions in developing the plan of care.</td>
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<tr>
<td>1.3</td>
<td>Develop a plan of care based on the best available evidence and that considers the patient’s personal and environmental factors</td>
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<tr>
<td>1.3.1</td>
<td>Prioritize patient/client problems taking into consideration the patient/client’s needs and goals, health condition, physiological and biological mechanisms within the constraints of the environment and resources.</td>
</tr>
<tr>
<td>1.3.1.1</td>
<td>CPI Skill 12: PLAN OF CARE - Establishes a physical therapy plan of care that is safe, effective, patient-centered and evidence-based</td>
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<tr>
<td>1.3.1.2</td>
<td>CPI Skill 7 CLINICAL REASONING - i. assesses patient response to interventions using credible measures, k. clinical decisions focus on the whole person rather than the disease</td>
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<tr>
<td>1.3.2</td>
<td>Write measurable, functional goals that are time referenced with expected outcomes.</td>
</tr>
<tr>
<td>1.3.2.1</td>
<td>CPI Skill 12: PLAN OF CARE - a. establishes goals and desired functional outcomes that specify expected time durations.</td>
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<tr>
<td>1.3.3</td>
<td>Determine a patient prognosis by predicting the level of optimal improvement in function and the amount of time required to achieve that level.</td>
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<tr>
<td>1.3.3.1</td>
<td>CPI Skill 12: PLAN OF CARE - a. establishes goals and desired functional outcomes that specify expected time durations.</td>
</tr>
<tr>
<td>1.3.4</td>
<td>Recognize barriers that may impact the achievement of optimal improvement within a predicted time frame.</td>
</tr>
<tr>
<td>1.3.4.1</td>
<td>CPI Skill 7 CLINICAL REASONING - l. recognizes limits of current knowledge, theory and judgment in patient management</td>
</tr>
<tr>
<td>1.3.4.2</td>
<td>CPI Skill 13: PROCEDURAL INTERVENTIONS – f. adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.</td>
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<tr>
<td>1.3.5</td>
<td>Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.</td>
</tr>
<tr>
<td>1.3.5.1</td>
<td>CPI Skill 12: PLAN OF CARE – e. follows established guidelines (e.g. best practice, clinical pathways, and protocol) when designing the plan of care.; g. identifies the resources needed to achieve the goals included in the patient care.</td>
</tr>
<tr>
<td>1.3.5.2</td>
<td>CPI Skill 13: PROCEDURAL INTERVENTIONS – a. performs interventions safely; h. discusses strategies for caregivers to minimize risk of injury and to enhance function.</td>
</tr>
<tr>
<td>1.3.6</td>
<td>Identify and collaborate with others needed in implementing the plan of care.</td>
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<tr>
<td>1.3.6.1</td>
<td>CPI Skill 12: PLAN OF CARE – b. establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.</td>
</tr>
<tr>
<td>1.3.7</td>
<td>Articulate a specific rationale for referrals made to other providers.</td>
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1.3.7.1 CPI Skill 12: PLAN OF CARE - k. advocates for the patients' access to services.
1.3.7.2 CPI Skill 14: EDUCATIONAL INTERVENTIONS i. determines need for consultative services, and
j. applies physical therapy knowledge and skills to identify problems and recommend solutions in
relevant settings.

1.3.8 Progress the plan of care by making ongoing adjustments to interventions.
1.3.8.1 CPI Skill 12: PLAN OF CARE - f. progresses and modifies plan of care and discharge planning based
on patient responses.

1.3.9 Include in the plan of care indirect interventions, such as coordination of care, patient/family education,
modifications to physical and social environments, and referral to other providers.
1.3.9.1 CPI Skill 12: PLAN OF CARE - establishes a physical therapy plan of care that is safe, effective,
patient centered and evidence-based. C. establishes a plan of care consistent with the examination and
evaluation and d. selects interventions based on the best available evidence and patient preferences.

1.3.10 Seek and find information using contemporary technology that addresses the specific needs of the patient care
plan.
1.3.10.1 CPI Skill 7: CLINICAL REASONING - f. critically evaluates published articles relevant to physical
therapy and applies them to clinical practice.
1.3.10.2 CPI Skill 7: CLINICAL REASONING - h. selects interventions based on the best available evidence,
clinical expertise and patient preferences

1.3.10.3 CPI Skill 15: DOCUMENTATION - c. produces documentation (e.g. Electronic, dictation, chart) that
follows guidelines an format required by the practice setting, h. documentation accurately describes
care delivery that justifies physical therapy services.

1.3.11 Identify patient needs in terms of discharge planning, discontinuation of care, and transfer of care.
1.3.11.1 CPI Skill 7: CLINICAL REASONING - e. recognizes when plan of care and interventions are
ineffective, identifies areas needing modification and implements changes accordingly.
1.3.11.2 CPI Skill 11: DIAGNOSIS AND PROGNOSIS - d. estimates the contribution of factors on the
effectiveness of interventions and e. utilizes the research and literature to identify prognostic indicators
that help predict patient outcomes.
1.3.11.3 CPI Skill 15: DOCUMENTATION - b. documents all aspects of physical therapy care, including
screening, examination, evaluation, plan of care, intervention, response to intervention, discharge
planning, family conferences and communication with others involved in the delivery of care.

1.4 Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected
procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.
1.4.1 Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy
procedures in a competent manner.
1.4.1.1 CPI Skill 13 - PROCEDURAL INTERVENTIONS - Performs physical therapy interventions in a
competent manner
1.4.1.2 CPI Skill 7 CLINICAL REASONING - h. selects interventions based on the best available evidence,
clinical expertise and patient preferences

1.4.2 Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client’s response
to interventions.
1.4.2.1 CPI Skill 13 - PROCEDURAL INTERVENTIONS -- g. assesses patient response to interventions and
adjusts accordingly
1.4.3 Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent
with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain
patient/client status, or to slow deterioration.
1.4.3.1 CPI Skill 14: EDUCATIONAL INTERVENTIONS - Educates others (patients, family, caregivers,
staff, students, other health care providers, business and industry representatives, school systems)
using relevant and effective teaching methods.

1.4.4 Assess patient/client progress towards goals/projected outcomes.
1.4.4.1 CPI Skill 13 - PROCEDURAL INTERVENTIONS -- g. assesses patient response to interventions and
adjusts accordingly
1.4.4.2 CPI Skill 12 PLAN OF CARE f. progresses and modifies plan of care and discharge planning based
on patient responses

1.4.5 Coordinate patient/client care with other health care providers.
1.4.5.1 CPI Skill 12 PLAN OF CARE b. Establishes a physical therapy plan of care in collaboration with the
patient, family, caregiver and others involved in the delivery of health care services.

1.5 Demonstrate effective verbal and written communication skills with patients, families, other health care professionals,
and the public, to facilitate interventions and interdisciplinary interactions and cooperation.

1.5.1 Determine appropriate documentation for the recording of patient/client information consistent with
professional standards, the fiscal intermediary, and the treatment setting.
1.5.1.1 CPI Skill 15: DOCUMENTATION - Produces quality documentation in a timely manner to support
the delivery of physical therapy services

1.5.2 Produce quality documentation in a timely manner to support the delivery of physical therapy services.
1.5.2.1 CPI Skill 15: DOCUMENTATION - f. produces documentation that is accurate, concise, timely and legible.

1.5.3 Demonstrate thorough, concise documentation consistent with current language from the Patient Management Model contained in the most recent edition of the Guide to Physical Therapist Practice.

1.5.3.1 CPI Skill 15: DOCUMENTATION - e. documents all necessary information in an organized manner that demonstrates sound clinical decision-making.

1.5.4 Communicate efficiently and effectively with other healthcare providers involved in the patient/client's management.

1.5.4.1 CPI Skill 4: COMMUNICATION - h. engages in ongoing dialogue with professional peers or team members

1.6 Utilize data from selected outcome measures to document intervention effectiveness.

1.6.1 Select relevant outcome measures for levels of body functions and structural impairments, activities and participation with respect for their psychometric properties.

1.6.1.1 CPI Skill 16: OUTCOMES ASSESSMENT - Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.

1.6.2 Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of function.

1.6.2.1 CPI Skill 16: OUTCOMES ASSESSMENT - d. evaluates and uses published studies related to outcomes effectiveness

1.7 Determine an appropriate discharge, discontinuation of service, or transfer of care plan for patients/clients.

1.7.1 Re-examine patients/clients to determine if continued physical therapy services are indicated.

1.7.1.1 CPI Skill 9 EXAMINATION - h. performs regular reexamination of patient status

1.7.2 When a patient/client has reached optimal goals with physical therapy interventions and, when other related services are still needed, seek resources and/or consult with others to identify alternative resources.

1.7.2.1 CPI Skill 7: CLINICAL REASONING - Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management

1.7.2.2 CPI Skill 8 SCREENING - i. chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary

1.7.3 Determine needed resources for patients/clients to ensure timely discharge, including follow-up care.

1.7.3.1 CPI Skill 8 SCREENING - Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.

1.7.4 Discontinue care when physical therapy services are no longer indicated.

1.7.4.1 CPI Skill 12: PLAN OF CARE - j. identifies patients who would benefit from further follow-up, k. advocates for the patients' access to services

1.7.4.2 CPI Skill 11: DIAGNOSIS AND PROGNOSIS - Determines a diagnosis and prognosis that guides future patient management

1.8 Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product. CPI Skill 8 SCREENING - Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.

1.9 Engage in educational activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups using relevant and effective teaching methods.

1.9.1 Promote health behaviors through educational interventions and modeling.

1.9.1.1 CPI Skill 14: EDUCATIONAL INTERVENTIONS - Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.

1.9.2 Apply basic educational concepts to teaching the practice of physical therapy.

1.9.2.1 CPI Skill 14: EDUCATIONAL INTERVENTIONS - a. identifies and establishes priorities for education needs in collaboration with the learner, b. identifies patient learning style, and c. identifies barriers to learning (e.g. literacy, language, cognition)

1.9.3 Educate colleagues and other health care professionals about the roles, responsibilities and academic preparation of the physical therapist and scope of physical therapy practice.

1.9.3.1 CPI Skill 14: EDUCATIONAL INTERVENTIONS - i. determines needs for consultative services, and j. applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings, k. provides education and promotion of health, wellness and fitness

1.9.4 Present topics/issues using current evidence and sound teaching principles (i.e. case studies, in-service, journal article review, etc).

1.9.4.1 Provides in-service training or project to clinical facility of externship as required by facility

1.10 Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including: CPI Skill 17: FINANCIAL RESOURCES - Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal and facility guidelines.

1.10.1 Billing and reimbursement. CPI Skill 17: FINANCIAL RESOURCES - g. submits billing charges on time, h. adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility, i. requests and
obtains authorization for clinically necessary reimbursable visits.

1.10.2 Electronic medical records documentation. CPI Skill 15: DOCUMENTATION – f. produces documentation that is accurate, concise, timely and legible, and utilizes electronic medical records as established by the facility.

1.10.3 Contemporary electronic communication. CPI Skill 4: COMMUNICATION - Communicates in ways that are congruent with situational needs.

1.10.4 Direction and supervision of support personnel, including Physical Therapist Assistants (PTAs) and aides. CPI Skill 18: DIRECTION AND SUPERVISION OF PERSONNEL – Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

1.10.5 Patient rights, consent, confidentiality and the Health Information Portability and Privacy Act (HIPPA). CPI Skill 3: ACCOUNTABILITY – Practices in a manner consistent with established legal and professional standards and ethical guidelines

Goal 2.0: Demonstrate Professional Behaviors

2.1 Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

2.1.1 Practice physical therapy demonstrating cultural competence with all individuals and groups. CPI Skill 5: CULTURAL COMPETENCE - Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.

2.1.2 Work effectively with challenging patients. CPI Skill 2: PROFESSIONAL BEHAVIOR - Demonstrates professional behavior in all situations

2.1.3 Respect personal space of patients/clients and others. CPI Skill 2: PROFESSIONAL BEHAVIOR - Demonstrates professional behavior in all situations

2.1.4 Demonstrate behaviors that are non-judgmental about patients/clients’ lifestyles. CPI Skill 5: CULTURAL COMPETENCE - Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.

2.1.5 Respect roles of support staff and delegate appropriately. CPI Skill 2: PROFESSIONAL BEHAVIOR - Demonstrates professional behavior in all situations CPI Skill 18: DIRECTION AND SUPERVISION OF PERSONNEL – a. determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics and facility policies.

2.2 Communicate effectively for varied audiences and purposes.

2.2.1 Demonstrate effective interpersonal (verbal, nonverbal, electronic) communication skills considering the diversity of populations and environments. CPI Skill 4: COMMUNICATION - Communicates in ways that are congruent with situational needs.

2.2.2 Facilitate therapeutic communication and interpersonal skills. CPI Skill 4: COMMUNICATION - Communicates in ways that are congruent with situational needs.

2.2.3 Discuss difficult issues with sensitivity and objectivity. Appropriately utilize communication technology efficiently, professionally and effectively. CPI Skill 4: COMMUNICATION - Communicates in ways that are congruent with situational needs.

2.2.4 Respect roles of support staff and communicate appropriately. CPI Skill 4: COMMUNICATION - Communicates in ways that are congruent with situational needs. CPI Skill 18: DIRECTION AND SUPERVISION OF PERSONNEL – Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

2.3 Participate in professional activities that serve the community and advance the profession of physical therapy. CPI Skill 6: PROFESSIONAL DEVELOPMENT – Participates in self-assessment to improve clinical and professional performance

2.3.1 Participate in community service activities.

2.3.1.1 CPI Skill 6: PROFESSIONAL DEVELOPMENT – j. participates in professional activities beyond the practice environment

2.3.2 Recognize the importance of participation in professional association activities.

2.3.2.1 CPI Skill 6: PROFESSIONAL DEVELOPMENT – Participates in self-assessment to improve clinical and professional performance

2.3.3 Recognize their roles as members and leaders of the health care team.

2.3.3.1 CPI Skill 6: PROFESSIONAL DEVELOPMENT – Participates in self-assessment to improve clinical and professional performance

2.3.4 Promote participation in clinical education.

2.3.4.1 Completion of CPI midterm and final evaluations, and evaluation of the clinical setting and Clinical Instructor

2.4 Recognize the need for personal and professional development.

2.4.1 Participate in self-assessment to improve clinical and professional performance.

2.4.1.1 Completion of CPI midterm and final evaluations.

2.4.1.2 Welcome and seek new learning opportunities. CPI Skill 6: PROFESSIONAL DEVELOPMENT – b. seeks guidance as necessary to address limitations in clinical performance

2.4.2 Assume responsibility for professional lifelong learning.

2.4.2.1 CPI Skill 6: PROFESSIONAL DEVELOPMENT – h. accepts responsibility for continuous professional learning
2.4.3 Accept responsibility and demonstrate accountability for professional decisions. CPI Skill 3: ACCOUNTABILITY b. identifies, acknowledges and accepts responsibility for actions and reports errors.

2.4.4 Recognize own biases and suspend judgments based on biases.

2.4.4.1 CPI Skill 2: PROFESSIONAL BEHAVIOR in all situations

2.5 Demonstrate entry level generic abilities, including: CPI Skill 2: PROFESSIONAL BEHAVIOR - Demonstrates professional behavior in all situations

2.5.1 Professional accountability and commitment to learning.

2.5.1 Recognition of one's own limitations. CPI Skill 1: SAFETY - Practices in a safe manner that minimizes risk to patient, self, and others. Effective use of constructive feedback. CPI Skill 2: PROFESSIONAL BEHAVIOR - Demonstrates professional behavior in all situations

2.5.2 Effective use of time and resources. All CPI criteria incorporate into grading policy

2.5.3 Demonstrate integrity, compassion, and courage in all interactions. CPI Skill 2: PROFESSIONAL BEHAVIOR - e. exhibits caring, compassion, and empathy in providing services to patients

Goal 3.0: Practice in an Ethical and Legal Manner

3.1 Practice physical therapy in a manner consistent with established legal and professional standards. CPI Skill 3: ACCOUNTABILITY – Practices in a manner consistent with established legal and professional standards and ethical guidelines

3.1.1 Demonstrate awareness of and adherence to state licensure regulations.

3.1.1.1 CPI Skill 3: ACCOUNTABILITY – f. adheres to legal practice standards including all federal, state and institutional regulations related to patient care and fiscal management.

3.1.2 Practice within all applicable regulatory and legal requirements.

3.1.2.1 CPI Skill 3: ACCOUNTABILITY – f. adheres to legal practice standards including all federal, state and institutional regulations related to patient care and fiscal management.

3.1.4 Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

3.1.4.1 CPI Skill 3: ACCOUNTABILITY – f. adheres to legal practice standards including all federal, state and institutional regulations related to patient care and fiscal management.

3.2 Practice in a manner consistent with the professional code of ethics CPI Skill 3: ACCOUNTABILITY – Practices in a manner consistent with established legal and professional standards and ethical guidelines

3.2.2 Treat patients/clients within scope of practice, expertise and experience.

3.2.2.1 CPI Skill 3: ACCOUNTABILITY – f. adheres to legal practice standards including all federal, state and institutional regulations related to patient care and fiscal management.

3.2.3 Seek informed consent from patients/clients.

3.2.3.1 CPI Skill 3: ACCOUNTABILITY – d. abides by policies and procedures of the practice setting (e.g. OSHA, HIPAA, etc)

Goal 4.0: Demonstrate Scholarship

4.1 Apply basic principles of statistics and research methodologies within the practice of physical therapy. CPI Skill 16: OUTCOMES ASSESSMENT – Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.

4.1.1 Formulate and reevaluate positions based on the best available evidence.

4.1.1.1 CPI Skill 7: CLINICAL REASONING Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.

4.1.2 Evaluate the efficacy and efficiency of physical therapy procedural interventions.

4.1.2.1 CPI Skill 13 – PROCEDURAL INTERVENTIONS – e. provides rationale for interventions selected for patients presenting with various diagnoses

**Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

The Physical Therapist Clinical Performance Instrument for Students (CPI), 2006 will be employed to assess achievement of clinical competence. Both the student's and the Clinical Instructor's (CI) assessment are considered in the final evaluation. Grades are assigned as Credit/No Credit by the DCE based on successful completion of all requirements. In general, the CPI must reflect competency commensurate with progress in the curriculum, show no "red flag" items marked and demonstrate progress from midterm to final.

1. Achieving at least threshold competency levels for all Performance Criteria 1, 2, 3, 4, & 7, and for at least 15 of 18 performance criteria overall. Marks on the CPI rating scale should be consistent with written documentation from both the student and the CI, and with the summary of strengths and weaknesses found at the end of the CPI form.

2. No areas of "Significant Concerns" being marked on the CPI. If Significant Concerns are marked, it may be grounds for failing the affiliation or being required to do remedial work before receiving Credit.
3. The expected minimal threshold competency level for each of the 18 Performance Criterion varies by rotation. For 400C, ratings of entry-level or beyond (interval 5) are expected (see illustration below). Achievement of the minimum threshold ratings is needed in order to pass the affiliation without remediation. Failing to attain threshold marks on less than 80% of the marked PC may result in an incomplete grade, and may mandate a remediation of the internship.

Determination of remediation will also consider clinical setting, experience with patients in that setting, relative importance of sub-threshold performance criteria, progression of performance from midterm to final evaluations, whether or not a “significant concerns” box was checked, and performance on relevant performance criteria in the previous PT 400 courses. A deficit pattern demonstrated by persistent failure to meet Entry-Level marks on the same 3 items across all three rotations will suggest a need for remediation of one final rotation to try to attain needed competency.

5. Satisfactory completion of:
   a. Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form
   b. Bi-Weekly reflective journal
   c. CPI self-evaluation
   d. At least two weekly feedback forms, one at the end of week 1, and one at the end of week 7

For whom is this course being developed?
Majors in the Dept __ X__ Majors of other Depts ____ Minors in the Dept ____ General Education ____ Other ____
Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes ___ No ___
If yes, identify program(s): Doctor of Physical Therapy (DPT) program

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes ___ No ____
If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). ___ Physical Therapy Department

The Department Chair’s signature below indicates that affected programs have been sent a copy of this proposal form.

Approvals: If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

Signatures:

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Distribution: Academic Affairs (original), Department Chair and College Dean. Dean’s office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.
CALIFORNIA STATE UNIVERSITY, SACRAMENTO
College of Health and Human Services
Department of Physical Therapy

PT 695C – Clinical Internship III

Summer Semester

COURSE CREDIT: 6 Units

INSTRUCTOR: TBA

LOCATION: Statewide & National Community Clinical Sites and Agencies

TIME: Full-time, 12 week schedule to be arranged with facility

COURSE DESCRIPTION:

This third component of the clinical education series of the Doctor of Physical Therapy (DPT) program curriculum totals 12 weeks of progressively responsible full-time clinical education under the direct supervision of a licensed physical therapist. Students improve and refine patient management skills and abilities developed during their first eight semesters and integrate knowledge and skills in a selected clinic setting. Open to Physical Therapy Majors Only who have successfully completed the first two years of the DPT curriculum. Credit/No Credit.

PREREQUISITES:
BIO 633 Human Gross Anatomy for Physical Therapists
PT 600 Pathokinesiology
PT 608 PT/Patient/Professional Interactions
PT 630 Pathophysiology
PT 602 Evidence Informed Practice I
PT 604 Principles of Human Movement
PT 606 Therapeutic Measurements and Techniques
PT 614 Neuroscience for Physical Therapists
PT 618 Foundations for Patient Management
PT 620 Physical Therapy Interventions I
PT 622 Evidence Informed Practice II
PT 632 Pharmacology for Physical Therapists
PT 634 Diagnostic Imaging for Physical Therapists
PT 636 Geriatrics/Gerontology for Physical Therapists
PT 638 Health, Wellness and Ergonomics in Physical Therapy
PT 624 Adult Neuromuscular Patient Management I
PT 625 Musculoskeletal Patient Management I
PT 626 Clinical Agents
PT 640 Physical Therapy Interventions II
PT 646 Acute Care and Cardiopulmonary Physical Therapy
PT 627 Physical Therapy Educator
PT 644 Adult Neuromuscular Patient Management II
PT 645 Musculoskeletal Patient Management II
PT 648 Health Care Delivery in Physical Therapy I
PT 669 Psychosocial Issues in Physical Therapy
PT 662 Differential Diagnosis in Physical Therapy
PT 663 Integumentary Patient Management
PT 665 Musculoskeletal Patient Management III
PT 664 Neuropediatric Patient Management
PT 668 Health Care Delivery in Physical Therapy II
PT 680 Graduate Physical Therapy Seminar
PT 660A-G (Two sessions)
PT 690 Doctoral Project/Culminating Experience
PT 695A Clinical Practicum/Internship I
PT 695B Clinical Practicum/Internship II

REQUIRED MATERIALS:


RECOMMENDED TEXTS:


OTHER REFERENCES:
All textbooks, notes and handouts from the DPT curriculum to date.

COURSE OBJECTIVES:
All course objectives reference the overall educational goals and outcomes of the Department of
Physical Therapy. All “CPI Skill” citations are based on the Physical Therapist Clinical Performance Instrument for Students, American Physical Therapy Association, 2006. Passing marks with supportive documentation on the CPI skills indicate fulfillment of course objective.

At the completion of this course, the student is expected to be able to:

**Goal 1.0: Demonstrate Professional Effectiveness**

1.1 Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impaired body functions and structure.

1.1.2 Describe how pathological processes affect normal function.

1.1.2.1 CPI Skill 10: EVALUATION Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

1.1.2.2 CPI Skill 7: CLINICAL REASONING a. presents a logical rationale for clinical decisions.

1.1.4 Analyze the effects of pharmacological agents on human function.

1.1.4.1 CPI Skill 7: CLINICAL REASONING c utilizes information from multiple data sources (including laboratory and pharmacological information) to make clinical decisions.

1.2 Determine the physical therapy needs of any individual seeking services.

1.2.1 Perform an effective and efficient systems review screen.

1.2.1.1 CPI Skill 8: SCREENING – Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.

1.2.2 Review pertinent medical records and conduct a comprehensive patient interview.

1.2.2.1 CPI Skill 9: EXAMINATION – a. obtains a history from patients and other sources as part of the examination; b. utilizes information from history and other data (e.g. laboratory, diagnostic tests and pharmacological information)

1.2.3 Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

1.2.3.1 CPI Skill 9: EXAMINATION – e. conducts tests and measures accurately and proficiently; g. adjusts tests and measures according to patient’s response.

1.2.4 Determine, with each patient encounter, the patient’s need for further examination or consultation.

1.2.4.1 CPI Skill 8 SCREENING - h. analyzes and interprets the results and determines whether there is a need for further examination or referral to other services.

1.2.5 Perform a physical therapy patient examination using evidenced-based tests and measures.
1.2.5.1 CPI Skill 9: EXAMINATION – Performs a physical therapy patient examination using evidenced-based tests and measures.

1.2.6 Utilize available evidence in interpreting examination findings to inform the patient evaluation.

1.2.6.1 CPI Skill 10: EVALUATION Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments, d. cites the evidence to support a clinical decision.

1.2.7 Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments.

1.2.7.1 CPI Skill 10: EVALUATION Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

1.2.8 Synthesize available data on a patient using the concepts and terminology of the most recent disability-enablement theoretical construct (currently the International Classification of Functioning, Disability, and Health (ICF) Model of Functioning and Disability).

1.2.8.1 CPI Skill 10: EVALUATION a. synthesizes examination data and identifies pertinent impairments, functional limitations and quality of life (WHO – ICF model)

1.2.9 Cite the evidence (patient history, diagnostic test results, tests, measures, and scientific literature) to support clinical decisions.

1.2.9.1 CPI Skill 12: PLAN OF CARE - Establishes a physical therapy plan of care that is safe, effective, patient-centered and evidence-based

1.2.9.2 CPI Skill 7: CLINICAL REASONING – f. critically evaluates published articles relevant to physical therapy and applies them to clinical practice.

1.2.10 Evaluate and interpret the results of examination findings to classify the patient problem using the most recently adopted diagnostic taxonomy (currently the Guide to Physical Therapist Practice’s labels and practice patterns).

1.2.10.1 CPI Skill 11: DIAGNOSIS AND PROGNOSIS – Determines a diagnosis and prognosis that guides future patient management, a establishes a diagnosis for physical therapy intervention and list for differential diagnosis

1.2.11 Integrate and evaluate data that are obtained during the examination to describe the patient condition in terms that will guide the prognosis, the plan of care and intervention strategies.

1.2.11.1 CPI Skill 12: PLAN OF CARE - Establishes a physical therapy plan of care that is safe, effective, patient-centered and evidence-based
1.2.11.2 CPI Skill 11. DIAGNOSIS AND PROGNOSIS – c.
Integrates data and arrives at an accurate prognosis with regard to intensity
and duration of interventions and discharge status.

1.2.12 Identify and prioritize body function and structure impairments to
determine specific activity limitations towards which interventions will be
directed.

1.2.12.1 CPI Skill 11: DIAGNOSIS AND PROGNOSIS b.
determines a diagnosis that is congruent with pathology,
impairment, functional limitation and disability.

1.2.12.2 CPI Skill 7 CLINICAL REASONING h. selects
interventions based on the best available evidence, clinical
expertise and patient preferences

1.2.13 Make a referral to another physical therapist, other health care practitioner
or agency when physical therapy is not indicated or the patient/client’s
needs are beyond the skills, expertise and/or scope of practice of the
physical therapist practitioner.

1.2.13.1 CPI Skill 12: PLAN OF CARE - j. Identifies patients who
would benefit from further follow-up.

1.2.13.2 CPI Skill 8: SCREENING – Determines with each patient
encounter the patient’s need for further examination or
consultation by a physical therapist or referral to another health
care professional.

1.2.14 Determine the need for additional information and utilize technological
search mechanisms to find that information.

1.2.14.1 CPI Skill 11: DIAGNOSIS AND PROGNOSIS –
Determines a diagnosis and prognosis that guides future patient
management, e. Utilizes the research and literature to identify
prognostic indicators

1.2.14.2 CPI Skill 7: CLINICAL REASONING –d. seeks
disconfirming evidence in the process of making clinical decisions.

1.2.15 Adapt delivery of physical therapy services with consideration for
patients’ differences, values, preferences and needs.

1.2.15.1 CPI Skill 13 – PROCEDURAL INTERVENTIONS –f.
Adjusts intervention strategies according to variable related to age,
gender, co-morbidities, pharmacological interventions, etc.; j.
incorporates the concept of self-efficacy in wellness and health
promotion. ; g. assesses patient response to interventions and
adjusts accordingly.

1.2.16 Apply current knowledge, theory, clinical judgment, and the patient’s
values and perspective in patient management.

1.2.16.1 CPI Skill 11: DIAGNOSIS AND PROGNOSIS – e.
Utilizes the research and literature to identify prognostic
indicators that help predict patient outcomes
1.2.16.2 CPI Skill 12: PLAN OF CARE - d. selects interventions based on the best available evidence and patient preferences.

1.2.16.3 CPI Skill 7. CLINICAL REASONING j. integrates patient needs and values in making decisions in developing the plan of care.

1.3 Develop a plan of care based on the best available evidence and that considers the patient’s personal and environmental factors.

1.3.1 Prioritize patient/client problems taking into consideration the patient/client’s needs and goals, health condition, physiological and biological mechanisms within the constraints of the environment and resources.

1.3.1.1 CPI Skill 12: PLAN OF CARE - Establishes a physical therapy plan of care that is safe, effective, patient-centered and evidence-based

1.3.1.2 CPI Skill 7 CLINICAL REASONING - i. assesses patient response to interventions using credible measures, k. clinical decisions focus on the whole person rather than the disease

1.3.2 Write measurable, functional goals that are time referenced with expected outcomes.

1.3.2.1 CPI Skill 12: PLAN OF CARE - a. establishes goals and desired functional outcomes that specify expected time durations.

1.3.3 Determine a patient prognosis by predicting the level of optimal improvement in function and the amount of time required to achieve that level.

1.3.3.1 CPI Skill 12: PLAN OF CARE - a. establishes goals and desired functional outcomes that specify expected time durations.

1.3.4 Recognize barriers that may impact the achievement of optimal improvement within a predicted time frame.

1.3.4.1 CPI Skill 7 CLINICAL REASONING – l. recognizes limits of current knowledge, theory and judgment in patient management

1.3.4.2 CPI Skill 13: PROCEDURAL INTERVENTIONS – f. adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.

1.3.5 Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.

1.3.5.1 CPI Skill 12: PLAN OF CARE – e. follows established guidelines (e.g. best practice, clinical pathways, and protocol) when designing the plan of care; g. identifies the resources needed to achieve the goals included in the patient care.

1.3.5.2 CPI Skill 13: PROCEDURAL INTERVENTIONS – a. performs interventions safely; h. discusses strategies for caregivers to minimize risk of injury and to enhance function.

1.3.6 Identify and collaborate with others needed in implementing the plan of care.
1.3.6.1 CPI Skill 12: PLAN OF CARE – b. establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.

1.3.7 Articulate a specific rationale for referrals made to other providers.
1.3.7.1 CPI Skill 12: PLAN OF CARE – k. advocates for the patients’ access to services.
1.3.7.2 CPI Skill 14: EDUCATIONAL INTERVENTIONS i. determines need for consultative services, and j. applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings.

1.3.8 Progress the plan of care by making ongoing adjustments to interventions.
1.3.8.1 CPI Skill 12: PLAN OF CARE – f. progresses and modifies plan of care and discharge planning based on patient responses.

1.3.9 Include in the plan of care indirect interventions, such as coordination of care, patient/family education, modifications to physical and social environments, and referral to other providers.
1.3.9.1 CPI Skill 12: PLAN OF CARE – establishes a physical therapy plan of care that is safe, effective, patient centered and evidence-based. C. establishes a plan of care consistent with the examination and evaluation and d. selects interventions based on the best available evidence and patient preferences.

1.3.10 Seek and find information using contemporary technology that addresses the specific needs of the patient care plan.
1.3.10.1 CPI Skill 7: CLINICAL REASONING – f. critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
1.3.10.2 CPI Skill 7: CLINICAL REASONING – h. selects interventions based on the best available evidence, clinical expertise and patient preferences
1.3.10.3 CPI Skill 15: DOCUMENTATION – c. produces documentation (e.g. Electronic, dictation, chart) that follows guidelines an format required by the practice setting, h. documentation accurately describes care delivery that justifies physical therapy services.

1.3.11 Identify patient needs in terms of discharge planning, discontinuation of care, and transfer of care.
1.3.11.1 CPI Skill 7: CLINICAL REASONING – e. recognizes when plan of care and interventions are ineffective, identifies areas needing modification and implements changes accordingly.
1.3.11.2 CPI Skill 11: DIAGNOSIS AND PROGNOSIS – d. estimates the contribution of factors on the effectiveness of
interventions and e. utilizes the research and literature to identify prognostic indicators that help predict patient outcomes.

1.3.11.3 CPI Skill 15: DOCUMENTATION – b. documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences and communication with others involved in the delivery of care.

1.4 Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.

1.4.1 Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.
1.4.1.1 CPI Skill 13 – PROCEDURAL INTERVENTIONS – Performs physical therapy interventions in a competent manner
1.4.1.2 CPI Skill 7 CLINICAL REASONING – h. selects interventions based on the best available evidence, clinical expertise and patient preferences

1.4.2 Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client’s response to interventions.
1.4.2.1 CPI Skill 13 – PROCEDURAL INTERVENTIONS – g. assesses patient response to interventions and adjusts accordingly

1.4.3 Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.
1.4.3.1 CPI Skill 14: EDUCATIONAL INTERVENTIONS - Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.

1.4.4 Assess patient/client progress towards goals/projected outcomes.
1.4.4.1 CPI Skill 13 – PROCEDURAL INTERVENTIONS – g. assesses patient response to interventions and adjusts accordingly
1.4.4.2 CPI Skill 12 PLAN OF CARE f. progresses and modifies plan of care and discharge planning based on patient responses

1.4.5 Coordinate patient/client care with other health care providers.
1.4.5.1 CPI Skill 12 PLAN OF CARE b. Establishes a physical therapy plan of care in collaboration with the patient, family, caregiver and others involved in the delivery of health care services.

1.5 Demonstrate effective verbal and written communication skills with patients, families, other health care professionals, and the public, to facilitate interventions and interdisciplinary interactions and cooperation.
1.5.1 Determine appropriate documentation for the recording of patient/client information consistent with professional standards, the fiscal intermediary,
and the treatment setting.

1.5.1.1 CPI Skill 15: DOCUMENTATION - Produces quality documentation in a timely manner to support the delivery of physical therapy services.

1.5.2 Produce quality documentation in a timely manner to support the delivery of physical therapy services.

1.5.2.1 CPI Skill 15: DOCUMENTATION – f. produces documentation that is accurate, concise, timely and legible.

1.5.3 Demonstrate thorough, concise documentation consistent with current language from the Patient Management Model contained in the most recent edition of the Guide to Physical Therapist Practice.

1.5.3.1 CPI Skill 15: DOCUMENTATION - e. documents all necessary information in an organized manner that demonstrates sound clinical decision-making.

1.5.4 Communicate efficiently and effectively with other health care providers involved in the patient/client’s management.

1.5.4.1 CPI Skill 4: COMMUNICATION – h. engages in ongoing dialogue with professional peers or team members.

1.6 Utilize data from selected outcome measures to document intervention effectiveness.

1.6.1 Select relevant outcome measures for levels of body functions and structural impairments, activities and participation with respect for their psychometric properties.

1.6.1.1 CPI Skill 16: OUTCOMES ASSESSMENT – Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.

1.6.2 Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of function.

1.6.2.1 CPI Skill 16: OUTCOMES ASSESSMENT – d. evaluates and uses published studies related to outcomes effectiveness.

1.7 Determine an appropriate discharge, discontinuation of service, or transfer of care plan for patients/clients.

1.7.1 Re-examine patients/clients to determine if continued physical therapy services are indicated.

1.7.1.1 CPI Skill 9 EXAMINATION h. performs regular reexamination of patient status

1.7.2 When a patient/client has reached optimal goals with physical therapy interventions and, when other related services are still needed, seek resources and/or consult with others to identify alternative resources.

1.7.2.1 CPI Skill 7: CLINICAL REASONING Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management

1.7.2.2 CPI Skill 8 SCREENING i. chooses the appropriate service and refers the patient in a timely fashion, once referral or
1.7.3 Determine needed resources for patients/clients to ensure timely discharge, including follow-up care.

1.7.3.1 CPI Skill 8: SCREENING – Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.

1.7.4 Discontinue care when physical therapy services are no longer indicated.

1.7.4.1 CPI Skill 12: PLAN OF CARE – j identifies patients who would benefit from further follow-up, k. advocates for the patients’ access to services

1.7.4.2 CPI Skill 11: DIAGNOSIS AND PROGNOSIS – Determines a diagnosis and prognosis that guides future patient management.

1.8 Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product.

CPI Skill 8: SCREENING – Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.

1.9 Engage in education activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups using relevant and effective teaching methods.

1.9.1 Promote health behaviors through educational interventions and modeling.

1.9.1.1 CPI Skill 14: EDUCATIONAL INTERVENTIONS - Educates others (patients, family, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.

1.9.2 Apply basic educational concepts of teaching to the practice of physical therapy.

1.9.2.1 CPI Skill 14: EDUCATIONAL INTERVENTIONS – a. identifies and establishes priorities for education needs in collaboration with the learner, b. identifies patient learning style, and c. identifies barriers to learning (e.g. literacy, language, cognition)

1.9.3 Educate colleagues and other health care professionals about the roles, responsibilities and academic preparation of the physical therapist and scope of physical therapy practice.

1.9.3.1 CPI Skill 14: EDUCATIONAL INTERVENTIONS – i. determines needs for consultative services, and j. applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings, k provides education and promotion of health, wellness and fitness

1.9.4 Present topics/issues using current evidence and sound teaching principles (i.e. case studies, in-service, journal article review, etc).
1.9.4.1 Provides in-service training or project to clinical facility of externship as required by facility.

1.10 Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including:
CPI Skill 17: FINANCIAL RESOURCES - Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal and facility guidelines.

1.10.1 Billing and reimbursement.
CPI Skill 17: FINANCIAL RESOURCES - g. submits billing charges on time, h adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility, i. requests and obtains authorization for clinically necessary reimbursable visits.

1.10.2 Electronic medical records documentation.
CPI Skill 15: DOCUMENTATION – f. produces documentation that is accurate, concise, timely and legible, and utilizes electronic medical records as established by the facility.

1.10.3 Contemporary electronic communication.
CPI Skill 4: COMMUNICATION - Communicates in ways that are congruent with situational needs.

1.10.4 Direction and supervision of support personnel, including Physical Therapist Assistants (PTAs) and aides.
CPI Skill 18: DIRECTION AND SUPERVISION OF PERSONNEL – Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

1.10.5 Patient rights, consent, confidentiality and the Health Information Portability and Privacy Act (HIPPA).
CPI Skill 3: ACCOUNTABILITY – Practices in a manner consistent with established legal and professional standards and ethical guidelines.

Goal 2.0: Demonstrate Professional Behaviors

2.1 Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

2.1.1 Practice physical therapy demonstrating cultural competence with all individuals and groups.
CPI Skill 5: CULTURAL COMPETENCE - Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.

2.1.2 Work effectively with challenging patients.
CPI Skill 2: PROFESSIONAL BEHAVIOR - Demonstrates professional behavior in all situations

2.1.3 Respect personal space of patients/clients and others.
CPI Skill 2: PROFESSIONAL BEHAVIOR - Demonstrates professional behavior in all situations
2.1.4 Demonstrate behaviors that are non-judgmental about patients/clients’ lifestyles.
CPI Skill 5: CULTURAL COMPETENCE - Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences and needs.

2.1.5 Respect roles of support staff and delegate appropriately.
CPI Skill 2: PROFESSIONAL BEHAVIOR - Demonstrates professional behavior in all situations
CPI Skill 18: DIRECTION AND SUPERVISION OF PERSONNEL – a determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics and facility policies.

2.2 Communicate effectively for varied audiences and purposes.
2.2.1 Demonstrate effective interpersonal (verbal, nonverbal, electronic) communication skills considering the diversity of populations and environments. CPI Skill 4: COMMUNICATION - Communicates in ways that are congruent with situational needs.

2.2.2 Facilitate therapeutic communication and interpersonal skills. CPI Skill 4: COMMUNICATION - Communicates in ways that are congruent with situational needs.

2.2.3 Discuss difficult issues with sensitivity and objectivity. Appropriately utilize communication technology efficiently, professionally and effectively. CPI Skill 4: COMMUNICATION - Communicates in ways that are congruent with situational needs.

2.2.4 Respect roles of support staff and communicate appropriately.
CPI Skill 4: COMMUNICATION - Communicates in ways that are congruent with situational needs.
CPI Skill 18: DIRECTION AND SUPERVISION OF PERSONNEL – Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

2.3 Participate in professional activities that serve the community and advance the profession of physical therapy. CPI Skill 6: PROFESSIONAL DEVELOPMENT – Participates in self-assessment to improve clinical and professional performance.

2.3.1 Participate in community service activities.
2.3.1.1 CPI Skill 6: PROFESSIONAL DEVELOPMENT – j. participates in professional activities beyond the practice environment

2.3.2 Recognize the importance of participation in professional association activities.
2.3.2.1 CPI Skill 6: PROFESSIONAL DEVELOPMENT – Participates in self-assessment to improve clinical and professional performance

2.3.3 Recognize their roles as members and leaders of the health care team.
2.3.3.1 CPI Skill 6: PROFESSIONAL DEVELOPMENT – Participates in self-assessment to improve clinical and professional performance

2.3.4 Promote participation in clinical education.
2.3.4.1 Completion of CPI midterm and final evaluations, and evaluation of the clinical setting and Clinical Instructor.

2.4 Recognize the need for personal and professional development.
2.4.1 Participate in self-assessment to improve clinical and professional performance.
2.4.1.1 Completion of CPI midterm and final evaluations.
2.4.1.2 Welcome and seek new learning opportunities.
CPI Skill 6: PROFESSIONAL DEVELOPMENT – b. seeks guidance as necessary to address limitations in clinical performance

2.4.2 Assume responsibility for professional lifelong learning.
2.4.2.1 CPI Skill 6: PROFESSIONAL DEVELOPMENT – h. accepts responsibility for continuous professional learning

2.4.3 Accept responsibility and demonstrate accountability for professional decisions. CPI Skill 3: ACCOUNTABILITY b. identifies, acknowledges and accepts responsibility for actions and reports errors.

2.4.4 Recognize own biases and suspend judgments based on biases.
2.4.4.1 CPI Skill 2: PROFESSIONAL BEHAVIOR in all situations.

2.5 Demonstrate entry level generic abilities, including:
CPI Skill 2: PROFESSIONAL BEHAVIOR - Demonstrates professional behavior in all situations.
2.5.1 Professional accountability and commitment to learning. Recognition of one’s own limitations. CPI Skill 1: SAFETY - Practices in a safe manner that minimizes risk to patient, self, and others.

2.5.2 Effective use of constructive feedback. CPI Skill 2: PROFESSIONAL BEHAVIOR - Demonstrates professional behavior in all situations
2.5.3 Effective use of time and resources. All CPI criteria incorporate into grading policy
2.5.4 Demonstrate integrity, compassion, and courage in all interactions. CPI Skill 2: PROFESSIONAL BEHAVIOR – e. exhibits caring, compassion, and empathy in providing services to patients.

Goal 3.0: Practice in an Ethical and Legal Manner

3.1 Practice physical therapy in a manner consistent with established legal and professional standards.
CPI Skill 3: ACCOUNTABILITY – Practices in a manner consistent with established legal and professional standards and ethical guidelines

3.1.1 Demonstrate awareness of and adherence to state licensure regulations.
3.1.1.1 CPI Skill 3: ACCOUNTABILITY – f. adheres to legal practice standards including all federal, state and institutional regulations related to patient care and fiscal management.

3.1.2 Practice within all applicable regulatory and legal requirements.

3.1.2.1 CPI Skill 3: ACCOUNTABILITY – f. adheres to legal practice standards including all federal, state and institutional regulations related to patient care and fiscal management.

3.1.4 Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

3.1.4.1 CPI Skill 3: ACCOUNTABILITY – f. adheres to legal practice standards including all federal, state and institutional regulations related to patient care and fiscal management.

3.2 Practice in a manner consistent with the professional code of ethics

CPI Skill 3: ACCOUNTABILITY – Practices in a manner consistent with established legal and professional standards and ethical guidelines

3.2.2 Treat patients/clients within scope of practice, expertise and experience.

3.2.2.1 CPI Skill 3: ACCOUNTABILITY – f. adheres to legal practice standards including all federal, state and institutional regulations related to patient care and fiscal management.

3.2.3 Seek informed consent from patients/clients.

3.2.3.1 CPI Skill 3: ACCOUNTABILITY – d. abides by policies and procedures of the practice setting (e.g. OSHA, HIPAA, etc).

Goal 4.0:

Demonstrate Scholarship

4.1 Apply basic principles of statistics and research methodologies within the practice of physical therapy.

CPI Skill 16: OUTCOMES ASSESSMENT – Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.

4.1.1 Formulate and reevaluate positions based on the best available evidence.

4.1.1.1 CPI Skill 7: CLINICAL REASONING Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

4.1.2 Evaluate the efficacy and efficiency of physical therapy procedural interventions.

4.1.2.1 CPI Skill 13 – PROCEDURAL INTERVENTIONS – e. provides rationale for interventions selected for patients presenting with various diagnoses

TEACHING STRATEGIES AND LEARNING ACTIVITIES:

1. Lecture/Discussion
2. Full-time Supervised Clinical Externship
3. Reflective Journal Writing
4. Online Web CPI training
5. Midterm Clinical Site Visit or Phone Call for follow-up by ACCE or designee.
6. Self-Assessment on CPI at midterm and final of the affiliation using online Web CPI.

GRADING PROCEDURES:

The Physical Therapist Clinical Performance Instrument for Students (CPI), 2006 will be employed to assess achievement of clinical competence. Both the student’s and the Clinical Instructor’s (CI’s) assessment are considered in the final evaluation. Grades are assigned as Credit/No Credit by the ACCE based on successful completion of all requirements. In general, the CPI must reflect competency commensurate with progress in the curriculum, show no “red flag” items marked and demonstrate progress from midterm to final.

1. Achieving at least threshold competency levels for all Performance Criteria 1, 2, 3, 4, & 7, and for at least 15 of 18 performance criteria overall. Marks on the CPI rating scale should be consistent with written documentation from both the student and the CI, and with the summary of strengths and weaknesses found at the end of the CPI form.

2. No areas of “Significant Concerns” being marked on the CPI. If Significant Concerns are marked, it may be grounds for failing the affiliation or being required to do remedial work before receiving Credit.

3. The expected minimal threshold competency level for each of the 18 Performance Criterion varies by rotation. For 400C, ratings of entry-level or beyond (interval 5) are expected (see illustration below). Achievement of the minimum threshold ratings is needed in order to pass the affiliation without remediation. Failing to attain threshold marks on less than 80% of the marked PC may result in an incomplete grade, and may mandate a remediation of the internship.

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<tr>
<th>PT400C</th>
<th>Bias Score</th>
<th>Physical Function</th>
<th>Physical Behavior</th>
<th>Behavior</th>
<th>Physical Education</th>
<th>Social Behavior</th>
<th>Social Function</th>
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4. Determination of remediation will also consider clinical setting, experience with patients in that setting, relative importance of sub-threshold performance criteria, progression of performance from midterm to final evaluations, whether or not a “significant concerns” box was checked, and performance on relevant performance criteria in the previous PT 400 courses. A deficit pattern demonstrated by persistent failure to meet Entry-Level marks on the same 3 items across all three rotations will suggest a need for remediation of one final rotation to try to attain needed competency.
5. Satisfactory completion of:
   a. Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form
   b. Bi-Weekly reflective journal
   c. CPI self-evaluation
   d. At least two weekly feedback forms, one at the end of week 1, and one at the end of week 7

**Attendance:** The student will be required to work the same schedule as their Clinical Instructor. Daily attendance and timeliness is expected, and students are expected to follow the schedule (including holidays) of the clinic, not that of California State University, Sacramento. Students may be required to work ten-hour days or rotating weekends to match the schedule of their CI. Courtesy and professional responsibility requires notification of the Clinical Instructor for any absence in advance. Failure to notify the Clinical Instructor of an absence can result in lowering your participation grade and is considered unprofessional. Students are responsible for any missed work time and may be required to complete make-up time in the clinic when absences exceed two full days during the 12-week rotation.

**Behavioral expectations:** Students are responsible for appropriate behaviors as defined by the generic abilities. Failure to comply with behavioral expectations during or prior to the clinical rotation experience may result in a student first being warned that behavior is inappropriate, then, if inappropriate behavior continues, a student may be asked to leave the clinic. Repeated failure to comply with behavioral expectations can lead to withdrawal from the clinical facility and failure in the course. Use of cell phones, pagers and text messaging should comply with hospital or clinic facility policy.

**Special accommodations:** If you have need for accommodations of scheduling or dress requirements (i.e. for religious reasons) that may affect the clinical rotation, please submit requests for accommodation in writing to the course instructor (the DCE) prior to the clinical bidding process, during fall semester of your second year.

**Disability accommodations:** Please re-read the essential functions and technical standards for physical therapy students in your student handbook. You must be able to meet each of these technical standards with or without reasonable accommodation. If you suspect that you have a physical, mental or learning disability that may require accommodation in the clinic, then you must initiate the process with the Office of Services to Students with Disabilities (SSWD, Lassen Hall 1008, (916) 278-6955) to establish the presence of a disability, and to determine the impact in the clinical environment. The SSWD office, in consultation with the DCE and relevant physical therapy faculty, will make the determination of reasonable accommodation. This process must be completed prior to the clinical bidding process, during fall semester of your second year.

If you incur a temporary disability or health condition which may impair your ability to perform the normal work activities required during your internship, you must report the condition with
physician notes to the DCE within 36 hours of the onset. If your condition may affect your ability to perform job duties as specified by the facility, then you may be withdrawn from the internship until the disabling condition resolves.

**MAJOR ASSIGNMENTS:**

1. Submit to Instructor by Fax 916)278-5053 a completed Weekly Feedback Form at the end of week one and, if requested by the DCE at the end of week 7 on each clinical rotation. Please set and write the goals in conjunction with your clinical instructor(s). This must be signed by you and the Clinical Instructor.

2. Contact the facility at least 6-8 weeks prior to start date, and arrange and attend facility full time (at least 35 hours/week).

3. Self-Rate your level of competence on the Physical Therapists CPI for Students at midterm and at final and write supporting documentation.

4. Complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form and submit to the DCE. with the CI signature

5. Complete a every-other weekly journal reflecting on events that occur during the clinical experience using the reflective journal format.

6. Meet with, or speak by phone with the DCE or faculty designee once during each affiliation, and during Graduate Seminar II following the Practicum, to discuss the strengths and weaknesses of the clinical experiences and the curricular preparation, as well as the personal growth experienced during affiliations.

7. At the option of the clinical facility, you will need to present an in-service to staff, or clients on a topic agreed upon by you and your CI. A service project of an educational nature can be done instead. If the facility does not require you to do an in-service, you do not need to do one.

**STUDENT RESPONSIBILITIES**

By accepting the clinical assignment, students agree to be responsible for:

1. Adherence to the administrative policies, rules, standards, schedules and practices of the affiliating facility.

2. Adherence to the dress code of the facility and provision of appropriate uniform if required.

3. Provision of own transportation and auto insurance to and from the clinical site

4. Provision of own living arrangements when not provided by the facility

5. Provision of all health status reports, and any required drug screens, or submitting reports from a criminal background checks per facility request.

6. Evidence of current health and malpractice insurance

7. Informing the DCE at CSUS immediately when any condition, illness or injury may impair the student’s ability to perform the essential functions or meet technical standards of a student intern.
8. Informing the DCE at CSUS immediately of any change in the start date of the internship for any reason.
9. Obtaining prior written approval from the facility and CSUS before publishing any material relative to the clinical experience
10. Adhering to the standards congruent with the APTA Code of Ethics
11. Turning in all signed paperwork without alteration in a timely manner per the policies outlined in the course syllabus

**COURSE OUTLINE:**

I. Introduction and Orientation to Clinical Education (9-11 months in advance of clinical start date).

   A. Student submits all required criminal background checks, immunizations verification form, CPR and TB testing. Student completes HIPPA and Bloodborne pathogens training classes.
   B. DCE identifies the clinical site offers to students
   C. Students complete clinic preferences selection form.
   D. Students are assigned to clinics and sign clinic contracts.
   E. Student completes class on the use of the CPI, including performance goals to be attained on this rotation.
   F. Students select specific skill areas from the CPI for this affiliation and formulate goals
   G. Students submit biographical data to be sent to clinical site.

II. Twelve-week, Full-time Clinical Affiliation.

   A. Full-time clinical affiliation under the supervision of a licensed physical therapist. Students work the days and hours scheduled by the facility to meet the equivalent of twelve, 40-hour work weeks.
      1. Settings may include hospitals, skilled nursing facilities or outpatient (ambulatory care) physical therapy offices.
      2. Clinical instructors will receive training on the use of the CPI, as well as guidance on coursework completed and skills learned in the first year of the program to help select an appropriate caseload and determine level of supervision needed for first year students.
   B. Visitation from and/or phone consultation with the DCE or other faculty designee.

**TENTATIVE SCHEDULE:**

12 consecutive weeks of full-time clinical rotation to begin the designated date in May.