

Reference Manual for Center Coordinators of Clinical Education



American Physical Therapy Association
The Science of Healing. The Art of Caring.

Reference Manual for Center Coordinators of Clinical Education

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Education Section.

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Preamble

Clinical education is a significant component of the physical therapy curriculum. The intent of this manual is to provide information and references for individuals and/or clinical facilities interested in the development and enhancement of clinical education programs. Information presented in this manual is compiled from the literature, work completed by members of task forces, and the experience of clinicians and academicians. Guidelines provided are meant to be just that, guidelines that may in some cases represent ideals in the area of clinical education.

I wish to extend my appreciation and gratitude to all of the clinical educators and academic faculty who have helped provide information, feedback and comments on the documents in this manual. A special thanks goes to Diana Ploeger, Salt Lake City Community College Physical Therapist Assistant Program, Sue Sandwick, University of Utah Physical Therapist Program, and Cheryl Bainbridge, Indiana University Physical Therapist Program.

I hope you enjoy this manual to provide high quality clinical education learning experiences for students and to help Clinical Instructors (CI) and Center Coordinators of Clinical Education (CCCE) stay current with practice.

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Center Coordinators of Clinical Education

Definition:

The Center Coordinator of Clinical Education (CCCE) is responsible for coordinating assignments and activities of students at a clinical education site. Most often, a physical therapist or physical therapist assistant are designated as the CCCE; however, nonphysical therapy professionals may possess the skills to organize and maintain a clinical education program. This section will define and explain administrative duties of the CCCE.

For more information on the qualifications of the CCCE, self-assessment of the CCCE, Guidelines for Clinical Instructors, and Guidelines for Clinical Education sites, please refer to the *APTA Guidelines and Self Assessments for Clinical Education*, 1999 Revision.

Administrative Duties of the CCCE

Contracts with Academic Institutions:

How to initiate a contract:

1. Contact the Academic Coordinator/Director of Clinical Education (ACCE/DCE) at a program that is geographically close to your clinical setting. You can find the phone number for the institution by looking at the APTA Web site, www.apta.org, clicking on Education, and then clicking on Education Programs–PT Professional/Postprofessional and Education programs–PTA. The main phone number will be listed for each program and you can ask for the ACCE/DCE.
2. Universities have legal counsel and contracts. Generally, the ACCE/DCE will send a standard contract to you for signatures of the CEO of your organization. If you are the owner of a practice, you will review and sign the contract. If your facility has its own contract, you may send that contract to the ACCE/DCE where contract negotiations begin. Contracts list the duties of each party (program and clinical site) and limit the liability for each party. Contracts may take anywhere from 1 month to 12 months before they are fully executed. In general, the larger the university and/or the clinical organization, the longer it takes to get all parties to sign the contract. Contracts may be renewable each year, may continue until either party notifies the other of intent to terminate the contract, or be valid for a specified period of time. It is less time consuming for both parties if the contract continues indefinitely.
3. Once the contract is signed, the ACCE/DCE initiates an annual letter of agreement or commitment form. This indicates the number of students that you will be able to accommodate at specified time periods and may change from year to year.

Developing a Clinical Education Program

1. *Guidelines and Self-Assessments for Clinical Education*, published by APTA, is an excellent resource to use in developing a clinical education program. It outlines the criteria that need to be met in order to effectively provide clinical education for students and includes self-assessment tools for CCCEs, CIs, and clinical education sites. This guide (Order No. E-48) can be obtained by contacting the APTA Resource Center at 800/999-2782, ext 3395, the ACCE/DCE affiliated with your clinical education site, or (if a member) through APTA's Web site at www.apta.org/Education/educatorinfo and clicking on Guidelines and Self-Assessments for Clinical Education.
2. *Establishing Clinical Education Programs: A Practical Guide; Clinical Education: An Anthology* Vol 1, page 12.
3. *Design of Clinical Education; Clinical Education: An Anthology* Vol 1, page 197.
4. *Design of Clinical Education; Clinical Education: An Anthology* Vol 2, page 253.

Scheduling Students

1. Planning for the next year:

- a. Decide on the maximum number of students that your clinical facility can handle at one time.
- b. Decide on the number of students from one academic program that your clinical facility would like to take.
- c. Decide on supervisory ratio preferences; 1:1, 2:1, 3:1, etc. You can have more than one CI, but you need to have a primary CI for each student.
- d. Use a monthly calendar to map out clinical placements.
- e. Many programs participate in a voluntary mailing date in which they will send out requests for placements at the same time. You should contact the individual programs to find out if they participate.

2. Deciding on the Number of Students

- a. Work with your staff. Let the clinicians decide how many students they would like to take and what part of the year they would like them.
- b. Determine what type of student is appropriate for your clinical facility. Some “specialty” or focused areas of clinical practice, such as pediatrics and performing arts, prefer that students have completed specific coursework and clinical experiences prior to completing a clinical experience in these types of settings. This may limit when the student can complete a “specialty” clinical experience during their sequence of experiences.
- c. Find out how comfortable the CIs are with multiple students at one time.

3. Assigning Students

- a. You can post a sign-up sheet for clinicians to select students.
- b. Create a list of CIs and assign them to the students.
- c. Vary the level of students with each CI.
- d. Try to have alternative placements in case of staff changes or other circumstances.
- e. The CCCE needs to facilitate assignments. Facilities may want CIs to have a certain number or level of students each year.
- f. The CCCE also needs to recognize limitations of CIs. For example,
 - (1) A new CI may choose fewer students, may share students, or pick less challenging students.
 - (2) An experienced CI may take more students during the year, more students at one time, and more challenging students.

The key is to avoid CI burnout.

Tips for avoiding CI Burnout:

1. Include CIs in the decision-making.
2. Give CIs breaks from students as needed.
3. Give CIs students who vary in skill level.
4. Encourage sharing of students. There should always be a primary CI.
5. Be available as a resource and advocate.

The CCCE can post a sign-up sheet for clinicians to volunteer for educational experiences as illustrated on the next page.

“The Next Year” Student Sign up

These clinical education slots are potential student placements. They are confirmed if there is a student name. Please sign up for a slot if you are interested in supervising a student.

Dates of Clinical Experience	Academic Institution Type of Student Clinical No.	Student	PT/CI

Comments:

Student Orientation

Initial Orientation:

The CCCE should receive the name of the student(s) and information about them a month or more ahead of time from the academic program.

The first contact that a clinical facility has with a student may be by phone, letter or e-mail. It is important to give the student as much information as necessary prior to their first day so that they will be prepared. This contact may also relieve some anxiety that the student may have.

Information that may be useful to include in the initial contact:

1. General information about the facility including a map of the facility with directions;
2. General information about the staff and clinical educators;
3. Most common patient diagnoses that the student will be exposed to during their clinical experience;
4. Name of the physical therapist(s) and/or physical therapist assistant(s) that the student will be paired with during their experience;
5. Hours that the student will be expected to be in the clinical facility;
6. Dress Code;
7. Facility parking;
8. Food storage/cafeteria at or near the facility;
9. Additional forms to complete prior to the student's arrival; and,
10. Phone number/contact person for any questions.

The next page is an example of a letter that can be mailed to students.

An example of a letter a facility could send students

Date:

Re: Clinical experience at “Facility Name”

Dear _____:

This letter is to provide you with some information prior to your experience on _____. Our facility has been offering a clinical education program since 1992. We have 10 physical therapists employed at this clinical facility; however, no physical therapists treat patients 40 hrs/week. You will be paired with, one or two therapist(s) and you may work with other therapists.

Three therapists at this facility have received APTA Clinical Instructor Credentialing. The physical therapist(s) that you will work with primarily will be:

The hours you will be expected to work will be:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

I have enclosed information about our location, parking, dress code, etc. You will need to wear a name tag. Please complete the enclosed Learning Style Inventory and return it to this clinic on or before the first day of your clinical experience.

You may want to bring your notes regarding treatment of patients/clients with spine, knee, shoulder and ankle conditions. You may have patients with conditions in other areas but these are the most common injury sites that we generally manage.

I would encourage you to bring lunch. Kitchen facilities are available. There is a cafeteria available to buy food.

If you have any questions or concerns, please call me at _____ or e-mail me at _____. We look forward to meeting you and working with you.

Sincerely,

Name, PT, CCCE

Student Orientation at the Facility

During orientation, the CCCE should include information on the facility and the staff. Students can get a general overview of the clinic operations, policies and procedures, and clinical education program at the facility. The amount of time needed to review this information will vary for each facility. CCCEs often spend two to four hours on the first day of the clinical experience to address the orientation material.

It is important that the CCCE involve the rest of the staff when deciding what should be included in the orientation. It is also important that the staff is knowledgeable about the depth of the information provided to students. This will allow for a smoother transition of information.

The CI should dedicate time for the student, too. This is a good opportunity for the clinician and student to get to know each other. The CI may discuss how he/she likes to work in the clinic, teaching/learning styles, how learning situations will be handled, supervision levels, and any other topics that will promote a good working relationship. The CI should schedule at least 30 minutes for this discussion.

Attached is an example of a check off sheet that may be used during the orientation process. This may be useful for Joint Commission on Accreditation of Hospital Organizations (JCAHO) requirements.

“Facility Name”
PT/PTA STUDENT ORIENTATION

Student Name:

Date of Orientation:

Initial Introduction: Letter is sent to student(s) including clinical facility information, student responsibilities, and learning style inventory. Copy of the letter is in the student file.

First Day of Clinical Experience (This orientation will last about 3 hours.)

Tour of building: Red Bend Clinics

Orientation to clinic: general review of equipment, supplies, and workspace.

Assign personal/professional space use areas.

Emergency procedures of the clinical facility/hospital reviewed.

Student Clinical Education Manual is shown to the student and is made accessible.

Discussion of Learning Objectives and Responsibilities:

1. Previous clinical education experiences.
2. Students strengths/weakness in Orthopedics entering into this clinical experience.
3. Student Concerns.
4. Learning Objectives:
 - a. Program objectives (CPI/Blue Macs/Alternative tool)
 - b. Clinic objectives (See handbook put together by clinic)
 - c. Scheduling procedures: sick time, snow days, personal days off
 - d. Documentation: written/dictation; initial/daily/discharge procedures
 - e. Billing procedures/insurance authorization procedures
 - f. CI documentation forms for students: Chart review list, Weekly Planning Form, Planning Flowchart, Anecdotal Record, Generic Abilities, and other forms used by facility.
5. Meetings: Weekly staff meeting, team meetings, other meetings of facility
6. Free time use: suggestions for the student
7. Presentation to staff: Required in-service/journal review/literature review/case study
8. Optional project: protocol development, exercise handout design, etc
9. Observing other medical areas: Pain Clinic, Spine Center, Surgery, Physician Clinics, Observing other physical therapists
10. Communication between student and CI
 - a. Clinical Instructor/Student: There will be one primary PT responsible, however, you may work with multiple PTs.
 - b. Plan the learning experience with the CI: Set goals, discuss the amount of observation you will provide, supervision by the CI, how you like feedback presented, how you both will address problems and/or other concerns.
 - c. Conflict Resolution: CCCE can be used as a resource. Student and CI are given the chance to work out problems. ACCE will be notified and invited to help solve the problem where necessary.
 - d. CCCE role: Supervise the clinical experience. Remind student and CI to do necessary paperwork. Collect feedback to improve clinical experiences. Facilitate a positive learning experience for both the student and CI.
 - e. Requirements of the facility: Specifically identify requirements of the clinical facility that the student must complete; independent of academic program requirements, ie, keep a daily journal.
 - f. Confidentiality: Patient/client charts may not be removed from the clinic. Charts are the property of the clinic and patients/clients will need to sign a release form to obtain a copy of them.

The above information has been explained to me and I agree to comply with the requirements of the clinical facility.

Student Signature:

Date:

Student Handbook

The clinical facility should have a handbook that is accessible to clinicians and students, which includes all the information about the facility's clinical education program. The Student Handbook may include a variety of information about the facility, but it should be detailed about the clinic's expectations of the students.

Following is a list and examples of what might be included in a Student Handbook:

Clinical Education Manual Table of Contents

Facility Information:

- Student Orientation (Form)
- Facility Location
- Facility Hours
- Facility Parking
- Philosophy Statement of the Clinic
- Mission Statement of the Hospital/Clinic
- Names and Positions of Clinic Staff
- Clinical Instructor Staff Information
- Center Policies for Student Experiences
- Student Responsibilities And Information
- Organizational Chart of the Hospital/Facility
- Facility Clinical Education Overview
- Clinic Objectives for Full-Time PT And PTA Students
- Clinic Objectives for Part-Time PT And PTA Students
- Objectives and Expectations of First-Year PT Students
- Objectives and Expectations of Second-Year PT Students
- Objectives and Expectations of Third-Year PT Students
- Objectives and Expectations of First-Year PTA Students
- Objectives and Expectations of Second-Year PTA Students
- Objectives and Expectations of Other Students/Professional Students
- Supervision of Students in the Clinical Facility
- Student Evaluation of the Clinical Instructor (Form)
- Student Evaluation of Clinical Experience (Form)
- Abbreviations That Are Used in Documentation in the Facility
- Physical Therapist Job Analysis
- Physical Therapist Assistant Job Analysis

CI/CCCE Guidelines:

- APTA Guidelines and Self-Assessments for Clinical Instructors
- APTA Guidelines and Self-Assessments for Center Coordinators of Clinical Education
- APTA Guidelines and Self-Assessments for Clinical Sites
- APTA Voluntary Clinical Instructor Education and Credentialing Program

APTA Standards/ Ethics:

- APTA Standards of Practice
- APTA Code of Ethics

Practice Act/Licensing:

- Specific State Practice Act (eg, Utah State Practice Act)
- Rules of the Physical Therapy Licensing Board
- General Rules of the Licensing Board
(eg, Division of Occupational and Professional Licensing—Division of Occupational and Professional Licensing Act)

“Facility Name” Procedural Guidelines:

- Fire Safety Plan
- CPR Protocol
- Safety Program
- Infection Control and Body Substance Precautions

Memorandum of Agreement:

- A signed agreement by the student that states that they agree to abide by the policies and procedures found in the Student Handbook.

Memorandum of Agreement

“I have read and understood the contents of the following:

**Facility Name
Clinical Education Manual**

I agree to abide by the policies and procedures stated in the aforementioned materials.”

Student Name (Printed)

Student's Signature

CI's/CCCE's Signature

Date

***“Facility”
“Year” Clinical Instructor Information***

NAME	GRADUATE OF PT/ PTA PROGRAM	YEAR GRADUATED	YEARS OF CLINICAL PRACTICE	YEARS OF CLINICAL TEACHING
PT or PTA Name (full time/ part time)				
PT or PTA Name (full time/ part time)				
PT or PTA Name (full time/ part time)				
PT or PTA Name (full time/ part time)				
PT or PTA Name (full time/ part time)				

“Facility Name”
Clinical Center Policies for Student Experiences

1. Physical therapists (PTs) will display a current state license. Physical therapist assistants (PTAs) will provide a license/registration/certification or evidence as a graduate of an accredited academic program.
2. PTs and PTAs will abide by the “Name of State” State Practice Act, interpretive rules and regulations, and the APTA Code of Ethics.
3. “Facility Name” endorses the principles set forth in the American Hospital Association “Patient Bill of Rights.” A copy of this will be displayed in the clinic.
4. The clinic will have a mechanism, formal or informal, for reporting unethical, illegal, unprofessional and/or incompetent practice. This can be found in the Policy and Procedure Manual.
5. The clinical center adheres to affirmation actions policies and does not knowingly discriminate on the basis of sex, race, creed, color, age, religion, sexual orientation, national/ethnic origin, disability or health status. These policies apply to recruiting, hiring, promoting, retraining or recommending benefits for professional or nonprofessional personnel.
6. The clinical center does not discriminate in the selection or assignment of students or their learning experience.
7. The clinical center demonstrates administrative support of physical therapy clinical education.
 - a. Demonstration of support to staff participation in clinical education activities.
 - b. Promotes participation of staff as clinical instructors (CIs).
 - c. Provides educational opportunities related to clinical education such as seminars, in-services, clinical instructor training programs, APTA CI Education and Credentialing Programs, etc.
8. The clinical center is able to provide a patient population appropriate to the student’s level of education and prior experience. The clinical center will provide, if available and appropriate, opportunities for students to participate in other patient related experiences including a journal club, literary review, case studies, and other health professionals and medical procedures.
9. The clinical center has a variety of equipment to provide contemporary services for patient/client management.
10. The clinical center provides an active and stimulating environment appropriate for the learning needs of students.
 - a. Effective management.
 - b. High staff morale.
 - c. Harmonious working relationships.
 - d. Sound, interdisciplinary patient management procedures.
 - e. Educational opportunities and resources for Clinical Instructors.
11. Staff responsibilities for patient care service, teaching, research, and community service permit adequate time for supervision of students in physical therapy.
12. Management practices will include, but will not be limited, to:
 - a. Resource utilization,
 - b. Quality improvement,
 - c. Reimbursement,
 - d. Cost containment, and
 - e. Scheduling and productivity.
13. The center coordinator of clinical education (CCCE) will be a professional who possesses the skills to organize, oversee, evaluate and make appropriate changes in the clinical education program. This individual will perform the tasks as listed in the Student Manual.

“Facility Name”
Physical Therapy Student Full-Time Experience

The student will assume the role of a physical therapist by screening, examining, evaluating, diagnosing, establishing a prognosis within a plan of care, conducting interventions, and conducting outcomes assessment and evaluation of patients/clients as well as participating in an interdisciplinary team.

Objectives:

1. The student will assume the role of a physical therapist managing patients/clients who have “describe types of patients students will see” under the supervision of one or more clinical instructor(s).
2. The student will participate in planning their learning experience according to mutually agreed upon objectives between the program, the student and the facility.
3. The student will demonstrate comprehensive patient care.
4. The student will demonstrate the ability to establish priorities in patient care.
5. The student will demonstrate the ability to determine appropriate discharge criteria with assistance of the clinical instructor(s).
6. The student will demonstrate the ability to legibly document accurate, thorough, and useful progress notes.
7. The student will demonstrate awareness of safety procedures and respond properly in an emergency situation if it arises.
8. The student will demonstrate the ability to self-assess, self-correct, and self-direct by writing (identify type of documentation format required) notes daily. Failure to perform these assessments will result in incompleteness of the clinical experience. The clinical facility could use this requirement, choose another requirement or not have any requirements except for what is expected of the academic program.
9. The student will seek out and identify sources of feedback. The student will also effectively use and provide feedback for improving personal interaction.
10. The student will identify sources of stress and develop effective coping behaviors in the clinical environment.
11. The student will exhibit appropriate professional conduct, fulfill commitments and be accountable for their actions and outcomes.
12. The student will present: (choose one) an in-service, case study, literature review, journal review or a presentation that is mutually agreed upon by the clinical instructor(s).
13. The student will abide by the Policy and Procedures established by the “Facility Name.”

***“Facility Name”
First Year Physical Therapist Student
SAMPLE***

Objectives of the Clinical Experience

1. Demonstrate professional behavior and skills.
2. Demonstrate the ability to build patient/client rapport.
3. Demonstrate verbal and written ability to collect data from patient/client interview.
4. Participate in collecting objective data.
5. Participate in program planning, patient reexamination, and modification of the plan of care.
6. Participate in generating short- and long-term patient/client functional goals.
7. Demonstrate the ability to explain and apply therapeutic modalities learned in the academic program.
8. Document patient/client care accurately, concisely, clearly and legibly.
9. Demonstrate the ability to teach home programs to patients/clients and their families/caregivers.

Performance Expectations

The first year PT student will be expected to perform the following:

1. Musculoskeletal examination skills including, but not limited to: goniometry, strength assessments, postural analysis, gait analysis, and sensory testing.
2. Written documentation of patient/client examination and evaluation, progress and discharge documentation written in a clear, concise and legible manner.
3. Administration of modalities and therapeutic exercise appropriate to the patient's/client's impairments.
4. Exhibit self-directed learning skills.
5. Communicate appropriately with patients/clients, staff and clinical educators.
6. Perform an educational in-service to staff.
7. Perform daily self-assessment.
8. Participate in informal and formal evaluation with CI(s).

Additional Responsibilities

1. Discuss and plan individual objectives with CCCE and CI.
2. Discuss and modify patient/client examination, plan of care, and interventions with CI.
3. Demonstrate proper body mechanics and safety awareness.
4. Demonstrate proper verbal and non-verbal communication with patient/client, family/ caregivers, staff, health professionals, and other students.
5. Participate in various educational experiences as assigned by CI.

***“Facility Name”
Second Year Physical Therapist Student
SAMPLE***

Objectives of the Clinical Experience

1. Demonstrate professional behavior and skills.
2. Demonstrate the ability to build patient/client rapport.
3. Demonstrate verbal and written ability to collect data from patient/client interview.
4. Demonstrate in writing the ability to collect objective data.
5. Participate in program planning, patient reexamination, and modification of the plan of care.
6. Participate in generating short- and long-term patient/client functional goals.
7. Demonstrate the ability to explain and apply therapeutic modalities learned in the academic program.
8. Document patient/client care accurately, concisely, clearly and legibly.
9. Demonstrate the ability to teach home programs to patients/clients and their families/caregivers.

Performance Expectations

The second year PT student will be expected to perform the following:

1. Musculoskeletal examination skills including, but not limited to: goniometry, strength assessments, postural analysis, gait analysis, and sensory testing.
2. Written documentation of patient/client examination and evaluation, progress and discharge documentation written in a clear, concise and legible manner.
3. Administration of modalities and therapeutic exercise appropriate to the patient's/client's impairments and functional limitations.
4. Exhibit self-directed learning skills.
5. Communicate appropriately with patients/clients, staff and clinical educators.
6. Perform an educational in-service to staff.
7. Perform self-assessments on a daily, weekly and cumulative basis.
8. Participate in informal and formal evaluations with CI(s).

Additional Responsibilities

1. Discuss and plan individual objectives with CCCE and CI.
2. Discuss and modify patient/client examination, plan of care, and interventions with CI.
3. Demonstrate proper body mechanics and safety awareness.
4. Demonstrate proper verbal and non-verbal communication with patient/client, family/ caregivers, staff, health professionals, and other students.
5. Participate in various educational experiences as assigned by CI.

“Facility Name”
Third Year Physical Therapist Student
SAMPLE

Objectives of the Clinical Experience

1. Demonstrate professional behavior and skills.
2. Demonstrate the ability to build patient/client rapport.
3. Demonstrate verbal and written ability to collect data from patient/client interview, chart and evaluation in a reasonable time frame.
4. Demonstrate ability to interpret objective data collected.
5. Perform program planning, patient reexamination, and modification of the plan of care.
6. Generate short- and long-term patient/client functional goals.
7. Demonstrate the ability to explain and apply therapeutic modalities appropriately.
8. Document patient/client care accurately, concisely, clearly and legibly.
9. Demonstrate the ability to teach home programs to patients/clients and their families/caregivers.
10. Demonstrate efficient time management skills.

Performance Expectations

The third year PT student will be expected to perform the following:

1. Musculoskeletal examination skills including, but not limited to: goniometry, strength assessments, postural analysis, gait analysis, functional assessment, and sensory testing.
2. Perform patient examinations and evaluation and implement plan of care for patients/clients with orthopedic and sports related injuries.
3. Written documentation of patient/client examination and evaluation, progress and discharge documentation written in a clear, concise and legible manner.
4. Administration of modalities and therapeutic exercise appropriate to the patient's/client's impairments.
5. Provide rationale for treatment approach and goals.
6. Exhibit self-directed teaming skills.
7. Communicate appropriately with patients/clients, staff and clinical educators. Also, communicate effectively with physicians and other health professionals.
8. Perform basic administrative skills including scheduling, billing, and participation in staff meetings.
9. Perform two educational presentations to staff, which are mutually agreed upon with CI(s): in-services, journal review, literature review, case study.
10. Perform self-assessments on a daily, weekly and cumulative basis.
11. Participate in informal and formal evaluation with CI(s).

Additional Responsibilities

1. Discuss and plan individual objectives with CCCE and CI.
2. Discuss and modify patient/client examination, plan of care, and interventions with CI.
3. Demonstrate proper body mechanics and safety awareness.
4. Demonstrate proper verbal and non-verbal communication with patient/client, family/ caregivers, staff, health professionals, and other students.
5. Participate in various educational experiences as assigned by CI.

“Facility Name”
Clinical Education Early Warning System (EWS)

The clinical educator has the responsibility to continuously assess student performance and recognize when performance is at the correct level, above the expected level, or below the expected level. In the event that the clinical educator determines that there is a problem, an early warning system will give the student an opportunity to improve.

1. The clinical educator will identify problems that the student has using the Weekly Goal Form or the Anecdotal Record (or whatever forms your clinic uses). This includes information reported by other staff. The educator will review this record, and all documentation of the student, with the student. The educator and student will sign all documentation of the student to verify that it was reviewed. The clinical educator should also document the student’s behavior and response to feedback.
2. The clinical educator will describe the performance expectations as defined by the academic assessment tool or the expectations set by the clinic (defined in the Clinic Student Handbook).
3. The clinical educator, in collaboration with the student, will define a solution for the performance issue. This may be done on an existing form or by other means.
4. The clinical educator will set a timeline during which the student must improve.
5. The clinical educator will notify the CCCE and ACCE/DCE that there is a problem, that the problem was discussed formally with the student, and that there is a process in place for the student to make the necessary improvements.
6. The ACCE/DCE, CCCE, CI, and student will be involved in any contract negotiations and decision making.

“Facility Name”
Students with Disabilities

The facility, Facility Name, will make reasonable accommodations to known physical or mental limitations of students under the following conditions:

The student must notify this clinic at least two weeks prior to the date the clinical experience will start, that:

1. They have a disability,
2. Accommodations are or are not necessary, and
3. There are accommodations that the clinic would need to make.

The clinic will work with the academic program and the student to understand and develop reasonable accommodations for the student.

The clinic will make an individual analysis with every request for accommodations, and the determination of reasonableness will be made on a case-by-case basis.

The clinic will notify the academic program and the student if the clinic is unable to accommodate a student’s disability so that the academic program has sufficient time to find another suitable clinical experience for the student.

PHYSICAL THERAPY CLINICAL INSTRUCTOR

Quality:

Physical therapist/physical therapist assistant willing to be involved in the education and supervision of individuals pursuing a career in the physical therapy profession.

Guidelines:

1. Possess a current license (PT) or license/registration/certification (PTA) as required by the physical therapy practice act in the state of _____.
2. Practice for a minimum of one year in the setting that clinical instruction will occur.
3. Be interested in developing knowledge and skills to provide clinical teaching.
4. Possess the ability to plan, conduct and evaluate a clinical education experience based on sound educational principles.
5. Possess the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, and effectively supervise students to facilitate learning and clinical reasoning.
6. Demonstrate professional skills acting as a role model for students.
7. Demonstrate effective communication skills.
8. Demonstrate effective skill in interpersonal relationships.
9. Communicate in a timely manner with the CCCE and ACCE/DCE as needed.
10. Seek assistance/resources as needed to manage issues of clinical education, which would be in the best interest of the student.
11. Participate in a multifaceted process for evaluation of the clinical education program.
12. Works collaboratively with the physical therapist to supervise physical therapist assistant students (in the case of the physical therapist assistant).

CENTER COORDINATOR OF CLINICAL EDUCATION

Role Description:

Physical therapy or non-physical therapy professional(s) who possess the skills to organize and maintain a high-quality clinical education program. The individual should be experienced in clinical education, have an interest in students, possess good communication and interpersonal skills, be knowledgeable of the clinic center and its resources, and serve as a consultant in the evaluative process.

Job Description:

1. Plan and implement the clinical education program collaborating with all physical therapy staff with the CCCE serving as the key contact person with academic physical therapist and physical therapist assistant programs.
2. Update written information within the clinical center and provide current information to academic programs.
3. Review and revise the clinical education program as changes in objectives, programs, and staff occur.
4. Evaluate the ability of individuals to perform clinical instructor responsibilities in the clinic setting.
5. Provide education and training for clinical instructors.
6. Direct and delegate clinical supervision of students.
7. Provide a comprehensive orientation to the student on the first day of the experience.
8. Demonstrate effective supervisory skills.
9. Demonstrate effective administrative and managerial skills.
10. Attend at least one annual clinical education program (available at state, regional, or national levels).

Record Keeping of the Clinical Education Program

The CCCE should keep a record of the clinical education program each year. The CCCE and the clinic manager/administrator should decide what information is needed for accreditation and administrative purposes. This information may vary in each facility. The physical therapy staff may also request that some information be collected and presented each year, so include staff in this process.

The following is a list of information that a CCCE may want to include in record keeping:

- Student names.
- Academic institutions contracted with the facility.
- Academic programs that placed students in the facility that year.
- The number of students completing clinical experiences from each academic institution.
- The total number of full time and part time students.
- The number of PT and PTA students.
- The level of education of the student(s) at the time of the clinical experiences.
- The number of clinicians involved in the clinical education program.
- The numbers of students each clinical instructor supervised.
- The total weeks/days/hours of clinical education for the facility.
- Clinical education that was available for clinical educators.
- Any clinical educators that have received APTA Credential CI status or other credential status.
- In-service handouts/references that were generated by student work.
- Clinical instructor evaluations completed by students.
- Clinical facility evaluations completed by students. These evaluations may also be compiled for a yearly summary report.
- Changes that have occurred in the clinical education program.
- Goals that were and were not achieved for each year.
- Plans for improvement in the clinical education program for the next year.
- Goals that the CCCE would like to see achieved in the next 1-5 years.

CCCEs can decide, with administration and staff, how to format and present this information.

Communications

CCCE Communications with Academic Programs

How to contact and get to know ACCEs:

1. Phone, e-mail, and contact via a letter of introduction are all good ways to begin a relationship with the ACCE/DCE. Introduce yourself with a bit of information about the setting in which you practice, your interest in student instruction, and your desire to become more involved in clinical education.
2. Meet with the ACCE/DCE to help solidify the relationship. You might ask the ACCE/DCE to visit your clinic to take a tour, meet the staff, or give an update on the educational program and clinical education objectives. Site visits are part of the job for an ACCE/DCE, so feel free to ask for a visit. Other ways to meet the ACCE/DCE is to attend any workshops or informational meetings sponsored by the academic program or consortium in your area, or set up meetings at Combined Sections Meetings or Annual Conference meetings.

Using ACCEs as a Resource for Staff Development

1. ACCE/DCEs are a good resource for questions about how to set up a clinical instructor training program, identify clinic educational resources, how to work through conflict management, improve communication among staff, give and receive feedback, and other educational issues. First, identify what question(s) you have and what help would be useful to you.
2. Contact the ACCE/DCE with your question(s) and/or your request for help. The ACCE/DCE may point you to printed resources from APTA publications, set up a time for you to come to the academic program for information, connect you with other CCCEs who have dealt with your particular problem, or suggest a site visit and in-service for you and your staff.
3. Remember, that you are the clinic representative to the physical therapy program and the ACCE/DCE is responsible for working with you to be sure clinical instructors are able to effectively facilitate student learning. Use the ACCE/DCE as a resource!

Information the CCCE Needs Before the Student Arrives

1. Personal data: Student address, phone number, emergency contact name and number, student assessment of strengths and weaknesses, relevant personal situations are all important information.
2. Educational level: Is this the student's first clinical experience? What other types of settings and patient/client types have this student experienced? What relevant work experience has this student had? What courses has this student completed?
3. Expectations of the program: What are the objectives of this clinical experience? What is the assessment tool that is being used? For what types of patients and experiences is this student prepared?
4. Health and safety documentation: CPR certification, immunization record, Universal Precautions training, criminal background check (if needed) are all pieces of information that can make the orientation process go more smoothly if received prior to the student's arrival.

5. Expectations of the student: What are the student's objectives for this clinical experience? What type of learning style is preferred? With what type of supervision is the student most comfortable? Does the student prefer immediate feedback or feedback at the end of the day? This kind of information can help the CCCE determine which clinical instructor and/or setting may be a good match for this student. On the other hand, if the student has unrealistic expectations, this can be addressed and resolved on the first day.

Information the Student Needs Before the Student Arrives

1. Certainly the minimum information the student needs includes directions to the clinic and when to arrive, dress codes, parking information, name of the student's clinical instructor, hours that he/she will be expected to work, and any specific clinic brochures.

2. Clinic expectations and objectives: Specific objectives that you expect the student to master while he/she is with you should be given prior to arrival if possible. Any specific material you want the student to review/prepare should be given ahead of time. Many clinics provide a list of educational opportunities from which to choose.

3. Out-of-town students are concerned about housing. Any information that you can pass along to assist them is greatly appreciated.

4. If students are coming from out-of-town, it is helpful to give them an emergency phone number to contact should they experience difficulty finding the clinic or housing.

Staff Development

1. Involve the ACCE/DCE in this process. A staff in-service about the program, the curriculum, and academic program expectations may be given by the ACCE or the CCCE. Providing an opportunity for the staff to meet the ACCE/DCE is optimal and strengthens the relationship between the clinical facility and the academic program.

2. Developing clinical objectives for your clinical site requires looking closely at what resources your clinic has that are your strengths. Do you have board certified clinical specialists on staff? Are you the only burn unit within a 100-mile radius? Create objectives that reflect the strengths of your clinic. These objectives are in addition to the objectives the academic program has described for the student, so make them specific to your clinical setting and expertise. *Clinical Education: An Anthology Volumes 1, 2, and 3* are useful resources in development of a clinical education program.

3. Physical therapy programs and consortia frequently sponsor clinical instructor training for the new and experienced CI. Contact your ACCE/DCE about upcoming programs. In addition, the APTA Clinical Instructor Education and Credentialing Program is offered throughout the country and is an excellent opportunity for CCCEs to gain the expertise to design training programs for their staff. The APTA Web site has a listing of scheduled training programs at (www.apta.org/Education/educatorinfo/Voluntary_Training_/credCoursesSch) and contacts for each program.

4. The ACCE/DCE may also come to your clinic site and provide clinical instructor training. Don't be afraid to ask! If that is not possible, the ACCE/DCE can direct you to additional resources.

Communication With the Clinic Staff

Current Student Issues:

It is essential that the CCCE communicate information to the staff when students are coming, who they will work with, how long they will be in the facility, and any other pertinent information. A good time to do this is at staff meetings. It could also be posted on an office bulletin board. Individual CIs may want to know about the student prior to their arrival; therefore this is a good time to share the learning style inventory form that the student completed.

Some CIs may want to meet with the CCCE to discuss the teaching experience, brainstorm, problem solve, etc, so it may be necessary to set time aside to meet with CIs. This most commonly would occur with new CIs and a challenging (exceptional and problematic) student.

CI Absences:

Plan for CI absences. At no time should students be left unsupervised to manage patients/client, no matter how long the students have been there. The CCCE may want to work with the Clinic Manager, as well as the staff, in deciding how this should be handled.

Conflict Management for CCCEs

Conflict management is a part of the CCCE's job and formal training should be in place such as the APTA Clinical Instructor and Credentialing Program, Personality Class, Learning Styles Class, etc.

Reference: *Clinical Education: An Anthology, Vol. I*. Section - Clinical Problem Solving in Clinical Education, American Physical Therapy Association; 1992:137-160.

Teaching/Orientation Duties of CCCE

Staff Education

The CCCE can keep the staff informed of local, state and national clinical education opportunities. This can be done in staff meetings or by posting the information. It is helpful for the CCCE to be actively involved in clinical education special interest groups or consortia.

The CCCE can be an active participant in the Education Section of APTA. This would enable the CCCE to be up-to-date on current education issues and changes. Clinics can sponsor clinical education in-services. ACCE/DCEs enjoy visiting clinics and helping clinicians have a better understanding of evaluation tools, learning styles, curriculum, expectations, and more. There may be experienced clinicians who may also be willing to visit the clinic and offer their experiences and expertise.

A good reference library is helpful for clinicians. For example, if a clinician begins a collaborative model of clinical teaching, he or she may feel more comfortable having read a few articles about the collaborative model prior to starting. They may also want to brush up on teaching and learning methods.

References:

Monahan B. Clinical educators: "insights you can't find in a textbook." *PT—Magazine of Physical Therapy*. 1993;1:71-73. (Can be found in *Clinical Education: An Anthology*, Vol. II, American Physical Therapy Association, 1996; 27-29.)

Supervision of CI/Student Experiences

It is important that the CCCE discuss this with the clinical instructors and develop an effective working relationship. It is helpful for everyone to be involved in deciding how problem situations will be handled. It is good to know when they would like a third person (CCCE) to be involved.

The CCCE needs to find out the needs of clinicians during the experiences. For example, some CIs can remember when midterm evaluation is due and can complete the necessary paperwork on their own. Other clinicians may need reminders. It is the responsibility of the CCCE to make sure all paperwork for the academic program is completed by the completion of the clinical experience.

The CCCE can be a resource for the CI and the student. Confidential conversations can occur which may facilitate an improved relationship between the CI and student. The student should be aware of this at the beginning of the internship.

If the CCCE is also the CI, it is beneficial to choose another person to be available as a reference and as a third person. This person can be a clinician, a manager or someone else who is appropriate.

CCCE As CI

Many CCCEs continue to take students in the clinical environment. Here are some tips for student teaching.

1. Provide clinical orientation at the beginning of the experience—see Administrative Duties.
2. Assign another person to be available, as needed, for purposes of serving as a resource for you or the student, providing a third objective person in the event of conflict, etc.
3. Share students with other clinicians, especially inexperienced CIs to help guide them in the teaching process.
4. Keep track of in-services, which have been presented to the staff.
5. Help guide students in selecting topics to present to staff or others.
6. Provide references for students such as:
 - a. Clinicians/specialists,
 - b. Journals/literature,
 - c. Books/libraries, or
 - d. Special resources within your facility — videos, in-services, grand rounds, specialty clinics, etc.
7. Be available to help guide students through difficult situations.

Evaluations of the Clinic and Clinical Instructor

Student evaluations are a helpful teaching tool for staff development and the development of your clinical education program.

Clinic Evaluations

The clinic assessment tool that students complete should address the following areas:

1. Facility orientation,
2. Student accommodations,
3. Experiences offered to the student,
4. Patient variety,
5. Staff,
6. Educational opportunities,
7. Reference availability, and
8. Communication and overall satisfaction.

This tool can be a check off sheet, rating scale, short answer, etc. This list was not intended to be exhaustive and is a sample of what can be used.

CI Evaluations

It is helpful to assess the strengths and weaknesses of CIs to enhance their teaching abilities. A check off sheet detailing the specific teaching skills that you want to assess is a good way to meet this objective.

CCCE Self-Assessment

1. APTA Guidelines and Self-Assessment for the Center Coordinator of Clinical Education
2. Create a professional development plan

Annual Report

An Annual Report is an excellent mechanism that can be used as an educational tool for staff and administrators. Some items that can be included are:

- Academic institution contracts (current);
- Total number of students educated in the facility in one year;
- Number of students from each program/level of students;
- Clinical teaching hours that occurred in one year;
- Number of clinical educators;
- Summary of student clinical evaluations;
- Clinical education that occurred that year;
- Changes that have occurred in the clinical facility as a result of clinical education;
- Number of APTA Credentialed CIs in the facility;
- Proposed changes for the next year;
- Summary of money spent on clinical education; and,
- Summary of stipends paid to students/CIs.

Self-Assessment for Clinical Instructors

Please circle your answer.

GUIDELINE 1.0: THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, PROFESSIONAL SKILLS, AND ETHICAL BEHAVIOR IN CLINICAL PRACTICE.

Do you have at least one year of clinical experience?	YES	NO
If less than one year of experience, do you demonstrate knowledge and skill in a specific area of expertise?	YES	NO
Do you demonstrate competence as a physical therapist or a physical therapist assistant by:		
- holding a current license/registration as required by the physical therapy practice act in the state in which you practice?	YES	NO
- demonstrating a systematic approach to patient care?	YES	NO
- using critical thinking in the delivery of health services?	YES	NO
- providing rationale for evaluation and treatment approaches?	YES	NO
- demonstrating appropriate time management skills?	YES	NO
Do you demonstrate a willingness to work with students?	YES	NO
Do you pursue learning experiences to develop knowledge and skills in clinical teaching?	YES	NO
Do you demonstrate professional skills by:		
- modeling professional behavior?	YES	NO
- assuming responsibility for professional self-development by participating in the activities found below? (check all appropriate)		
_____ continuing education courses		
_____ journal club		
_____ case conferences		
_____ case studies		
_____ literature review		
_____ facility-sponsored courses		
_____ postprofessional education area consortia programs		
_____ other _____		
Do you demonstrate an understanding of the impact of your professional behavior as a role model for students?	YES	NO
Do you demonstrate ethical behavior, as outlined by the clinical center policy and the APTA Code of Ethics and Guide for Professional Conduct?	YES	NO

GUIDELINE 2.0: THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

Do you use verbal, nonverbal and written communication skills effectively with students and others to:		
- define expectations?	YES	NO
- provide feedback?	YES	NO
- demonstrate skill in active listening?	YES	NO
- provide clear and concise written communication?	YES	NO
Do you facilitate communication by:		
- encouraging dialogue with students?	YES	NO
- providing time and a place for ongoing dialogue to occur?	YES	NO
- initiating communication that may be difficult or confrontational around an issue of concern?	YES	NO
- remaining open to and encouraging feedback from students, clinical educators and other professional colleagues?	YES	NO

GUIDELINE 3.0: THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SKILL IN INTERPERSONAL RELATIONSHIPS.

Do you form a professional peer relationship with students by:

- | | | |
|--|-----|----|
| - acting as a role model of professional behaviors, instruction and supervision? | YES | NO |
| - promoting the student as a professional to others? | YES | NO |
| - recognizing students as individuals? | YES | NO |
| - remaining willing to share your strengths and weaknesses with students? | YES | NO |
| - recognizing and sharing students' strengths and weaknesses in performance? | YES | NO |

Do you remain approachable by assessing and responding to student concerns with empathy support or interpretation as appropriate?	YES	NO
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Do you appropriately with patients, colleagues and other health professionals to achieve identified goals?	YES	NO
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GUIDELINE 4.0: THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

Do you implement, facilitate, and evaluate learning experiences for students based on a plan?	YES	NO
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Do you review the student's academic curriculum, level of didactic preparation, current level of performance and the goals of the clinical education experience prior to establishing the planned learning experience?	YES	NO
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Do you maximize learning opportunities by using planned and unplanned experiences within the entire clinical environment?	YES	NO
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Do you integrate knowledge of various learning styles in providing student instruction?	YES	NO
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Do you monitor and modify learning experiences in a timely manner, based on the quality of the student's performance?	YES	NO
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Do you sequence learning experiences to allow progression towards the student's personal and programmatic goals?	YES	NO
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GUIDELINE 5.0: THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

Do you present clear performance expectations to students at the beginning and throughout the learning experience?	YES	NO
Are goals and objectives mutually agreed upon by you and students?	YES	NO
Do you provide both formal and informal feedback?	YES	NO
To provide student feedback, do you collect information through:		
- direct observation and discussions with students?	YES	NO
- review of the students' patient documentation?	YES	NO
- available observations made by others?	YES	NO
Do you provide frequent and timely feedback to students?	YES	NO
Do you regularly review and analyze information with students to adjust the learning experiences accordingly?	YES	NO
Do you perform formative and summative evaluations of the student's performance by:		
- participating with the student in ongoing formative evaluation of the clinical education experience?	YES	NO
- providing summative evaluations at least at midterm and at completion of the clinical education experience?	YES	NO
- fostering student input into the evaluation process throughout the clinical education experience?	YES	NO

GUIDELINE 6.0: THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATIONS SKILLS.

Do you use available information and observations to evaluate students, knowledge, skills and behavior as related to specific performance standards?	YES	NO
Do you recognize and document students' progress by identifying areas of:		
- entry-level competence?	YES	NO
- excellence?	YES	NO
- unsafe or ineffective performance?	YES	NO
In collaboration with the CCCE and the ACCE, do you , plan activities that:		
- continue to challenge students' performance based on areas of excellence?	YES	NO
- address specific deficits in student performance?	YES	NO
Do you demonstrate awareness of the relationship between the academic program and clinical center as it relates to:		
- student performance evaluations?	YES	NO
- grading?	YES	NO
- remedial activities?	YES	NO
- due process in the case of student failure?	YES	NO
Are you knowledgeable of educational evaluation methodologies?	YES	NO
Do you apply these methodologies to the physical therapy clinical education programs?	YES	NO
Do you demonstrate a constructive approach to student performance evaluation that:		
- is educational?	YES	NO
- is objective?	YES	NO
- engages students in self-assessment?	YES	NO
- engages students in reflective practice?	YES	NO

Taken from the APTA Guidelines and Self-Assessment for Clinical Instructors, American Physical Therapy Association, Alexandria, Va., 1999.

Clinical Education

Evaluation Tools for the Evaluation of Physical Therapy Student Performance in the Clinical Setting

Physical therapist/Physical therapist assistant academic programs will have specific requirements for evaluating student performance throughout the students' clinical education experiences. The ACCE/DCE representing a physical therapy program should provide the CCCE and/or the CI with the evaluative tools and directions regarding the use of each tool. The clinical faculty (CCCE and CI) is expected to communicate with the ACCE/DCE about any questions regarding the evaluative tools. Currently the ACCE/DCE is responsible for determining acceptable levels of student performance for each clinical experience and determining a grade for each clinical experience. Clinical faculty (CCCE and/or CI) input is essential in determining the appropriate grade for the student. Below are a few examples of evaluative tools utilized for the assessment of student performance within the clinical education setting.

APTA—Clinical Performance Instrument (CPI)

Reference:

Task Force for the Development of Student Clinical Performance Instruments. The Development and Testing of APTA Clinical Performance Instruments, *Phys Ther*. Vol 82; 2002:329-353.

American Physical Therapy Association, *Physical Therapy (PT and PTA) Clinical Performance Instruments (CPI)*, 1998.

Published by American Physical Therapy Association, 1111 North Fairfax Street, Alexandria, VA 22314-1488; Telephone: 800/684-APTA (2782), [www.apta.org/Products services](http://www.apta.org/Products_services).

Description of Tool: A growing consensus regarding the need to be consistent in student clinical performance evaluation prompted the commitment to develop and promote a new system for use by physical therapy educators. A task force was appointed in 1994 by the APTA Board of Directors to develop a system to measure physical therapist and physical therapist assistant student performance outcomes during clinical education experiences.

The CPI is an outcomes-based tool that consists of a series of performance criteria, 24 for physical therapist students and 20 for physical therapist assistant students, with visual analog scales (VAS) for each criterion. Sample behaviors are included for each criterion to assist the CI to determine which behaviors are essential, within the particular clinical setting, for the student to build skills as a physical therapist or physical therapist assistant student. Formally, at midterm and at final performance evaluations, the student completes a self-assessment and the CI completes an assessment of the student's performance within the clinical setting up to the given point in time. During the assessment of the student's clinical performance, each performance criterion is rated on the VAS. Additionally, comments are encouraged for each rating; however, comments are required for certain circumstances including performance below expectation or performance with distinction. Five performance dimensions are also included for use in the comments to more consistently describe the quality of the student performance. The "summative comments" section provides an opportunity for the CI to give the student feedback related to areas of strength, areas needing improvement, and any other areas of relevance. Percentages of student performance ratings may be easily calculated from the 100mm VAS.

Blue MACS

Reference:

Texas Consortium for Physical Therapy Education: Blue MACS or Mastery and Assessment of Clinical Skills. Galveston, TX University of Texas Medical Branch, Fifth Edition 1995.

Published by Texas Physical Therapy Education and Research Foundation, 400 West 15th Street, Suite 805, Austin, TX 78701; Telephone 512/477-1434.

Description of Tool: The Blue MACs is a competency-based clinical assessment document for physical therapy education, which was developed and has been revised by clinical and academic faculty since 1977. The tool is composed of 38 “general clinical competency skills” and 11 additional “situational skills.” Each skill is composed of several performance criteria that outline key indicators of acceptable mastery. The student accumulates key indicator “check-offs” until the entire skill is ready to be “approved.” In order for a skill to be “approved,” the student must successfully demonstrate each key indicator that makes up the skill. An approved skill may be “challenged” by the approving clinical instructor or any following clinical instructor, at which time the student must again successfully demonstrate “key indicators” for that skill in the specific setting for re-approval to occur. The formal formative and summative evaluations are performed at midterm and final periods. The clinical instructor evaluates the student’s performance, and the student self evaluates his/her own performance within the clinical setting.

Generic Abilities Assessment

Reference:

May, Warren. “Model for Ability-Based Assessment in Physical Therapy Education.” *Journal of Physical Therapy Education*, 9(1); 1995: 3-6.

Description of Tool: Typically utilized in conjunction with other evaluative tool(s), which measure performance of clinical skills. Generic abilities are attributes, characteristics, or behaviors that are not explicitly part of the profession’s core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at the University of Wisconsin-Madison in 1991-1992. The ten abilities and definitions developed are:

- Commitment to Learning Interpersonal Skills,
- Communication Skills,
- Effective Use of Time and Resource,
- Use of Constructive Feedback,
- Problem Solving,
- Professionalism,
- Responsibility,
- Critical Thinking, and
- Stress Management

The assessment is based on visual analog ratings. The scale describes the far left end of the rating scale as “Beginning,” the midpoint of the scale as “Developing,” and far right end of the scale as “Entry Level.” Ratings are based on specific and objective behavioral criteria that clearly define each skill level. Based on the student’s level of academic and clinical experience, progressive expectations are placed on the student’s evaluative ratings. Formative and summary evaluations are performed at midterm and final periods. The clinical instructor evaluates the student’s performance and the student self-evaluates his/her own performance within the clinical setting.

Clinically Based Tools

Weekly Learning Objectives: Information contained within the Clinical Instructor Education and Credentialing Program

Weekly Evaluation Forms: Information contained within the Clinical Instructor Education and Credentialing Program

Student Learning Contracts: Information contained within the Clinical Instructor Education and Credentialing Program

Consult the ACCE/DCE of a local or regional physical therapy academic program for in-servicing related to specific tool utilization/application, any questions regarding clinical education, and requests regarding internship support, consultation, remediation, and/or intervention needs.

References

Annotated Bibliography

American Physical Therapy Association, Education Section. *Journal of Physical Therapy Education*.

This refereed journal of the Education Section is currently published three times a year and includes articles that are relevant to education, clinical education, physical therapy higher education, students, and education within the context of health care.

American Physical Therapy Association. *Clinical Education: An Anthology Vol. 1*, 1992.

This is the first of three volumes of literature related to issues in clinical education. Seventy-nine articles are included in this volume that were published in physical therapy journals through 1992.

American Physical Therapy Association. *Clinical Education: An Anthology Vol. 2*, 1996.

The second volume includes 81 articles related to clinical education and published in physical therapy and other health professions between 1992 and 1996.

American Physical Therapy Association. *Clinical Education: An Anthology Vol. 3*, 2000.

The third and most current anthology includes 107 theoretical and research studies published in physical therapy and other health professions between 1996 and 2000. Published studies are in the areas of clinical faculty, clinical environment and resources, design of clinical education, evaluation and research, academic issues associated with clinical education (eg, ADA, quality, cultural competence), student issues in clinical education, and technology in clinical education.

Watts, NT *Handbook of Clinical Teaching*. New York: Churchill Livingstone, 1990.

Shepard KF, Jensen GM. *Handbook of Teaching for Physical Therapists, Second Edition*. Boston: Butterworth and Heinemann, 2002.

Other Web-based Resources

American Physical Therapy Association: www.apta.org (Education menu)

Membership in APTA: For more information refer to www.apta.org/membership/Interest/joinapta/

Membership in APTA Education Section—Clinical Education Special Interest Group (CESIG): For more information about the section and the clinical education SIG refer to www.aptaeducation.org/

Membership in APTA Local Chapter: Look for Clinical Education Special Interest Group

Internet Access APTA and Chapters: Refer to www.apta.org/Components/chapters

Clinical Education Consortia: For a listing of 38 consortia of academic programs and/or clinical education sites throughout the United States, refer to www.apta.org/Education/educatorinfo/clinical_edu_consortia

Directory of Accredited Physical Therapy Academic Programs: Includes a directory of accredited physical therapist and physical therapist assistant programs organized by state. Information includes program director and address, phone, fax, and e-mail, date of initial accreditation and current accreditation status, degree awarded, clinical experiences, faculty, enrollment, admissions, outcomes, tuition, fees and financial aid, and student life. For more information refer to www.apta.org/Education/accreditation/Dir_Acc_PT_ED_Prog

APTA Clinical Instructor Education and Credentialing Program: A voluntary program designed primarily for people interested in clinical education. Formal clinical instructor education program composed of interactive didactic education sessions followed by an Assessment Center. Successful completion of each station in the Assessment Center results in the awarding of APTA Clinical Instructor Credentialing. The program takes approximately 15 hours to complete and may be organized in a variety of configurations depending on the needs of the learners. Credentialed trainers throughout the country instruct the course at varying times throughout the year. For more information refer to www.apta.org/Education/educatorinfo/Voluntary_Training_