The purpose of this handbook is to serve as a reference regarding the policies and procedures of the clinical education program at the University of Missouri.

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Thank you very much for working with our students. If you ever have any questions regarding our program or students, please feel free to contact the department.

Sincerely,

Faculty and Staff
University of Missouri
Department of Physical Therapy.
University of Missouri  
School of Health Professions  
Department of Physical Therapy

COMPREHENSIVE CLINICAL EDUCATION EXPERIENCES

Policy:
The physical therapist professional curriculum includes clinical education experiences that encompass:
- Management of clients that represent those seen in practice across the lifespan and continuum of care
- Practice in settings in which physical therapy is commonly practiced
- Interaction with physical therapists whose practice is consistent with the University of Missouri PT Program’s philosophy of practice
- Participation in Interprofessional collaborative care
- Experiences that facilitate achievement of expected student outcomes

Procedure:
Students will successfully complete at least one Acute, one Neurological Rehab/Inpatient Rehab or Pediatric, and one Outpatient Orthopedic clinical experience. This will be documented in the Student Clinical Requirement Database. The Student Clinical Requirement Database will include the types of clinical experiences completed, participation in interprofessional care, participation in intraprofessional care/delegation to physical therapist assistant, credentialing of clinical instructor, and additional items from the APTA’s Physical Therapist Student Evaluation: Clinical Experience form (PTSE Section 1) and will be monitored by the DCE to ensure that all students are meeting the clinical education requirements.

Clinical education files for each of the active clinical sites will be available to currently enrolled students and are kept in the University’s Learning Management System (Canvas) where students will have access to them at any time. Current Clinical Site Information Forms (CSIF) are maintained electronically and are available to current students through the PT Web CSIF.

This policy and procedure is communicated to the clinical faculty and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:
- Student assessments of clinical education experiences
- Information will be located in the Student Clinical Requirement Database

An annual survey for the sites and a survey for students upon completing the program will be utilized to decide if this policy and procedure is being successfully communicated to the site and students as well as to determine if this policy and procedure is being effectively carried out.

Updated 06/07/2018 – added additional content to procedure; updated clinical education files location CAPTE: Pg. B-13, Item F-13; Pg. B-28, Item CC-4
General Performance Expectations:
Student performance should be assessed in relation to their performance under the following conditions:

- Complexity of patient
- Newness of situation
- Level of supervision
- Efficiency
- Consistency

The minimum level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education I, the following performance conditions and expectations are required:

<table>
<thead>
<tr>
<th>Complexity of Patient</th>
<th>Newness of Situation</th>
<th>Level of Supervision</th>
<th>Efficiency</th>
<th>Consistency</th>
</tr>
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<td>Clinical Education I</td>
<td>Basic</td>
<td>Routine</td>
<td>Guidance/ Consultation</td>
<td>Moderate</td>
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<tr>
<td></td>
<td>New</td>
<td>Close</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Complex</td>
<td>Routine</td>
<td>Close</td>
<td>Low</td>
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<td>New</td>
<td>Close</td>
<td>Low</td>
<td>Low</td>
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</tbody>
</table>

At the end of this clinical experience, it is the program’s expectation that students will be functioning at advanced beginner level. The APTA defines advanced beginner as a student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. At this level, the student demonstrates consistency in developing proficiency with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.

The student may begin to share a caseload with the clinical instructor

Specific Performance Expectations (not meant to be an exhaustive list):
At the conclusion of the clinical experience the student should be able to complete the following tasks with very little or no supervision:

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Manual muscle testing
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vital signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Application of interventions such as basic modalities and therapeutic exercise

The student may require significant guidance or verbal/physical cues concerning:

- Synthesis of examination data to formulate appropriate diagnosis and treatment planning, especially for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses

CAPTE: Pg. B-13, Item F-13; Pg. B-25, Item CP-2.10 updated 06/07/18 to define advanced beginner
Evaluation of Performance Dimensions

*To be filled out by Clinical Instructor in final week of clinical experience and returned to DCE with weekly goal sheets.*

Please mark (yes, no or N/A) for each category based on performance of current student at completion of clinical experience. You can use the remaining space below for any additional comments, if needed.

<table>
<thead>
<tr>
<th>Complexity of Patient</th>
<th>Newness of Situation</th>
<th>Level of Supervision</th>
<th>Efficiency</th>
<th>Consistency</th>
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<td>Complex</td>
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<tr>
<td></td>
<td>New</td>
<td>Close</td>
<td>Low</td>
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</tbody>
</table>

Yes: student met this expectation by end of current clinical
No: student did not meet this expectation by end of current clinical
N/A: not applicable

For example:
By the end of this clinical, our students would be expected to still need supervision with complex patients or relatively “basic” patients that have a diagnosis that they have not previously encountered.

Satisfactory performance will be judged by a combination of factors; score on clinical performance instrument (CPI); comments on CPI, written and oral communication between student, CI and DCE, and input from core faculty. The final judgment of passing will be made by the DCE and core faculty.

**Procedure of successful completion of Clinical Experience II is based on the following factors:**

1. No red flags sent to DCE at midterm
2. Score for graded CPI items are at or above advanced beginner clinical performance.
3. Scores are supported by written comments.
4. Student has met expectation in all categories of the Evaluation of Performance Dimensions (this is filled out by clinical instructor on final week of clinical and turned in to DCE with paperwork).

**COMMENTS:**

CI Signature: ___________________________ Date: ___________________________
General Performance Expectations:

Student performance should be assessed in relation to their performance under the following conditions:
- Complexity of patient
- Newness of situation
- Level of supervision
- Efficiency
- Consistency

The minimum level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education II, the following performance conditions and expectations are required:

<table>
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<td></td>
<td>New</td>
<td>Guidance/ Consultation</td>
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<td>Complex</td>
<td>Routine</td>
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<td>Low</td>
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<tr>
<td></td>
<td>New</td>
<td>Close</td>
<td>Low</td>
<td>Low</td>
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</table>

At the end of this clinical experience, it is the program’s expectation that students will be functioning at the intermediate level. The APTA defines intermediate as a student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 50% of a full-time physical therapist’s caseload.

NOTE: ALL students will complete an Evidence-based Presentation or Quality Improvement Project as designated by their clinical instructor during this clinical experience.

Specific Performance Expectations (not meant to be an exhaustive list):

Acute and Outpatient Orthopedic Clinical Experiences:
At the conclusion of the clinical experience, the student should be able to complete the following tasks with very little or no supervision:
- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vital signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Diagnosis and treatment planning for common, routine patients (e.g. non-complicated rotator cuff impingement, lateral epicondylitis, total joint replacement, etc.)
- Application of interventions such as basic modalities and therapeutic exercise
Students may require significant guidance or verbal/physical cues concerning:
- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as joint mobilization, McConnell taping, prescription of bracing/orthotics, etc.

**Adult Neurological Clinical Experiences:**
At the conclusion of the clinical experience, the student should be able to complete the following tasks with little to moderate supervision:

- Documentation
- Patient Interview
- Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, activity tolerance and posture
- Assessment of functional mobility including bed mobility, transfers, wheelchair mobility and ambulation
- Gait assessment
- Refer to appropriate team members
- Identify level of SCI using ASIA classification system
- Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
- Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient’s physical recovery
- Assess for patient equipment needs including wheelchair and cushion, appropriate assistive device, and durable medical equipment
- Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim, FES, biofeedback), manual techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill and bike)
- Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training
- Prescription, application, and fabrication of adaptive and assistive devices (slings, transfer devices and air splints)
- Use of the Functional Independence Measure (FIM)
- Devise PT related and team goals with functional outcomes and expected duration of treatment

**Pediatric Clinical Experiences:**
At the conclusion of the clinical experience, the student should be able to complete the following tasks with little to moderate supervision:

- Select, administer and interpret assessments for pediatric clients with neuromuscular dysfunction
- Apply the NCMRR disablement model and utilize this to guide decision making
- Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
- Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning and development into treatment
- Provide education to family and caregivers including home exercise program and methods to facilitate the patient’s development
- Assess for appropriate equipment (orthotics, wheelchair and cushion, appropriate assistive devices, helmet, wedges, etc.)
- Refer to appropriate team members/health professionals as well as to community resources
- Identify physical health related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Muscular Dystrophy, Spinal Muscular Atrophy and orthopedic conditions

Students on Pediatric or Neurological clinical experiences may require significant guidance or verbal/physical cues concerning:
- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as prescription of bracing/orthotics, etc.

CAPTE: Pg. B-13, Item F-13; Pg. B-25, Item CP-2.10 updated 06/07/18 to define intermediate level
# Evaluation of Performance Dimensions

*To be filled out by Clinical Instructor in final week of clinical experience and returned to DCE with weekly goal sheets.*

Please mark (yes, no or N/A) for each category based on performance of current student at completion of clinical experience. You can use the remaining space below for any additional comments, if needed.

<table>
<thead>
<tr>
<th>Complexity of Patient</th>
<th>Newness of Situation</th>
<th>Level of Supervision</th>
<th>Efficiency</th>
<th>Consistency</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
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<tr>
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<tr>
<td>Basic</td>
<td>Routine</td>
<td>Independent</td>
<td>High</td>
<td>High</td>
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<tr>
<td></td>
<td>New</td>
<td>Guidance/ Consultation</td>
<td>Mod</td>
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<td>Complex</td>
<td>Routine</td>
<td>Close</td>
<td>Low</td>
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<tr>
<td></td>
<td>New</td>
<td>Close</td>
<td>Low</td>
<td>Low</td>
<td></td>
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</tr>
</tbody>
</table>

*Yes: student met this expectation by end of current clinical
No: student did not meet this expectation by end of current clinical
N/A: not applicable*

For example:

By the end of this clinical experience our students would be expected to be independent with examination and treatment of a routine, basic patient (patient with a non-complicated, previously encountered diagnosis).

Satisfactory performance will be judged by a combination of factors; score on clinical performance instrument (CPI); comments on CPI, written and oral communication between student, CI and DCE, and input from core faculty. The final judgment of passing will be made by the DCE and core faculty.

**Procedure of successful completion of Clinical Experience III is based on the following factors:**

1. No red flags sent to DCE at midterm
2. Score on all graded CPI items are at or above intermediate clinical performance
3. Scores are supported by written comments.
4. Student has met expectation in all categories of the Evaluation of Performance Dimensions (this is filled out by clinical instructor on final week of clinical and turned in to DCE with paperwork).

**COMMENTS:**

CI Signature: ________________________________ Date: ____________
General and Specific Performance Expectations

General Performance Expectations:
Student performance should be assessed in relation to their performance under the following conditions:

- Complexity of patient
- Newness of situation
- Level of supervision
- Efficiency
- Consistency

The minimum level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education III, the following performance conditions and expectations are required:

<table>
<thead>
<tr>
<th>Complexity of Patient</th>
<th>Newness of Situation</th>
<th>Level of Supervision</th>
<th>Efficiency</th>
<th>Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>Routine</td>
<td>Independent</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Complex</td>
<td>Routine</td>
<td>Guidance/ Consultation</td>
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<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>New</td>
<td>Guidance/ Consultation</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

At the end of this clinical experience, it is the program’s expectation that students will be functioning at the advanced intermediate level. The APTA defines advanced intermediate as… a student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 75% of a full-time physical therapist’s caseload.

NOTE: ALL students will complete an Evidence-based Presentation or Quality Improvement Project as designated by their clinical instructor during this clinical experience.

Specific Performance Expectations (not meant to be an exhaustive list):

Acute and Outpatient Orthopedic Clinical Experiences:
At the conclusion of the clinical experience, the student should be able to complete the following tasks with very little or no supervision:

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vital signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Diagnosis and treatment planning for common, routine patients (e.g. non-complicated rotator cuff impingement, lateral epicondylitis, total joint replacement, etc.)
- Application of interventions such as modalities, therapeutic exercise, McConnell taping, peripheral joint mobilization
Students may require moderate guidance or verbal/physical cues concerning:
- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions (Burns, Cardiopulmonary, Wounds, and Oncology)
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as spinal mobilization, prescription of bracing/orthotics, etc.

**Adult Neurological Clinical Experiences:**
At the conclusion of the clinical experience, the student should be able to complete the following tasks with little to moderate supervision:
- Documentation
- Patient Interview
- Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, activity tolerance and posture
- Assessment of functional mobility including bed mobility, transfers, wheelchair mobility and ambulation
- Gait assessment
- Refer to appropriate team members
- Identify level of SCI using ASIA classification system
- Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
- Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient’s physical recovery
- Assess for patient equipment needs including wheelchair and cushion, appropriate assistive device, and durable medical equipment
- Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim, FES, biofeedback), manual techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill and bike)
- Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training
- Prescription, application, and fabrication of adaptive and assistive devices (slings, transfer devices and air splints)
- Use of the Functional Independence Measure (FIM)
- Devise PT related and team goals with functional outcomes and expected duration of treatment

**Pediatric Clinical Experiences:**
At the conclusion of the clinical experience, the student should be able to complete the following tasks with little to moderate supervision:
- Select, administer and interpret assessments for pediatric clients with neuromuscular dysfunction
- Apply the NCMRR disablement model and utilize this to guide decision making
- Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
- Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning and development into treatment
- Provide education to family and caregivers including home exercise program and methods to facilitate the patient’s development
- Assess for appropriate equipment (orthotics, wheelchair and cushion, appropriate assistive devices, helmet, wedges, etc.)
- Refer to appropriate team members/health professionals as well as to community resources
- Identify physical health related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Muscular Dystrophy, Spinal Muscular Atrophy and orthopedic conditions

Students participating in Pediatric or Neurological clinical experiences may require moderate guidance or verbal/physical cues concerning:
- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as prescription of bracing/orthotics, etc.

CAPTE: Pg. B-13, Item F-13; Pg. B-25, Item CP-2.10 updated 06/07/18 defining advanced intermediate
Evaluation of Performance Dimensions

To be filled out by Clinical Instructor in final week of clinical experience and returned to DCE with weekly goal sheets.

Please mark (yes, no or N/A) for each category based on performance of current student at completion of clinical experience. You can use the remaining space below for any additional comments, if needed.

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<thead>
<tr>
<th>Complexity of Patient</th>
<th>Newness of Situation</th>
<th>Level of Supervision</th>
<th>Efficiency</th>
<th>Consistency</th>
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<th>N/A</th>
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<tr>
<td>Clinical Education III</td>
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<td>Guidance/ Consultation</td>
<td>Moderate</td>
<td>Moderate</td>
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</tr>
</tbody>
</table>

Yes: student met this expectation by end of current clinical
No: student did not meet this expectation by end of current clinical
N/A: not applicable

At the end of this clinical experience, it is the program’s expectation that students will be functioning at the advanced intermediate level. The APTA defines advanced intermediate as... a student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 75% of a full-time physical therapist's caseload.

Satisfactory performance will be judged by a combination of factors; score on clinical performance instrument (CPI), comments on CPI, written and oral communication between student, CI and DCE, and input from core faculty. The final judgment of passing will be made by the DCE and core faculty.

Procedure of successful completion of Clinical Experience III is based on the following factors:

1. No red flags sent to DCE at midterm
2. Score on all graded CPI items are at or above advanced intermediate clinical performance.
3. Score is supported by the written comments.
4. Student has met expectation in all categories of the Evaluation of Performance Dimensions (this is filled out by clinical instructor on final week of clinical and turned in to DCE with paperwork).

COMMENTS:

CI Signature: ________________________________ Date: __________________________
General and Specific Performance Expectations

General Performance Expectations:
Student performance should be assessed in relation to their performance under the following conditions:

- Complexity of patient
- Newness of situation
- Level of supervision
- Efficiency
- Consistency

The minimum level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education IV, the following performance conditions and expectations are required:

<table>
<thead>
<tr>
<th>Complexity of Patient</th>
<th>Newness of Situation</th>
<th>**Level of Supervision</th>
<th>Efficiency</th>
<th>Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>Routine</td>
<td>Independent</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>New</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex</td>
<td>Routine</td>
<td>Independent</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Dependent upon prior clinical experiences

At the end of this clinical experience, it is the program’s expectation that students will be functioning at entry level. The APTA defines entry level as a student who requires no guidance or clinical supervision managing patients with simple or complex conditions. The student should consistently and efficiently provide quality care with simple or complex patients in a variety of clinical environments. The student usually needs no guidance or supervision except when addressing new or complex situations. We would like to emphasize that entry level performance does allow occasional consultation with other healthcare professionals, especially with complicated cases.

Specific Performance Expectations (not meant to be an exhaustive list):
Acute and Outpatient Orthopedic Clinical Experiences:
At the conclusion of the clinical experience the student should be able to complete the following tasks with very little or no supervision:

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vital signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Synthesis of complex examination data to formulate appropriate diagnosis and treatment plans
• Application of interventions such as modalities, therapeutic exercise, McConnell taping, peripheral and spinal joint mobilization, prescription of bracing/orthotics
• Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
  (Burns, Wounds, Cardiopulmonary, Oncology, Amputation)

Adult Neurological Clinical Experience:
At the conclusion of the clinical experience, the student should be able to complete the following tasks with very little or no supervision:

- Documentation
- Patient Interview
- Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, activity tolerance and posture
- Assessment of functional mobility including bed mobility, transfers, wheelchair mobility and ambulation
- Gait assessment
- Refer to appropriate team members
- Identify level of SCI using ASIA classification system
- Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
- Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient’s physical recovery
- Assess for patient equipment needs including wheelchair and cushion, appropriate assistive device, and durable medical equipment
- Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim, FES, biofeedback), manual techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill and bike)
- Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training
- Prescription, application, and fabrication of adaptive and assistive devices (slings, transfer devices and air splints)
- Use of the Functional Independence Measure (FIM)
- Devise PT related and team goals with functional outcomes and expected duration of treatment

Pediatric Clinical Experience:
At the conclusion of the clinical experience, the student should be able to complete the following tasks with very little or no supervision:

- Select, administer and interpret assessments for pediatric clients with neuromuscular dysfunction
- Apply the NCMRR disablement model and utilize this to guide decision making
- Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
- Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning and development into treatment
- Provide education to family and caregivers including home exercise program and methods to facilitate the patient’s development
- Assess for appropriate equipment (orthotics, wheelchair and cushion, appropriate assistive devices, helmet, wedges, etc.)
- Refer to appropriate team members/health professionals as well as to community resources
- Identify physical health related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Muscular Dystrophy, Spinal Muscular Atrophy and orthopedic conditions

CAPTE: Pg. B-13, Item F-13; Pg. B-25, Item CP-2.10 updated 06/07/18
Evaluation of Performance Dimensions

To be filled out by Clinical Instructor in final week of clinical experience and returned to DCE with weekly goal sheets.

Please mark (yes, no or N/A) for each category based on performance of current student at completion of clinical experience. You can use the remaining space below for any additional comments, if needed.

<table>
<thead>
<tr>
<th>Complexity of Patient</th>
<th>Newness of Situation</th>
<th>**Level of Supervision</th>
<th>Efficiency</th>
<th>Consistency</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Education IV</td>
<td>Basic</td>
<td>Routine</td>
<td>Independent</td>
<td>High</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>New</td>
<td>Independent</td>
<td>High</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex</td>
<td>Routine</td>
<td>Independent</td>
<td>High</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>New</td>
<td>Consultation</td>
<td>High</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes: student met this expectation by end of current clinical
No: student did not meet this expectation by end of current clinical
N/A: not applicable

**Dependent upon prior clinical experiences

At the end of this clinical affiliation, it is our expectation that our students will be functioning at an entry level. The APTA defines entry level as a student who requires no guidance or clinical supervision managing patients with simple or complex conditions. The student should consistently and efficiently provide quality care with simple or complex patients in a variety of clinical environments. The student usually needs no guidance or supervision except when addressing new or complex situations. We would like to emphasize that entry level performance does allow occasional consultation with other healthcare professionals, especially with complicated cases.

Satisfactory performance will be judged by a combination of factors; score on clinical performance instrument (CPI), comments on CPI, written and oral communication between student, CI and DCE, and input from core faculty. The final judgment of passing will be made by the DCE and core faculty.

Procedure of successful completion of Clinical Experience IV is based on the following factors:

1. No red flags sent to DCE at midterm
2. Score is entry level clinical performance or above on all CPI items.
3. Score is supported by the written comments.
4. If there is an item not assessed on CPI (not observed), the CPI scores from previous clinicals will be reviewed.
5. Student has met expectation in all categories of the Evaluation of Performance Dimensions (this is filled out by clinical instructor on final week of clinical and turned in to DCE with paperwork).

Comments:

CI Signature: ____________________________ Date: ____________________________
Core Required Courses for Admission to the MU DPT *
(Core courses must be completed at a level of C or above)
Statistics (3 hrs) (e.g. MU Stats 1200, Stats 1300)
Chemistry I (4-5 hrs) (e.g. MU Chem 1320)
Physics I and II (8 hrs) (e.g. MU Physics 1210 & 1220)
General Biology with lab (4-5 hrs) (e.g. MU Bio 1010 & 1020 or MU Bio 1500) Physiology with lab (4-5 hrs) (e.g. MU MPP 3202 or Bio 3700)
Medical Terminology (1 hr) (e.g. MU CDS 2190)
Anatomy (3 hrs) (e.g. MU PTH_AS 2201/2203, PH_THR 2500)*
*Course requirement effective for applications in Fall 2020

Professional Phase, MU DPT Curriculum**

First Year

Summer Semester
P&A 7222 Gross Human Anatomy (7)
PT 5110 Fundamentals of PT (1)

Fall Semester
PT 5210 Applied Neurophysiology (3)
PT 5220 Biophysical Agents (3)
PT 5230 Clinical Evaluation/Procedures (4)
PT 5240 Foundation of Therapeutic Ex (3)
PT 5250 Human Kinesiology (3)
PT 5260 Clinical Education and PhysZOU I (1)

Spring Semester
PT 5310 Applied Therapeutic Exercise (3)
PT 5320 Clinical Kinesiology (3)
PT 5330 Clinical Pathophysiology (3)
PT 5340 Clinical Education and PhysZOU II (1)
PT 5350 Intro to Orthopedics (3)
PT 5360 Pharmacology in Rehabilitation (2)

Second Year

Summer Semester
PT 6410 Clinical Education I (5)

Fall Semester
PT 6510 Differential Diagnosis in Rehab (3)
PT 6520 Evidence Based Practice (3)
PT 6530 Orthopedic PT (3)
PT 6540 Pediatric PT (4)
PT 6550 PhysZOU III (.5)
PT 6560 Rehabilitation of the Neurologically Impaired Adult (4)

Spring Semester
PT 6610 Assessment and Neuropsychology of Pain (1)
PT 6620 Case Management: Acute and Chronic Med/Surg (5)
PT 6630 Clinical Education II (7)
PT 6640 Diagnostic Imaging in Rehabilitation (3)
PT 6650 PhysZOU IV (.5)
PT 6660 Psychological Issues for Health Promotion (2)

Third Year

Summer Semester
PT 6710 Case Management: Neurological Impairments across the Lifespan (5)

Fall Semester
PT 6810 Case Management: Geriatrics and Orthopedics (5)
PT 6820 Clinical Education III (6)
PT 6830 Health Policy for Physical Therapy (2)
PT 6840 PhysZOU V (.5)
PT 6850 Professional Issues (3)

Spring Semester
PT 6910 Clinical Education IV (5)
PT 6920 PhysZOU VI (.5)
PT 6930 Seminar (4)
PT 6940 Special Skills in PT (1)
POLICY ON RELEASE OF STUDENT INFORMATION
TO CLINICAL EDUCATION SITES

The University of Missouri PT Program will monitor student compliance in the following areas:
- Criminal Background Checks and Government Sanction Lists
- Urine Drug Screen
- Immunization/ Health information maintained by Student Health
- Cardiopulmonary Resuscitation (CPR)

If the student is **not** in compliance with Immunization/ Health, CPR, or has a positive Drug Screen, they will not be allowed to participate in their clinical education experience until in compliance. If the student has an item noted on their criminal background check, the site will be notified (see example of the letter on page 25) and it will be the site’s responsibility to determine if the student is eligible to participate in clinical education at that site.

All students will sign a Release of Information allowing the PT Program access to the above information upon admission to the program. Clinical sites may request copies of the above information from the student.

CAPTE: Pg. B-6, Item P-8; Pg. B-16, Item F-21; Pg. B-7, Item P-10
RELEASE OF INFORMATION TO CLINICAL SITES

• This form allows students to grant a clinical center access to their Family Care Safety Registry, Nationwide background check, drug screen and health/immunization records maintained by the Department of Physical Therapy and the Student Health Center at the University of Missouri.

• The purpose of this disclosure is to be in compliance with applicable federal, state and local governmental law and regulations relevant to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. These standards require that hospitals provide the same screening requirements for students of healthcare programs as apply to employed staff. These screenings must be performed prior to the student participating in patient care activities. Provided that the student remains continuously enrolled, the criminal background check and drug screens will only be required once prior to the student beginning the initial clinical rotation.

• The information required for compliance is:
  1. Nationwide Criminal Background Check
  2. Appearance on a Government Sanction List (Employee Disqualification List (EDL) from the Department of Health and Senior Services; Division of Family Services complaint; Office of Inspector General (OIG) exclusion search.
  3. Results of a urine drug test submitted to Student Health.
  4. Immunization/Health information maintained by Student Health.

• All permissions granted will stay in effect until the student has graduated or otherwise left the educational program.

• SEE ATTACHMENTS FOR DEFINITIONS AND EXPLANATIONS OF THE REQUIRED RECORDS AND FORMS

I give permission to the Department of Physical Therapy to supply information related to my Family Care Registry application, nationwide background check, drug screen and immunization/health record to the clinical center selected for my clinical education while enrolled in the Physical Therapy Program at the University of Missouri. The required information will be supplied to the responsible office/party designated by the clinical site.

_____________________________              ________________________
Print Name                                                         Student Number

______________________________              _________________________
Student signature                                               Date
Policy:
Student must follow the University of Missouri campus-wide policy on accommodations for special needs or chronic health conditions.

Procedure:
If you anticipate barriers related to the format or requirements of clinical education, if you have emergency medical information to share with the DCE or clinical site, or if you need to make arrangements in case the building must be evacuated, please let the DCE know as soon as possible.

If disability-related accommodations are necessary (for example, a note taker, extended time on exams, captioning), please register with the Office of Disability Services (https://disabilitycenter.missouri.edu), S5 Memorial Union, 573-882-4696, and then notify the DCE of your eligibility for reasonable accommodations.

Students requiring support to assist with educational or physical needs while on clinical experiences must first report to the Office of Disability Services on the University of Missouri campus. After the student is evaluated and issued a letter detailing accommodations to be made, this documentation must be given to the Director of Clinical Education (DCE). The student must authorize release of this information to clinical sites. The DCE will then contact and communicate the special needs of the student to the site the student is assigned to. This will be done in a confidential manner to determine if the accommodations can be met at that facility. If so, this will be documented in the Special Needs While on Clinical Education Log and the student must send all relevant information regarding their accommodations to the site. If not, the assignment will be treated according to the cancellation of clinical affiliation policy and the DCE will contact the new site to determine if the accommodations can be met until assignment of an affiliation meeting the student’s needs is determined.

If accommodations are made, this will be noted in the APTA’s Student Evaluation of the Clinical Experience form and this data will be entered into the Clinical Education database.

This policy and procedure is communicated to the clinical sites/SCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:
- The letter from the Office of Disability Services on the University of Missouri campus detailing the accommodations that need to be made will be placed in the student’s file.
### Immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DPT/Polio</strong></td>
<td>Primary series with booster between ages 4 - 6</td>
</tr>
<tr>
<td><strong>Tetanus/Tdap</strong></td>
<td>One dose within past 10 years (Tdap recommended for health professionals)</td>
</tr>
<tr>
<td><strong>Measles/Mumps/Rubella</strong></td>
<td>Two doses of MMR or positive titers for measles, mumps, and rubella</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Completion of 3 dose series or positive Hepatitis B quantitative surface antibody titer</td>
</tr>
<tr>
<td><strong>Varicella (Chicken pox)</strong></td>
<td>Positive immune titer or two dose varivax series.</td>
</tr>
<tr>
<td><strong>Tuberculosis (TB Screening)</strong></td>
<td>Documentation of two Mantoux TB skin tests (measured in millimeters of induration) performed in the U.S. within past 12 months. Annual testing will be performed during the 3 years of physical therapy school. Students with past history of positive TB skin tests must provide documentation of the positive skin test, documentation of any medication taken and a chest x-ray report. Those students will undergo annual symptoms review instead of skin testing. Those that have tested positive in the past, but have not undergone treatment will be required to complete a Quantiferon Gold blood test annually.</td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
<td>An influenza vaccination dose is required annually</td>
</tr>
<tr>
<td><strong>COVID-19</strong></td>
<td>This vaccination is highly recommended.</td>
</tr>
</tbody>
</table>

Each student is responsible for obtaining any additional immunizations or tests required by specific clinical education sites. Students are encouraged to carry copies of their immunization records to the site at the start of their clinical.

Students will pay for all immunizations, tests, and x-rays required by the Physical Therapy Program, as well as any required by the facility to which they are assigned.

Students may utilize private physicians for the required immunizations, tests, and x-rays, provided documentation and pertinent results are provided to the Student Health Service.

CAPTE: Pg. B-6, Item P-8; Pg. B-7, Item P-10; Pg. B-13, Item F-13
As a student providing healthcare services at the University of Missouri Hospital and Clinics (MUHC), all physical therapy students will be required to either; 1. Provide proof of COVID-19 vaccination, 2. Provide proof that a religious exemption has been approved by the MU Student Health Center, or 3. Provide proof that a medical exemption has been approved by the MU Student Health Center. Students who are granted a religious accommodation or a medical exemption must follow any requirements specified in the approval documentation and follow MUHC guidelines or policies applicable to unvaccinated individuals when training at MUHC.

Students who are granted a religious accommodation or a medical exemption from MUHC and are training at non-MUHC clinical affiliates must comply with the requirements and policies related to unvaccinated individuals at those clinical affiliates. This may include requesting and receiving approval for a medical or religious exemption from that clinical affiliate.

Any student receiving a COVID-19 vaccination exemption may be prohibited from participating in training at non-MUHC clinical affiliates which do not recognize the MUHC exemption. In the event that the number of non-MUHC clinical affiliates recognizing the MUHC exemption is small enough that it prohibits student’s ability to complete the program’s clinical requirements, students with exemptions will either be dropped from the program or they may seek a Leave of Absence so that they can join a later student cohort.
CARDIOPULMONARY RESUSCITATION

Policy:

Students are required to demonstrate skill in American Heart Association or American Red Cross method of cardiopulmonary resuscitation (for one and two rescuer adult and child and infant) and management of the obstructed airway (adult, child, and infant) and hold a current certificate of proficiency.

Failure to successfully complete an appropriate CPR course will result in a delay in the start and completion of the clinical experience.

Procedure:

It is the policy of the University of Missouri Physical Therapy Program that all students complete training through either American Heart Association or American Red Cross program. Dates and times will be arranged by the DCE or students can obtain CPR certification on their own.

The DCE will review the student’s CPR certification and determine if the student is compliant on a case-by-case basis. If the student completes training elsewhere, the course taken must include: one and two rescuer CPR for adult and child, one rescuer CPR for infant, management of obstructed airway with an adult, child, and infant. Evidence of successful completion (American Heart Association card/American Red Cross card) should be brought to the program office and recorded by the office support or DCE. Students will assume responsibility for payment of any fees required for the courses taken.

CAPTE: Pg. B-6, Item P-8; Pg. B-7, Item P-10; Pg. B-13, Item F-13 updated 06/07/18
CRIMINAL BACKGROUND CHECKS

Each student is required to secure a nationwide criminal background check. There are numerous companies that can be used for this background check. A Nationwide background check can be done through the DCE using an established company by going to: [https://pointhr.com/MIZZOU/index.html](https://pointhr.com/MIZZOU/index.html)

Each student is required to secure proof of exclusion on the Office of Inspector General List prior to the first clinical experience. This can be done by going to: [https://exclusions.oig.hhs.gov/](https://exclusions.oig.hhs.gov/)

Go to this website and type in Last Name, First Name. Print this information out and return to DCE.

Each student is required to secure a criminal background check prior to the first clinical education experience through the Missouri Department of Health and Senior Services- Family Care Safety Registry. This includes background screening from:

- State criminal background checks conducted by the Missouri Highway Patrol
- Sex Offender Registry records maintained by the MO State Highway Patrol
- Child abuse/ neglect records maintained by the MO Department of Social Services.
- Foster parent licensing records maintained by the MO Department of Social Services
- Employee Disqualification List maintained by the MO Department of Social Services
- The Employee Disqualification Registry records maintained by the Department of Mental Health
- Child-care facility licensing records maintained by the Department of Health and Senior Services.

It is the student’s responsibility to have the check completed. Students may do this by going to the following website: [http://health.mo.gov/safety/fcsr/](http://health.mo.gov/safety/fcsr/)

The resultant information should be provided to the University of Missouri Physical Therapy Program.

The PT Program will keep the criminal background information on record and will disclose the student’s criminal status to the clinical site. The MU PT Program will make no determination as to whether the student can participate in the clinical experience at the designated clinical site; **this is solely at the site’s discretion upon receiving notification.** This is in keeping with University policy.

Students are encouraged to copy the Criminal Background Check results and to carry these with them during their clinical experiences.
University of Missouri  
School of Health Professions  
Department of Physical Therapy  

DRUG SCREEN POLICY

All students will be required to complete a 7-panel drug screen. Students can attain their urine drug screen through:

Mid-Missouri Drug Testing  
405 Bernadette Drive (behind Pizza Hut)  
Columbia, MO 65203  
Phone: (573) 424-0976  
Hours: 9-4 M-F

**Policy:** All results are faxed directly to Student Health and they are then obligated to advise the Physical Therapy program if the student successfully passed or not; the student will be contacted and advised to come get a copy of the unsuccessful test to discuss with their respective program.

It is permissible for the results to go directly to the student if done at Mid-Mo, but the student must make it clear at the time that they’re doing the drug screen. **The student will then be responsible for getting the results to Student Health.**

No student will be allowed to participate in Clinical Education until successful completion of the Drug Screen.

CAPTE: Pg. B-6, Item P-8; Pg. B-7, Item P-10; Pg. B-13, Item F-13
HIPAA TRAINING

All students will complete HIPAA through the University of Missouri. A certificate verifying compliance will be submitted to the Physical Therapy Program.

Clinical sites may request that students complete additional/ site specific HIPAA prior to or at the beginning of their clinical experience.

All students are expected to adhere to HIPAA guidelines at all times.
POLICY ON DRESS DURING CLINICAL EXPERIENCES

Students will contact the Site Coordinator of Clinical Education (SCCE) prior to arriving at the designated clinical site to discuss issues such as dress policy of the institution. A general guideline for appropriate dress is as follows:

a. Closed toed shoes must be worn at all times when working in or around direct patient care. Shoes must be clean and in good condition with heels no more than 2”.

b. Tennis shoes are permissible for students to wear during direct patient care if they are clean and in good condition.

c. Tight fitting clothing, exposed undergarments and thin / transparent clothing items are not acceptable. Clothing designed for primary use as an undergarment is not permissible (e.g. long underwear, undershirts, etc…)

d. Exposed torsos and plunging neck lines with exposed cleavage or chests are not permissible at any time. Students should be able to lift their arms above their heads, bend forward / backwards / side to side, squat / kneel without exposing flesh.

e. If a dress is chosen to be worn, it should be long (wearing a dress is not practical in many settings such as neurological rehab or pediatrics)

f. Hair should be neat and clean

g. Nails must be short

h. Jewelry should be kept to a minimum and (dangling earrings or necklaces are generally not allowed secondary to safety issues)

i. Strong cologne or perfume is to be avoided

Students are reminded they are now professional students representing themselves, their program, and the profession of physical therapy and should dress in a manner befitting a health care professional.

CAPTE: Pg. B-7, Item P-10 updated 06/07/2018
ABSENCES DURING CLINICAL EDUCATION EXPERIENCES

1. Students in Clinical Education and PhysZou are to adhere to the schedule established by the DCE as well as their designated PhysZou schedule. Attendance is required. Any scheduled time that is missed (only illness or emergency are excusable absences) must be made up.

2. Students in Clinical Education I-IV are to adhere to the work-day schedule established by the CI/SCCE. This schedule may include some evening and weekend hours. Any scheduled time that is missed must be made up and should be rescheduled with the CI or SCCE of the facility to which the student is assigned. The DCE should be advised (via the CI/SCCE) of any missed days and when they will be made up.

Specific policies for Clinical Education I-IV are as follows:

a. Up to 2 days of absence due to illness or emergency during any one clinical experience may be rescheduled or excused by the CI/SCCCE. Absences of three or more days shall be reported to the Academic Program (via the CI/SCCE) for advisement. In the event of a major illness, the student will be removed from the clinical and be reassigned at a later date to the same or another facility.

b. Any unexcused absence during a clinical experience is grounds for dismissal from the clinical experience and an assignment of a failing grade for the course.
1. All clinical education experiences are graded Satisfactory/ Unsatisfactory (S/U).

2. Clinical Education and PhysZou 1 and 2, the student must attend all classes as well as PhysZou, participate appropriately, conduct themselves in a professional manner and contribute to and/or hand in all required assignments to receive a satisfactory grade.

3. Clinical Education I and IV:
   Satisfactory performance will be judged by a combination of factors: score on Clinical Performance Instrument (CPI), comments on CPI, completion of all required clinical paperwork, written and oral communication between student, CI, and DCE, and input from core faculty. The final judgment of passing will be made by the DCE and core faculty.

4. Clinical Education II-III:
   Satisfactory performance will be judged by a combination of factors: score on Clinical Performance Instrument (CPI), comments on CPI, written and oral communication between student, CI, and DCE, completion of all required clinical paperwork and successful completion of evidence-based practice presentation and/or other assignments. The final judgment of passing will be made by the DCE and core faculty.

5. Any student receiving an unsatisfactory (U) grade on a clinical will be subject to the Policy on Failure of a Clinical Education Experience.

CAPTE: Pg. B-6, Item P-8; Pg. B-7, Item P-11; Pg. B-14, Item F-16; Pg B-25, Item CP 2.9 updated 06/07/18
University of Missouri
School of Health Professions
Department of Physical Therapy

CLINICAL DIFFICULTIES

Policy:
The student, CI, and/or SCCE should contact the DCE or other PT program faculty member at any point in the clinical experience to discuss the situation and/or seek suggestions for addressing potential/actual problem areas.

Procedures:
When difficulty arises with clinical experience:

1. Conference: Clinical Instructor and Student
Discuss any problems or areas of contention. Try to establish the primary source of the problem(s) and identify the means through which the problem(s) can be resolved. Outline and document specific expectations and how and to what level these expectations must be met for satisfactory performance (it is best if this is put in writing and may be in the form of a contract between the student and the CI), signed by both parties. Discuss the potential need for change of clinical instructors, whether a sincere attempt on the part of the student and CI will be made to solve the problem(s), or whether change to another clinic area is appropriate. Contact with the school's DCE (or other faculty member) may be helpful at this time. The Program should be notified early of any problems experienced by a student and can thus offer whatever assistance possible in the resolution of problem areas.

2. Conference: SCCE, Clinical Instructor and Student
Discuss problems and provide suggestions for the student and clinical instructor through which the problems can be resolved. Establish specific expectations and how and to what level these expectations must be met for satisfactory performance. The problem area(s), specific expectations, minimal level of satisfactory performance, and the methods through which the problems will be resolved should all be documented. The DCE (or other Program faculty member) may be contacted for suggestions regarding resolution of the problems. Discuss whether it is realistic to continue or whether to approach the program with a request that the student be changed to another facility. Notify program and document the problems and suggestions (from staff and program) for student and therapist. The student may also request to be changed to another facility.

3. Conference: Staff
Seek input and suggestions from the staff for both the student and clinical instructor, as deemed appropriate and necessary.

4. Conferences:
DCE is requested to discuss problems with the student, CI, and SCCE individually and as a group via telephone conference call and/or visit to the department. Should the DCE (or other Program faculty member) conduct a site visit he/she may also observe the student and CI in the clinic to assess their performance although it may be difficult to draw specific conclusions regarding the consistency of the CI's/student's performance in this limited time of observation.

5. Additional Site Visits: Once a resolution to the clinical difficulties has been reached and a plan to address these concerns is in place, the DCE may perform site visits over the rest of the clinical experience time period to monitor student/CI performance.
University of Missouri  
School of Health Professions  
Department of Physical Therapy  
FAILURE of CLINICAL EXPERIENCE

Policy:
The DCE with input from the faculty will decide whether a student successfully completed the clinical experience. If a student does not “pass” they will receive a grade of U = Unsatisfactory. The student may be allowed to repeat the clinical experience. If they do not pass this remediation, the student may be dismissed from the PT Program.

MU faculty reserves the right to dismiss the student failing one or more clinical experiences or remediation.

Procedure:
Clinical education is viewed by the faculty as a cumulative experience, with competence being achieved over the educational series. This allows faculty to take into account the individual learning styles and paces of our students. Students that are learning at a slower pace than our standard block of clinical time may be scheduled for additional time at the same or differing facilities. If more time is needed, successful completion of the agreed upon objectives of this additional time will be completed before the next clinical. If a grade must be turned in regarding the situation listed above, the grade will be listed as “I” and later changed to an “S” when successful completion is attained.

Students having other issues that require an unsatisfactory grade (such as, but not limited to, professional behavior, safety issues) will receive an “Unsatisfactory grade”. Students may petition the faculty in writing to be allowed be to complete another experience in the same or similar clinical setting and of comparable duration. Upon successful completion of a remediation clinical experience, the student's grade will be changed from a "U/I" to and "S".

Students having difficulty in achieving expectations will follow the procedure outlines in Clinical Difficulties policy and procedures.

Student issues are to be reported in a timely fashion to the DCE to allow time for a plan to be made by the student, CI, SCCE, and DCE which allows the student the opportunity to meet expectations and modify performance.

If issues persist, the SCCE will notify the DCE. The CI and SCCE may recommend that a student fail the clinical experience but final decision will be made by the DCE and PT Program faculty.

CAPTE: Item P-8; Item F-16; Item CP-2.9 updated 06/07/18
LIABILITY INSURANCE

Policy:
The University provides liability insurance for students in the Physical Therapy Program if:

1. The student is participating in a clinical experience with a facility which has a signed agreement with the University of Missouri.

2. The student is on an Independent Study, which has been approved by the Physical Therapy Program faculty and the required information is on file at the school.

3. The student is performing a function in a school approved activity.

The University Policy on Liability Coverage can be viewed on the following pages.

Procedure:
Student will be enrolled at the University of Missouri and registered for the appropriate course (PH_THR 6410, PH_THR 6630, PH_THR 6820, PH_THR 6910) for full time clinical education experiences or (PH_THR 5260, PH_THR 5340, PH_THR 6550, PH_THR 6650, PH_THR 6840, PH_THR 6920) for clinical education experiences through PhysZou.

Students who have received an incomplete in a clinical education experience and are working towards completion of the clinical education experience with a clinical site that is good standing with the University and has a current clinical education agreement on file are considered “enrolled students” for the purposes of Professional Liability (CRR 490.020) through the end of their training. Students who are working towards completion of the clinical education experience through PhysZou are considered “enrolled students” as well.

To ensure students who are working towards completion of the clinical experience outside of the designated clinical dates are covered by professional liability insurance, the DCE will contact UM System Risk Insurance as well as SHP Business Services to secure professional liability insurance coverage.

The program will assign the student to a clinical site (see General Policies and Procedures for Clinical Education I-IV for method of assignment) that is in good standing with a current clinical education agreement.

The Program will periodically review the need to purchase additional coverage through a group plan and recommend it to students if it appears to be prudent. Some clinical sites will require students to obtain additional coverage through a private carrier.

Information on the extent of coverage can be obtained from the DCE. Students are offered information about acquiring additional coverage at their own expense.

Communication to Stakeholders:
This Policy & Procedure is communicated to the clinical sites/ SCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:
- Signed student form stating he/she read and understands all materials in the handbook.
- Current completed Clinical Experience Agreement with each clinical site.
Location:
- Signed student form stating he/she read and understands all materials in the handbook kept in student’s permanent file.
- Current completed Clinical Education Agreements are located in the Clinical Education files in the DCE’s office.

CAPTE: Item P-8 updated 06/07/18
A. Article I: Definitions -- As used herein:

1. **Plan** -- The term "Plan" shall mean the University of Missouri Medical Professional and Patient General Liability Plan.

2. **Employer** -- The term "Employer" shall mean The Curators of the University of Missouri, a public corporation, including all its campuses, divisions, branches and parts and also including subsidiaries and affiliates of the University that are designated for coverage under this Plan by the Assistant Vice President.

3. **Injury** -- The term "injury" shall mean physical damage to or destruction of tangible property, bodily or mental injury, sickness or disease, including death, to which the Plan applies and resulted from an "occurrence" while the Plan was in effect. The term "injury" shall not be deemed to mean intentional torts.

4. **Damages** -- The term "damages" shall mean any monetary consideration due a claimant, including but not limited to money, services, waiver of amounts payable from patients and any other similar consideration approved pursuant to the Plan or the amount of a final judgment awarded by a court of competent jurisdiction.

5. **Covered Person** -- The term "covered person" shall mean any person or organization designated in the Covered Persons provision of the Plan.

6. **Occurrence** -- The term "occurrence" shall mean an "incident", including continuous or repeated exposure to conditions, which results in an "injury" neither expected nor intended from the standpoint of the covered person and/or neither expected nor intended from the standpoint of the claimant.

7. **Incident** -- The term "incident" shall mean any happening which is not consistent with the routine or commonly practiced care of a patient, including an accident or a situation which might result in an accident. An incident is also an actual or alleged injury arising out of the rendering or failure to render professional services by a "covered person" or by any person for whose acts or omissions the "covered person" is legally responsible, which resulted from or was attendant to a therapeutic or diagnostic procedure. Also included as an incident is a claim by or on behalf of a "patient" that there was a failure to obtain an informed consent from a person or entity with the legal authority to provide such consent. An incident shall also include a claim of negligence in regard to the handling of or performing post-mortem examinations on human bodies or animal bodies.

8. **Director** -- The term "Director" shall mean the Director of Insurance and Risk Management, or the successor position thereto by whatever name it is entitled, a UM position.
9. **Medical Facility** -- The term "medical facility" shall mean any hospital, Student Health Service, School of Medicine, School of Dentistry, School of Pharmacy, School of Nursing, College of Veterinary Medicine and any other similar facilities owned or operated by the "Employer" approved for coverage by the "Assistant Vice President" or a facility to which "covered persons" have been assigned by the "Employer" or at which "covered persons" rendered professional services with the permission of the "Employer" where the health care and treatment of persons or animals are performed.

10. **Employee** -- Except as otherwise provided in this paragraph, the term "employee" shall mean a person whose services are secured by written agreement by "Employer" at a "medical facility" or a person employed by "Employer" at a "medical facility" or who has administrative or supervisory authority with respect to a "medical facility" or personnel thereof and at the time of an "occurrence" was in the performance of his or her regularly assigned duties as determined by the appropriate person having supervisory authority of the employee, including the performance of attending to emergency medical care (commonly known as Good Samaritan Service) and incidental and non-continuing medical service with the permission of the appropriate person having supervisory authority of the employee and shall also include non-employee volunteers rendering service at such "medical facility" as well as enrolled students of the University of Missouri pursuing courses of instruction at or under the direction or auspices of the "medical facility". The term "employee" shall not include medical residents employed by Employer as part of the residency program at the University of Missouri - Kansas City School of Medicine so long as professional liability coverage is provided to those medical residents by an entity other than the Employer or health care professionals jointly employed by Employer at the University of Missouri-Kansas City School of Medicine and any entity other than Employer.

11. **Plan Territory** -- The term "Plan Territory" shall mean:

a. the United States of America (including its territories and possessions), Puerto Rico and Canada;

b. international water or airspace, provided the injury or damage does not occur in the course of travel or transportation to or from any place not included in a. above, or

c. anywhere in the world if:

   i. the injury or damage arises out of:

   (1) goods or products made or sold by the University or covered persons in the territory described in a. above, or

   (2) the activities of any covered person permanently domiciled in the territory described in a. above, though temporarily outside such territory, and

   ii. the original suit for damages because of any such injury or damage is brought within the United States of America (including its territories and possessions), Puerto Rico or Canada.

12. **Incident and Claim Review Committee** -- The term "Incident and Claim Review Committee" (ICRC) shall mean any group or committee established at or for a "medical facility" and whose responsibilities under the "Plan" are to review incidents occurring at a "medical facility", resulting claims or suits brought, including recommendations on settlements of such claims or suits.
13. **Gender** -- Persons described or referred to in the masculine gender include females and persons described or referred to in the feminine gender include males.

14. **Patient** -- The term "patient" shall mean an animal or a natural person who is in or on the premises of a "medical facility" or in transit when in the care of a "covered person", for the purpose of receiving professional care or services rendered directly or indirectly by the "medical facility" or by a "covered person".

15. **Assistant Vice President** -- The term "Assistant Vice President" shall mean the Assistant Vice President for Management Services, or the successor position thereto by whatever name it is entitled, a UM System position.

**B. Article II: Effective Date** -- The effective date of the Plan shall be July 1, 1978.

**C. Article III: Covered Persons** -- Each of the following is a covered person under the Plan to the extent set forth below:

- The Employer and any of Employer's administrative personnel;
- Individual members of the Board of Curators of the University of Missouri and the Board of Curators of the University of Missouri; and
- All employees.

4. Coverage shall not extend to a covered person while in the exercise of his duties where an occurrence is within the provisions of the Federal Tort Claims Act as provided in 38 USC4116 or any other federal legislation or program. In the event the covered person does not come under the provisions of said Federal Tort Claims Act, the covered person shall come under the provisions of the Plan.

5. Coverage shall not extend to medical residents employed by Employer as part of the residency program at the University of Missouri-Kansas City School of Medicine so long as professional liability coverage is provided to those medical residents by an entity other than the Employer or to health care professionals jointly employed by Employer at the University of Missouri-Kansas City School of Medicine and any entity other than Employer.

6. The coverage afforded applies separately to each covered person against whom claim is made or suit is brought, except with respect to the limits of the Plan's liability.

**D. Article IV: Coverage Agreement**

0. The Employer, based on the provisions of the Plan and from the Plan Trust will pay on behalf of the covered person all sums which the covered person shall become legally obligated to pay as damages because of injury to the person or property of a patient arising out of the operations of a medical facility or because of injury arising out of the rendering of or failure to render, while the Plan is in effect, professional services by the covered person, or by any person for whose acts or omissions such covered person is legally responsible, performed in the practice of the individual covered person's profession including service by the individual covered person as a member of a formal accreditation or similar professional board or committee of a medical facility or professional society.

1. The Employer shall have the right and duty to defend any suit seeking such damages against the covered person, even if any or all of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and such settlement of any claim or
suit as it deems expedient, but the Employer shall not be obligated to pay any claims or judgment or to defend any suit after the applicable limit of the Plan's liability has been exhausted by payment of judgments or settlements. In the event that a claim or suit is being defended at the time the applicable limit of the Plan's liability becomes exhausted, such defense shall continue as provided by Employer.

2. In the event that any covered person elects to employ his own legal counsel (see ARTICLE VI below) and declines legal counsel provided by Employer, there is no obligation under the Plan to pay any sum such covered person may become legally obligated pay, unless payment of settlement or judgment is approved by the Assistant Vice President (see ARTICLE VII below).

3. The Employer, upon the approval of the Assistant Vice President and General Counsel or their designees, may provide the defense of any disciplinary, licensure or similar administrative proceeding brought against a covered person by a federal, state, or local government agency, subject to the following conditions and restrictions:

   a. The proceeding must arise from the rendering or failure to render professional services to a patient which would otherwise be covered under the Plan.

   b. The covered person shall submit:

      (1) A brief description of the circumstances surrounding the incident giving rise to the administrative proceeding;

      (2) Documentation to verify that the named individual was acting within the scope of his or her official duties at the time of the incident; and

      (3) A copy of the summons or petition served on the named individual or any other information concerning the proceeding.

   c. The Assistant Vice President and General Counsel or their designees have determined that the named individual was acting in good faith and within the scope of his/her employment or authority and that the rendering or failure to render professional services did not arise out of malfeasance or willful or wanton action or neglect of duty.

   d. In determining whether to approve the defense of a disciplinary, licensure, or similar administrative proceeding, the Assistant Vice President and General Counsel or their designees may request a recommendation regarding coverage from the chief administrative officer or dean of the respective Medical Facility or their designees.

   e. The employer will not pay more than Fifty Thousand and No/100 Dollars ($50,000.00) on behalf of a Covered Person for any single proceeding. Furthermore, the Employer will not pay more than One
Hundred Thousand and No/100 Dollars ($100,000.00) on behalf of a Covered Person for all such proceedings covered under this program.

f. The Employer will not pay any fines, penalties, or other costs incurred by or assessed against the Covered Person as a result of any such proceeding.

E. **Article V: Exclusions** -- The Plan does not apply:

0. To bodily injury to any employee of the Employer arising out of and in the course of his employment by the Employer;

1. To any obligation for which the Employer or any carrier as his insurer may be held liable under any workmen's compensation law, unemployment compensation law or disability benefits law, or under any similar law;

2. To medical residents employed by Employer as part of the residency program at the University of Missouri-Kansas City School of Medicine so long as professional liability coverage is provided to those medical residents by an entity other than the Employer or to health care professionals jointly employed by Employer at the University of Missouri-Kansas City School of Medicine and any entity other than Employer.

3. To the Nuclear Energy hazard as follows:

   a. Under any Liability coverage, to bodily injury or property damage;

      (1) With respect to which a covered person under the Plan is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters or Nuclear Insurance Association of Canada, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or

      (2) Resulting from the hazardous properties of nuclear material and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the covered person is, or had the Plan not been established, would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

   b. Under any Medical Payments Coverage, or under any Supplementary Payments provision relating to first aid, to expenses incurred with respect to bodily injury resulting from the hazardous properties of nuclear material and arising out of the operation of a nuclear facility by any person or organization.

   b. Under any Liability Coverage, to bodily injury or property damage resulting from the hazardous properties of nuclear material, if

      (1) The nuclear material (a) is at any nuclear facility owned by, or operated by or on behalf of, a covered person or (b) has been discharged or dispersed therefrom;

      (2) The nuclear material is contained in spent fuel or waste at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of a covered person; or

      (3) The bodily injury or property damage arises out of the furnishing by a covered person of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any nuclear
facility, but if such facility is located within the United States of America, its
territories or possessions or Canada, this exclusion (3) applies only to property
damage to such nuclear facility and any property thereat.

c. The provisions of Section 490.020 E.4.a, b and c above notwithstanding, this exclusion shall not
apply to any covered person as respects his liability for injury arising from the treatment in a medical
facility; provided however, this exclusion shall apply if such injury is otherwise covered by any other policy
of insurance of the Employer and such other policy of insurance was in effect and the covered person
under the Plan was a covered person under such other policy of insurance at the time of the occurrence.

4. As used in this exclusion:

. "Hazardous properties" include radioactive, toxic or explosive properties;

a. "Nuclear material" means source material, special nuclear material or byproduct material;

b. "Source material", "special nuclear material", and "byproduct material" have the meanings given
them in the Atomic Energy Act of 1954 or in any law amendatory thereof;

c. "Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or
exposed to radiation in a nuclear reactor;

d. "Waste" means any waste material (1) containing byproduct material and (2) resulting from the
operation by any person or organization of any nuclear facility included within the definition of nuclear
facility under paragraph (1) or (2) thereof;

e. "Nuclear facility" means

(1) Any nuclear reactor,
(2) Any equipment or device designed or used for (a) separating the isotopes of uranium or plutonium, (b) processing or utilizing spent fuel, or (c) handling, processing or packaging waste,
(3) Any equipment or device used for the processing, fabricating or alloying of special nuclear material if at any time the total amount of such material in the custody of the insured at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235,
(4) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of waste,
(5) And includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

f. "Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-
supporting chain reaction or to contain a critical mass of fissionable material;

g. "Property damage" includes all forms of radioactive contamination of property.

F. Article VI: Legal Services

0. The furnishings of all legal services, including legal defense, shall be the responsibility of the
Employer through its General Counsel. Required legal services may be provided by the
General Counsel and his staff, or if outside legal counsel and services are needed, such may
be engaged by the General Counsel.
1. Any covered person may request the employment of outside counsel, including recommending the desired counsel or law firm. Such request must be made in writing and forwarded through the ICRC to the General Counsel for consideration.

2. In the event a covered person desires, in addition to the legal services provided above through the General Counsel to employ legal counsel of his choice, such employment of legal counsel shall be at the covered person's expense. In the event that the covered person elects to employ his own legal counsel to assist the General Counsel or counsel hired by the General Counsel, the right to make all decisions in regard to the defense of the claim or suit shall remain the rights and the duty of the Employer and its General Counsel.

G. Article VII: Claims Adjustment

0. All claims adjustment activities shall be deemed to be carried out for the sole and only purpose of assisting the Office of the General Counsel in defending potential legal action, causes of action or litigation against the Employer or any covered person, and shall be closed meetings, records and votes.

1. Procedures for claims adjustment, including claim payments, denials and suit settlements shall be as determined by the Assistant Vice President and shall include the duties of a medical facility Risk Manager of the ICRC and the Office of the General Counsel.

2. Since under the Plan written consent or approval in claim or suit settlement will not be required from an employee, input from any employee should be made to the ICRC.

3. The Assistant Vice President and the Director, shall after consultation with the General Counsel or his designee, notify the Director of the disposition to be made of each claim or suit. The Director will notify the medical facility Risk Manager of the disposition. The Risk Manager will be responsible for notifying the ICRC and other appropriate parties.

H. Article VIII: Payment of Claims and Suits

0. Subject to the provisions of ARTICLE VII and IX, the payment of the claims and suit judgments from the Trust Fund will be on certification to the Trustee by the Director.

1. Payments from a Trust Fund will be made in the order that claims or suit final judgments become payable, without regard to claim reserves previously established, date of incident, date of claim demand or date suit was filed.

2. The amount for a specific claim or suit judgment that can be paid from the Trust Fund will be determined by the Director based on the balance of the Trust Fund on the day such claim or suit judgment is payable. Any deficiency in the Trust Funds which would not permit full payment of such claim or suit judgment shall not impose any liability on the Employer.

I. Article IX: Limits of Liability

0. The Plan's Limits of Liability are as follows:
   - $7,500,000 per occurrence and $15,000,000 annual aggregate;
   - or the balance of the Trust Fund (see ARTICLE XI) as of the day a claim or suit final payment is due, whichever is less. Claim reserves will not be encumbered against the Trust Fund.
J. **Article X: Plan Funding** -- The Board of Curators instructs the administration to fund the Plan under the following guidelines:

0. The funding of the Plan shall be determined by the Board of Curators based on actuarial projections of an independent actuary employed by the Employer.

1. The level of amount of funding shall be sufficient to support or pay for actuarially projected costs of claims and Plan expenses such as claims adjustment, loss prevention and legal defense.

2. The amount of contribution to the fund will, within applicable fiscal constraints of HEW reimbursement regulations, consider the lag between the time a claim arises and when payment is to be made.

3. To the extent that it can be actuarially projected, the level of funding for each medical facility for the period July 1, 1978 through June 30, 1979, shall be based on each facility's previous claim experience as modified and trended to account for anticipated current year incidents and cost, including shock-losses as actuarially determined.

4. Second and subsequent year funding levels determination shall include, where appropriate, the factors outlined in Section 490.020 J.4, but in addition will include the actuarial review of claim reserves established for each medical facility. Based on this review and the cost-trending to determine the estimated ultimate claim cost of each reserve and the anticipated year(s) in which payment or payments would be due, the level of funding for each medical facility will be determined.

5. The Director will advise the appropriate fiscal office(s) of the required level of funding, as determined above, for each medical facility in order that such amounts can be transferred to the Trust Fund.

6. To the extent that it can be determined by means of the above procedures, each medical facility will be ultimately charged only for its share of Plan expenses and the claim costs for which each medical facility is responsible and incurs.

7. The Medical Practice Income Plan, as the same has been approved and adopted by the Board of Curators, shall for the sole and only purpose of contributions and level of funding under this ARTICLE X and the possible return of contributions under paragraph 1 of ARTICLE XI (Section 490.020 K.1), be considered as a medical facility.

K. **Article XI: Trust Fund**

0. The Plan fund and all additions thereto shall be set aside and dedicated as a Trust Fund and so shall remain as long as any claim or expense payable under the Plan or any changes adopted thereto prior to its termination, may be outstanding and may become payable. Such Trust Fund shall be use solely for the purpose of payment of such claims and expenses and not be subject to diversion for any other purpose by the Board of Curators so long as said Trust shall exist. It is the intent of the Board of Curators that upon termination of the trust all funds not needed as specified above shall be returned proportioned to the various accounts of the University from which contributions were made.

1. The Plan fund shall be held by the Employer as Trustee or a bank or other financial institution as Trustee. Selection of the Trustee shall be by the Vice President for Finance and Administration, upon the recommendation of the General Counsel and approved by the Board of Curators.
2. The Plan Trust Fund shall be the sole source of all payments authorized by the Plan and in no circumstances shall any other funds of the Employer, any member of the Board of Curators individually, employees of the Employer or any other covered persons of the Plan be liable or responsible therefor.

3. Employer's General Counsel shall prepare the required Trust Agreement and shall have same properly executed after the approval of the Board of Curators.

L. Article XII: Miscellaneous Provisions

0. Covered Person's Duties in the Event of Occurrence, Claim or Suit -- Upon the covered person becoming aware of an incident in which the covered person is involved resulting in any alleged injury to which the Plan applies, written notice containing particulars sufficient to identify the injured person and covered person and also reasonable obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of the injured and of available witnesses, shall be given by or for the covered person to the Director as soon as practical.

If claim is made or suit is brought against a covered person, the covered person shall forward to the Director every demand, notice, summons or other process received by him or his representative as soon as possible.

The covered person shall cooperate with the Employer and, upon the Employer's request, assist in making settlements, in the conduct of suits and enforcing any right of contribution or indemnity against any person or organization who may be liable to the covered person because of injury or damage with respect to which coverage is afforded under the Plan; and the covered person shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The covered person shall not, except as his own cost, voluntarily make any payment, assume any obligation or incur any expense.

Failure of the covered person to cooperate with the Employer shall constitute a waiver of the coverage provisions provided by the plan.

1. Action Against the Plan -- No action shall be maintained by a covered person against the Employer unless, as a condition precedent thereto, there shall have been full compliance with all of the terms of the Plan, not until the amount of the Plan's obligation to pay shall have been finally determined either by final judgment against the covered person or by written agreement of the Employer and the Claimant.

No person or organization shall have any right under the Plan to join the Employer as a party to any action against the covered person to determining the covered person's liability, nor shall the Employer be impeded by the covered person or his legal representative. Nothing in the Plan shall be construed as a waiver of any governmental immunity of the Employer, the Board of Curators of the University of Missouri nor any of its employees in the course of their official duties.

2. Other Insurance of Covered Person -- The coverage afforded by the Plan is primary coverage, except when stated to apply in excess of or contingent upon the absence of other insurance. When this coverage is primary and the covered person has other insurance which is stated to be applicable to the loss on an excess or contingent basis, the amount of the Plan's payment shall not be reduced by the existence of such other insurance.

When both the Plan and other insurance apply to the loss on the same basis, whether primary, excess or contingent, the Plan shall not be liable for a greater proportion of the loss than that stated in the applicable contribution provision below:
Contribution by Equal Shares -- If all of such other valid and collectible insurance provides for contribution by equal shares, the Plan shall not be liable for a greater proportion of such loss than would be payable if the Plan and the insurance covering each covered person contributes an equal share until the share of each equals the lowest applicable limit of liability under any one policy or Plan or the full amount of the loss is paid, and with respect to any amount of loss not so paid the Plan and remaining insurance on covered persons then continue to contribute equal shares of the remaining amount of the loss until the Plan and each insurance policy on such covered person has paid its limit in full or the full amount of the loss is paid.

a. Contribution by Limits -- If any of such other insurance does not provide for contribution by equal shares, the Plan shall not be liable for a greater proportion of such loss than the applicable limit of liability under the Plan for such loss bears to the total applicable limit of liability of the Plan and all valid and collectible insurance against such loss.

3. Subrogation -- In the event of any payment under the Plan, the Employer shall be subrogated to all the covered person's rights or recovery therefor against any person or organization and the covered person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The covered person shall do nothing after loss to prejudice such rights. Any such recovery by the Employer shall be used to adjust the next annual contribution to the Trust Fund from the medical facility on whose behalf the subrogation was effected.

4. Changes in the Plan -- All changes in the Plan subsequent to the first approval of the Plan by the Board of Curators on the date appearing on the Plan cover page, shall be prepared by the Assistant Vice President and forwarded to the ICRC for review and recommendation. After approval as to legal form by the General Counsel, the Assistant Vice President will submit the changes to the President of the Board of Curators. Changes shall become effective on the date fixed by the Board of Curators.

5. Assignment -- The interest hereunder of any covered person is not assignable. If the covered person shall die or be adjudged incompetent or cease for any reason to be a covered person under the Plan, this coverage shall thereupon terminate, but shall cover the covered person's legal representative as the covered person with respect to damages previously incurred and to which this Plan applies.

6. Cancellation -- The Plan may be canceled by the Employer effective July 1 of any year, with notice of such cancellation being given to all covered persons at least ninety (90) days prior to the effective date of such cancellation.

7. Plan Territory -- The coverages provided by the Plan apply only to an occurrence within the Plan territory and then only when claim is made and suit is brought within the United States of America, its territories, or possessions, Puerto Rico or Canada.

8. Plan Review -- As of June 30, 1979, and each year thereafter that the Plan remains in effect, the Assistant Vice President will submit an evaluation report of the Plan to the President of the University. The report shall contain, but not be limited to, the following:

   a. Adequacy of coverage;

   a. Funding levels commensurate with desired limits of liability and actual claim experience;
b. Investment income earned; and

c. Plan changes under consideration. The ICRC may submit a report to the Assistant Vice President covering any or all of the above parts or covering any other part of the Plan, including recommended changes of the Plan.

9. **Plan Constitutionality** -- In the event that any part of the Plan is held to be unconstitutional or otherwise declared illegal, the other parts of the Plan will remain in full force and effect.
INCIDENT REPORTS

Policy:
Incident reports are designed to report an incident potentially harmful to any individual (i.e., student, therapist, patient) to relay the facts of the incident and protect all individuals involved.

An incident report will be required if an incident occurs while the student is participating in a clinical education experience that could result in the student, the facility, or the University being held liable or if the incident could possibly result in harm to the patient or student, i.e. on the job injury, needle stick, etc. The student should notify the program immediately if any such event occurs.

Procedure:
Students should discuss the facility’s policy on incident reports with their clinical instructors at the beginning of each clinical experience.

In the case where an incident occurs while the student is on a clinical experience, an incident report should be completed by a student with the assistance of his/her CI.

The student will be required to fill out a university incident report if an incident occurs that could possibly result in harm to the student, i.e. on the job injury, needle stick, etc. The student will notify the program immediately such an event occurs by contacting the DCE.

Communication to Stakeholders:
This Policy & Procedure is communicated to the clinical sites/SCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:
- Signed student form stating he/she read and understands all materials in the handbook.
- Completed incident report.

Location:
- Signed student form stating he/she read and understands all materials in the handbook kept in student’s permanent file.
- Copy of completed incident report kept on file in DCE’s office.
- Student Issues on Affiliation LOG is kept in database.

CAPTE: Item P-10
INDEPENDENT STUDY

Policy:
The Independent Study may be a portion of the total clinical education requirement of the Department of Physical Therapy at the University of Missouri-Columbia. This experience, which takes place during the last clinical experience is a privilege granted to those students who meet the qualifications described below.

The experience gives the student an opportunity to determine the content of a portion of his/her educational experience and be involved in the planning process. It also enables the student to broaden his/her experiences by pursuing the study of a specific topic or a special area of interest in physical therapy. The independent study should contribute to the students’ personal and professional growth both as an individual and as a physical therapist.

Procedures:

Student Qualifications
1. A grade of “B” or above in all physical therapy courses. Students who do not meet the above criteria may petition the faculty in writing requesting a waiver of the grade requirement. This petition should include information regarding the students’ academic performance, justification as to why the faculty should waive the requirement, and a description of the type of independent study he/she would like to pursue including as much information as possible about the independent study clinical site, potential learning experiences at the site, etc. should a waiver be granted.

2. Successful completion of all clinical education required experiences with no persistent areas of weakness in clinical performance including. The independent study may be withdrawn at any time prior to the final clinical experience if the student shows persistent academic or clinical deficits.

Settings that Qualify
1. A hospital, private practice, public school, home health agency, or other setting where a licensed physical therapist is employed. There generally should be one or more therapists available to supervise and act as resource persons. Occasionally, the faculty will approve an independent study at a unique setting that is related to physical therapy but in which a student may be supervised by someone other than a physical therapist.

2. Evidence of uniqueness or quality of a particular activity or opportunity that cannot be met in one of the regular clinical education sites.

Planning
1. It is the responsibility of the student to choose, plan, and implement the desired learning experience. During the planning period faculty members will be available to give the student guidance and/or recommendations.

2. It is recognized that first year physical therapy students have had limited clinical experience. However, planning for an independent study may need to begin late in the first professional year or during the summer session before the second professional year.

3. A final plan of activities should accompany the objectives to assure that the means to meet the objectives has been developed.

Setting up the Independent study
Student Responsibilities:
1. Discuss possible studies and facilities with faculty member. A student may want to begin to identify and visit potential independent study sites during the summer prior to the second professional year.

2. Contact the facility on an informal basis to see if there are opportunities or interests on the part of the facility in hosting a student’s independent study experience. If so, a list of potential learning experiences would be obtained by the student for use in writing his/her objectives. Additional information regarding number of staff, schools with which the facility already affiliates, potential housing, etc. may also be requested.

3. Prepare specific objectives and list possible activities for the experience. The student is also responsible for determining the method to be used for evaluation of his/her performance to ensure the goals and objectives are met during the affiliation.

4. Prepare a proposal for submission to the faculty to include: the name, address, phone number of the facility; a contact person/SCCE at the facility; a description of the facility including (but not exclusive to): type, clientele, number of PTs and other staff, learning opportunities available, treatment approaches & equipment used, and any other information that would be useful to the faculty in the decision making process.

5. The proposal (as described above), along with the student’s initial objectives/activities, are submitted to the faculty for review and comment. Assignment to an appropriate faculty member who will serve as mentor to the student might also be recommended.

6. After final approval of the proposal and objectives by the faculty, the objectives and activities are sent to the prospective independent study site by the student.

7. After a response from the facility, steps to finalize objectives are taken until objectives and a plan are in a final form and approved by the faculty.

8. DCE will initiate establishment of a written agreement between the University and the clinical site: A formal written agreement between the facility and Physical Therapy Program is required by the University for the Independent Study. All correspondence regarding agreements are handled through the DCE. With Program approval of the independent study, the student is provided with liability coverage in the event that action is brought against him/her on behalf of patients treated by the student during the experience.

9. Student determines what kind of housing and transportation will be necessary, and makes those arrangements.

Performance on Site
1. The student will be responsible to the facility and must abide by the regulations of the facility including any special medical requirements.

2. The same rules which govern absences, days off, dress, etc., on a regular clinical experience apply to an independent study.

Evaluation
1. The student is responsible for identifying the means through which his/her performance will be evaluated during the experience. The student and his/her CI may choose to use the Clinical Performance Instrument (CPI). The student, with faculty approval (and assistance as needed), may elect to use another method of evaluation. Some form of written performance report (evaluation) must be submitted to the DCE at the completion of the clinical experience for a grade to be awarded.

2. The student has an additional requirement which must be completed to receive a satisfactory grade for this clinical education experience. The student must provide the faculty with a written report describing the clinical experience after it has been completed.
3. Evaluation and assignment of a grade for the independent study is based on the student’s oral and written reports of the experience as well as the CI’s evaluation of the student’s performance.

4. It is suggested and the facility may ask the student to evaluate the experience. This will aid the facility in enhancing its student program. The Physical Therapy Program faculty request that an evaluation of the facility be completed and a copy returned to the DCE. The Program’s Student Evaluation of Clinical Experience may be used to accomplish this.

Written Report
1. This paper is to be a description of your experience leading up to and during the independent study.

2. Suggested content may include but is not limited to the following:
   a. Development of the project
      1) Selection of the project
         a) Why was the experience chosen?
         b) How was your choice made?
         c) Other information that influence your choice and pursuit of the experience.
      2) Planning
         a) How was the experience planned?
         b) Who was involved in planning?
         c) What objectives were established?
         d) What activities were outlined to meet your objectives?
         e) Other planning information.
   b. Participation
      1) Describe special characteristics of the setting.
      2) Describe activities in which you actually participated during the clinical experience
      3) Describe any clinical, educational, or administrative skills and knowledge applicable to physical therapy that you acquired during this time period
      4) Describe any incidents which occurred that enhanced your experience
      5) Highlight any other experiences that occurred during the clinical
   c. Evaluation
      1) What was accomplished during the period?
      2) To what extent were your objectives met?
      3) Were you able to participate fully in the planned activities?
      4) Would you change any part of the experience?
   b. Format
      1) A conventional report format with introduction, body and conclusion, paragraph style, should be used for independent studies which do not involve a specific research question.
      2) If a research question is being investigated, the format typically used for developing a research proposal and reporting the results should be employed. See faculty for instructions.
University of Missouri
School of Health Professions
Department of Physical Therapy

DETERMINING STUDENT READINESS TO PARTICIPATE IN CLINICAL EDUCATION

Policy:
The faculty will discuss and approve student readiness to participate in clinical education at a faculty meeting prior to the start of clinical experiences. Students must be deemed ready to participate in clinical education prior to beginning a clinical education experience. Students will not be sent on a clinical experience if the faculty has determined that the student has exhibited academic, safety or professional deficiencies (“readiness deficiencies”).

Procedure:
Faculty will determine by a majority vote at a faculty meeting prior to the clinical experience each student’s readiness to participate in clinical education. To be eligible to participate in clinical education, students must demonstrate at a minimum:

• Current CPR Certification
• Current on all Immunizations
• Appropriate Criminal Background Checks
• Successful completion of urine drug screen with negative results
• Successful completion of all required coursework to that point in the curriculum
• Ongoing demonstration of appropriate professional behaviors in line with the APTA Code of Ethics

When the faculty reaches a majority vote that the student exhibits readiness in the above areas, he/she will be able to initiate that clinical experience.

If there are readiness deficiencies, the student will not be allowed to participate in clinical education. The faculty can prevent the student from participating in clinical education until these deficiencies have been addressed satisfactorily.

If the faculty determines that there are readiness deficiencies, the following procedure will be followed:

• If the student is determined ready but the faculty has concerns that need addressing, the DCE will meet with the student to discuss these issues. A documented plan will be developed by the DCE and the student with faculty input and this will be placed in the student’s file. This plan will address the faculty’s concerns for the time the student is on the clinical experience and will be reflected on the data sheet. The plan will include information such as the student’s preferred learning styles and/or supervision needs.
• The DCE will closely and frequently monitor the performance of these students while on clinical experiences. The DCE will also follow-up with these students and associated clinical instructors prior to the midterm evaluation via phone interview to be sure the plan is being carried out.

This policy and procedure is communicated to the clinical sites/SCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:
• The faculty meeting minutes will reflect the faculty votes for student readiness for clinical education
• For those students that faculty has determined to be ready but with concerns, a clinical education plan will be placed in the student’s file

CAPTE: Pg. B-16 Item F-21 updated 06/11/18; 02/17/20
University of Missouri- Columbia
School of Health Professions
Department of Physical Therapy

RIGHTS AND PRIVILEGES OF PATIENTS/CLIENTS

Policy:
Rights and privacy of patients/clients will be protected while students are on clinical education rotations. Consent to participate in therapy will be obtained from all patients/clients while students are on clinical education rotations.

Procedure:
• Students will wear name badges clearly identifying themselves as students from the University of Missouri-Columbia, Department of Physical Therapy.
• Students will introduce themselves to patient/client/family as a “student physical therapist from the University of Missouri-Columbia” and ask permission to treat/observe treatment.
• If patient/client refuses, student will cease interaction and contact Clinical Instructor.

Evidence of Compliance:
• This policy and procedure is communicated to the clinical sites/ SCCEs and students via the DCE and the Clinical Education Handbook. The student signs a form stating that he/she has read and understands all material in the handbook.

An annual survey for the sites and a survey for students upon completing the program will be utilized to decide if this policy and procedure is being successfully communicated to the site and students as well as to determine if this policy and procedure is being effectively carried out.

CAPTE: Pg. B-8 Item P-12 updated 06/11/18, case study no longer used in program.
COURSE DESCRIPTION/METHODS:
Full time clinical education with supervision from a licensed physical therapist whom has at least one year of experience. The clinical experience will focus on application of basic skills, documentation, and therapeutic modalities.

PREREQUISITES: Successful completion of PT 7150. Graded on S/U basis only.

EVALUATION OF STUDENT PERFORMANCE:
- Satisfactory performance will be judged by a combination of factors:
  - score on Clinical Performance Instrument (CPI)
  - comments on CPI
  - written and oral communication between student, CI, and DCE

REQUIRED TEXTS: None

EVIDENCE BASED TOOL KIT: http://healthprofessions.missouri.edu/physical-therapy-program/practitioners-tool-kit/

STUDENT PERFORMANCE POLICY:
The faculty of the University of Missouri Physical Therapy Curriculum is committed to high academic and professional standards. These high standards are central to our mission of preparing exceptional clinicians who will serve as stewards of our profession. Therefore, it is our obligation to insure that graduates demonstrate mastery of all course content. It is to this end we establish the following grading policies and procedures.

SATISFACTORY COMPLETION OF COURSE:
Satisfactory performance will be judged by a combination of factors; score on clinical performance instrument (CPI), comments on CPI, written and oral communication between student, CI and DCE, and input from core faculty. The final judgment of passing will be made by the DCE and core faculty.

Any student receiving an unsatisfactory (U) grade on a clinical will be subject to the Policy on Failure of a Clinical Education Experience.

AMERICANS WITH DISABILITIES ACT STATEMENT:
If you anticipate barriers related to the format or requirements of this course, if you have emergency medical information to share with me, or if you need to make arrangements in case the building must be evacuated, please let me know as soon as possible.

If disability related accommodations are necessary (for example, a note taker, extended time on exams, captioning), please register with the Office of Disability Services (http://disabilityservices.missouri.edu), S5 Memorial Union, 882-4696, and
STATEMENT ON ACADEMIC DISHONESTY:
Academic integrity is fundamental to the activities and principles of a university. All members of the academic community must be confident that each person's work has been responsibly and honorably acquired, developed, and presented. Any effort to gain an advantage not given to all students is dishonest whether or not the effort is successful. The academic community regards breaches of the academic integrity rules as extremely serious matters. Sanctions for such a breach may include academic sanctions from the instructor, including failing the course for any violation, to disciplinary sanctions ranging from probation to expulsion. When in doubt about plagiarism, paraphrasing, quoting, collaboration, or any other form of cheating, consult the course instructor. (Office of the Provost 2010-2011).

Use of any electronic device (e.g. cell phone, iPod, laptop computer) is strictly prohibited during examinations and quizzes. All electronic devices must be turned off and remain out of sight during the examination or quiz. Failure to do so will be viewed as an act of academic dishonesty.

PROFESSIONAL ATTIRE:
It is the policy of this program that students dress in professional clinical attire during lectures and labs where guest speakers or participants are invited as well as during all off-campus educational experiences when the student represents the University of Missouri-Columbia Department of Physical Therapy.
Professional attire is defined by:
- Long pants (no jeans) or skirts that are knee length or longer
- For men, a collared shirt is required
- For women, a shirt with modest neckline and length to be tucked in or cover the waistline during any activity
- Closed toe shoes
- MU Physical Therapy nametag.

PERFORMANCE EXPECTATIONS FOR CLINICAL EDUCATION
Students will be expected to perform at a very high level, regardless of the clinical experience number or setting for the following objectives: 1-6. These objectives are noted as “red flags” and closely mirror the Professional Practice Expectations and the APTA Core Values.

Student performance on the clinical education objectives corresponding to patient/client and practice management expectations (objectives 7-18) will be assessed in relation to their performance under the following conditions:
1. Complexity of patient
2. Newness of situation
3. Level of supervision
4. Efficiency
5. Consistency

The level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education I, the following performance conditions and expectations are required:

<table>
<thead>
<tr>
<th>Complexity of Patient</th>
<th>Newness of Situation</th>
<th>Level of Supervision</th>
<th>Efficiency</th>
<th>Consistency</th>
</tr>
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<tbody>
<tr>
<td>Clinical Education I</td>
<td>Basic</td>
<td>Routine</td>
<td>Guidance/ Consultation</td>
<td>Moderate</td>
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<td>New</td>
<td>Close</td>
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<td>Complex</td>
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<tr>
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<td>New</td>
<td>Close</td>
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<td>Low</td>
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</tbody>
</table>
At the end of this clinical experience, it is the program’s expectation that students will be functioning at advanced beginner level. The APTA defines advanced beginner as…a student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.

**Specific Performance Expectations (not meant to be an exhaustive list):**
At the conclusion of the clinical experience, the student should be able to complete the following tasks with very little or no supervision:

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vital signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Application of interventions such as basic modalities and therapeutic exercise

Students may require significant guidance or verbal/physical cues concerning:

- Synthesis of examination data to formulate appropriate diagnosis and treatment planning, especially for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
Clinical Education Objectives (Where Measured on CPI):
The student will:

1. Practice in a safe manner (CPI 1)
   Sample behaviors include:
   - Awareness of contraindications and precautions
   - Requests assistance when needed

2. Demonstrate professional behavior (CPI 2)
   Sample behaviors include:
   - Integrity, caring, compassion and empathy
   - Manages conflict in constructive ways

3. Practice in a legal, professional, ethical manner (CPI 3)
   Sample behaviors include:
   - Adhere to legal, ethical and clinical site standards
   - Places patients’ needs above self interest

4. Communicate effectively (CPI 4)
   Sample behaviors include:
   - Communicates verbally, nonverbally in a professional and timely manner
   - Seeks and responds to feedback from multiple sources

5. Demonstrate cultural competence (CPI 5)
   Sample behaviors include:
   - Consider differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status when communicating with others
   - Provide care in a non-judgmental manner when stakeholders beliefs and values conflict with their own

6. Demonstrate professional development (CPI 6)
   Sample behaviors include:
   - Identifies strengths and weaknesses in own performance
   - Accepts responsibility for continued learning

7. Exhibit sound clinical reasoning (CPI 7)
   Sample behaviors include:
   - Utilizes information from multiple data sources
   - Selects examination techniques and interventions based on best available evidence

8. Utilize screening to determine need for further examination or consultation (CPI 8)
   Sample behaviors include:
• Reviews history, performs system review, selects and conducts appropriate screening and test and measures
• Analyzes and interprets results to determine need for further services

9. Perform physical therapy examination using appropriate test and measures (CPI 9)
   Sample behaviors include:
   • Obtains history, selects and performs appropriate test and measures
   • Utilizes evidence-based practice

10. Evaluate data from the patient examination to make clinical judgments (CPI 10)
    Sample behaviors include:
    • Synthesize examination data
    • Cites evidence to support decisions

11. Determine diagnosis and prognosis (CPI 11)
    Sample behaviors include:
    • Integrates data to determine an appropriate diagnosis that links impairment to functional deficit
    • Integrates data to determine an appropriate prognosis based on contributing factors such as exam results and co-morbidities

12. Establish an appropriate plan of care (CPI 12)
    Sample behaviors include:
    • Forms a plan of care that is safe, effective, patient centered
    • Follows established guidelines when available

13. Perform physical therapy interventions in a competent manner (CPI 13)
    Sample behaviors include:
    • Performing interventions safely, effectively and efficiently
    • Provides rationale for interventions used

14. Effectively educate all stakeholders (CPI 14)
    Sample behaviors include:
    • Identify patient learning styles and preferred method of learning
    • Ensures understanding

15. Produce quality documentation in an accurate and timely manner (CPI 15)
    Sample behaviors include:
    • Follows legal and clinical site regulations
    • Participates in quality improvement review of documentation
16. Select and analyze appropriate outcome measures (CPI 16)
   Sample behaviors include:
   • Selects outcome measures in an evidence-based manner
   • Evaluates results of outcome measures

17. Participate in the financial management of the physical therapy services (CPI 17)
   Sample behaviors include:
   • Schedules patients, equipment and space
   • Uses time effectively

18. Direct and supervise personnel appropriately (CPI 18)
   Sample behaviors include:
   • Make decisions based on legal and ethical standards
   • Supervise and monitor care provided after delegation of care

Sample behaviors listed are not all-inclusive. Please see CPI for more expansive description of appropriate sample behaviors.

CAPTE: Pg. B-13, Item F-13; Pg. B-25, Item CP-2.1 updated 06/11/18
CLOCK HOURS: Total 400 hours, 10 weeks

COURSE COORDINATOR:  PHONE  EMAIL  
Dana Martin, PT, DSc        (573) 882-0401  martindan@health.missouri.edu  
Kelly Stephens MPT, CKTP     (573) 884-5527  stephenska@health.missouri.edu

COURSE DESCRIPTION/METHODS: 
Full time clinical education with supervision from a licensed physical therapist who has at least one year of experience. This course is a continuation of 6410 with advancing expectations of student physical therapist performance.

PREREQUISITES: Successful completion of PT 6410. Graded on S/U basis only.

EVALUATION OF STUDENT PERFORMANCE:
- Satisfactory performance will be judged by a combination of factors:
  - score on Clinical Performance Instrument (CPI)
  - comments on CPI
  - written and oral communication between student, CI, and DCE
  - completion and submission of all required clinical paperwork

REQUIRED TEXTS: None

EVIDENCE BASED TOOL KIT: 
The Evidence Based Tool Kit and other resources are accessible through the MU PT Department's web site at https://healthprofessions.missouri.edu/physical-therapy-program/practitioners-tool-kit/

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SATISFACTORY COMPLETION OF COURSE: 
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Any student receiving an unsatisfactory (U) grade on a clinical will be subject to the Policy on Failure of a Clinical Education Experience.
AMERICANS WITH DISABILITIES ACT STATEMENT:
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If disability related accommodations are necessary (for example, a note taker, extended time on exams, captioning), please register with the Office of Disability Services (http://disabilityservices.missouri.edu), S5 Memorial Union, 882-4696, and then notify me of your eligibility for reasonable accommodations. For other MU resources for students with disabilities, click on "Disability Resources" on the MU homepage. (Office of Disability Services, Fall 2010)

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• Closed toe shoes
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PERFORMANCE EXPECTATIONS FOR CLINICAL EDUCATION
Students will be expected to perform at a very high level, regardless of the clinical affiliation number or setting for the following objectives: 1-6. These objectives are noted as “red flags” or closely mirror the Professional Practice Expectations and the APTA Core Values.

Student performance on the clinical education objectives corresponding to patient/client and practice management expectations (objectives 7-18) will be assessed in relation to their performance under the following conditions:
1. Complexity of patient
2. Newness of situation
3. Level of supervision
4. Efficiency
5. Consistency

The level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education II, the following performance conditions and expectations are required:
At the end of this clinical experience, it is the program’s expectation that students will be functioning at the intermediate level. The APTA defines intermediate as…. a student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 50% of a full-time physical therapist’s caseload

NOTE: ALL students will complete an Evidence-based Presentation or Quality Assurance Project as designated by their clinical instructor while on this rotation.

**Specific Performance Expectations (not meant to be an exhaustive list):**

**Acute and Outpatient Orthopedic Clinical Experiences:**

At the conclusion of the clinical experience the student should be able to complete the following tasks with very little or no supervision:

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vital signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Diagnosis and treatment planning for common, routine patients (e.g. non-complicated rotator cuff impingement, lateral epicondylitis, total joint replacement, etc.)
- Application of interventions such as basic modalities and therapeutic exercise

Students may require significant guidance or verbal/physical cues concerning:

- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as joint mobilization, McConnell taping, prescription of bracing/orthotics, etc.

**Adult Neurological Clinical Experiences:**

At the conclusion of the clinical experience the student should be able to complete the following tasks with little to moderate supervision:

- Documentation
- Patient Interview
- Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, activity tolerance and posture
- Assessment of functional mobility including bed mobility, transfers, wheelchair mobility and ambulation
- Gait assessment
- Refer to appropriate team members
- Identify level of SCI using ASIA classification system
- Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
• Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient’s physical recovery
• Assess for patient equipment needs including wheelchair and cushion, appropriate assistive device, and durable medical equipment
• Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim, FES, biofeedback), manual techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill and bike)
• Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training
• Prescription, application, and fabrication of adaptive and assistive devices (slings, transfer devices and air splints)
• Use of the Functional Independence Measure (FIM)
• Devise PT related and team goals with functional outcomes and expected duration of treatment

Pediatric Clinical Experiences:
At the conclusion of the clinical experience the student should be able to complete the following tasks with little to moderate supervision:
• Select, administer and interpret assessments for pediatric clients with neuromuscular dysfunction
• Apply the NCMRR disablement model and utilize this to guide decision making
• Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
• Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning and development into treatment
• Provide education to family and caregivers including home exercise program and methods to facilitate the patient’s development
• Assess for appropriate equipment (orthotics, wheelchair and cushion, appropriate assistive devices, helmet, wedges, etc.)
• Refer to appropriate team members/health professionals as well as to community resources
• Identify physical health related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Muscular Dystrophy, Spinal Muscular Atrophy and orthopedic conditions

Students on Pediatric or Neurological clinical experiences may require significant guidance or verbal/physical cues concerning:
• Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
• Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
• Application of more complicated interventions such as prescription of bracing/orthotics, etc.
Clinical Education Objectives (Where Measured on CPI):

The student will:

1. Practice in a safe manner (CPI 1)
   Sample behaviors include:
   - Aware of contraindications and precautions
   - Requests assistance when needed

2. Demonstrate professional behavior (CPI 2)
   Sample behaviors include:
   - Integrity, caring, compassion and empathy
   - Manages conflict in constructive ways

3. Practice in a legal, professional, ethical manner (CPI 3)
   Sample behaviors include:
   - Adhere to legal, ethical and clinical site standards
   - Places patients’ needs above self interest

4. Communicate effectively (CPI 4)
   Sample behaviors include:
   - Communicates verbally, nonverbally in a professional and timely manner
   - Seeks and responds to feedback from multiple sources

5. Demonstrate cultural competence (CPI 5)
   Sample behaviors include:
   - Consider differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status when communicating with others
   - Provide care in a non-judgmental manner when stakeholders beliefs and values conflict with their own

6. Demonstrate professional development (CPI 6)
   Sample behaviors include:
   - Identify strengths and weaknesses in own performance
   - Accepts responsibility for continued learning

7. Exhibit sound clinical reasoning (CPI 7)
   Sample behaviors include:
   - Utilize information from multiple data sources
   - Selects examination techniques and interventions based on best available evidence

8. Utilize screening to determine need for further examination or consultation (CPI 8)
   Sample behaviors include:
   - Reviews history, performs system review, selects and conducts appropriate screening and test and measures
   - Analyzes and interprets results to determine need for further services

9. Perform a physical therapy examination using appropriate test and measures(CPI 9)
   Sample behaviors include:
   - Obtains history, selects and performs appropriate test and measures
• Utilizes evidence-based practice

10. Evaluate data from the patient examination to make clinical judgments (CPI 10)
Sample behaviors include:
• Synthesize examination data
• Cites evidence to support decisions

11. Determine diagnosis and prognosis (CPI 11)
Sample behaviors include:
• Integrates data to determine an appropriate diagnosis that links impairment to functional deficit
• Integrates data to determine an appropriate prognosis based on contributing factors such as exam results and co-morbidities

12. Establish an appropriate plan of care (CPI 12)
Sample behaviors include:
• Forms a plan of care that is safe, effective, patient centered
• Follows established guidelines when available

13. Perform physical therapy interventions in a competent manner (CPI 13)
Sample behaviors include:
• Performing interventions safely, effectively and efficiently
• Provides rationale for interventions used

14. Effectively educate all stakeholders (CPI 14)
Sample behaviors include:
• Identify patient learning styles and preferred method of learning
• Ensures understanding

15. Produce documentation in an accurate and timely manner (CPI 15)
Sample behaviors include:
• Follows legal and clinical site regulations
• Participates in quality improvement review of documentation

16. Select and analyze appropriate outcome measures (CPI 16)
Sample behaviors include:
• Selects outcome measures in an evidence based manner
• Evaluates results of outcome measures

17. Participate in the financial management of the physical therapy services (CPI 17)
Sample behaviors include:
• Schedules patients, equipment and space
• Uses time effectively

18. Direct and supervise personnel appropriately (CPI 18)
Sample behaviors include:
• Make decisions based on legal and ethical standards
• Supervise and monitor care provided after delegation of care
Sample behaviors listed are not all-inclusive. Please see CPI for more expansive description of appropriate sample behaviors.

CAPTE: Pg. B-13, Item F-13; Pg. B-25, Item CP-2.10 updated 06/11/18
CLOCK HOURS: Total 360 hours, 9 weeks

COURSE COORDINATORS:          PHONE              EMAIL
Dana Martin, PT, DSc          (573) 882-0401  martindan@health.missouri.edu
Kelly Stephens, MPT           (573) 884-5527   stephenska@health.missouri.edu

COURSE DESCRIPTION/METHODS:
Full time supervised clinical education with supervision from a licensed physical therapist that has at least one year of experience. This course is a continuation of 6630 with advancing expectations of student physical therapist performance.

PREREQUISITES: Successful completion of PT 6630. Graded on S/U basis only.

EVALUATION OF STUDENT PERFORMANCE:
- Satisfactory performance will be judged by a combination of factors:
  - score on Clinical Performance Instrument (CPI)
  - comments on CPI
  - written and oral communication between student, CI, and DCE
  - completion and submission of all required clinical paperwork

REQUIRED TEXTS: None

EVIDENCE BASED TOOL KIT:
The Evidence Based Tool Kit and other resources are accessible through the MU PT Department's web site at https://healthprofessions.missouri.edu/physical-therapy-program/practitioners-tool-kit/

STUDENT PERFORMANCE POLICY:
The faculty of the University of Missouri Physical Therapy Curriculum is committed to high academic and professional standards. These high standards are central to our mission of preparing exceptional clinicians who will serve as stewards of our profession. Therefore, it is our obligation to insure that graduates demonstrate mastery of all course content. It is to this end we establish the following grading policies and procedures.

SATISFACTORY COMPLETION OF COURSE:
Satisfactory performance will be judged by a combination of factors; score on clinical performance instrument (CPI), comments on CPI, written and oral communication between student, CI and DCE, and successful completion of evidence based practice presentation and/or other assignments. The final judgment of passing will be made by the DCE and core faculty.

Any student receiving an unsatisfactory (U) grade on a clinical will be subject to the Policy on Failure of a Clinical Education Experience.
AMERICANS WITH DISABILITIES ACT STATEMENT:
If you anticipate barriers related to the format or requirements of this course, if you have emergency medical information to share with me, or if you need to make arrangements in case the building must be evacuated, please let me know as soon as possible.

If disability related accommodations are necessary (for example, a note taker, extended time on exams, captioning), please register with the Office of Disability Services (http://disabilityservices.missouri.edu), S5 Memorial Union, 882-4696, and then notify me of your eligibility for reasonable accommodations. For other MU resources for students with disabilities, click on "Disability Resources" on the MU homepage. (Office of Disability Services, Fall 2010)

STATEMENT ON ACADEMIC DISHONESTY:
Academic integrity is fundamental to the activities and principles of a university. All members of the academic community must be confident that each person's work has been responsibly and honorably acquired, developed, and presented. Any effort to gain an advantage not given to all students is dishonest whether or not the effort is successful. The academic community regards breaches of the academic integrity rules as extremely serious matters. Sanctions for such a breach may include academic sanctions from the instructor, including failing the course for any violation, to disciplinary sanctions ranging from probation to expulsion. When in doubt about plagiarism, paraphrasing, quoting, collaboration, or any other form of cheating, consult the course instructor. (Office of the Provost 2010-2011).

Use of any electronic device (e.g. cell phone, iPod, laptop computer) is strictly prohibited during examinations and quizzes. All electronic devices must be turned off and remain out of sight during the examination or quiz. Failure to do so will be viewed as an act of academic dishonesty.

PROFESSIONAL ATTIRE:
It is the policy of this program that students dress in professional clinical attire during lectures and labs where guest speakers or participants are invited as well as during all off-campus educational experiences when the student represents the University of Missouri-Columbia Department of Physical Therapy.

Professional attire is defined by:
- Long pants (no jeans)
- For men, a collared shirt is required
- For women, a shirt with modest neckline and length to be tucked in or cover the waistline during any activity
- Closed toe shoes
- MU Physical Therapy nametag.

PERFORMANCE EXPECTATIONS FOR CLINICAL EDUCATION
Students will be expected to perform at a very high level, regardless of the clinical affiliation number or setting for the following objectives: (1-6). These objectives are noted as “red flags” or closely mirror the Professional Practice Expectations noted in the Normative Model of Physical Therapist Professional Education and the APTA Core Values.

Student performance on the clinical education objectives corresponding to patient/client and practice management expectations (objectives 7-18) will be assessed in relation to their performance under the following conditions:
1. Complexity of patient
2. Newness of situation
3. Level of supervision
4. Efficiency
5. Consistency

The level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education III, the following performance conditions and expectations are required:

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At the end of this clinical experience, it is the program’s expectation that students will be functioning at the advanced intermediate level. The APTA defines advanced intermediate as a student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 75% of a full-time physical therapist's caseload.

NOTE: ALL students will complete an Evidence-based Presentation or Quality Assurance Project as designated by their clinical instructor while on this rotation.

Specific Performance Expectations (not meant to be an exhaustive list):

**Acute and Outpatient Orthopedic Clinical Experiences:**

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision:
- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vital signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Diagnosis and treatment planning for common, routine patients (e.g. non-complicated rotator cuff impingement, lateral epicondylitis, total joint replacement, etc.)
- Application of interventions such as modalities, therapeutic exercise, McConnell taping, peripheral joint mobilization

Students may require moderate guidance or verbal/physical cues concerning:
- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions (Burns, Cardiopulmonary, Wounds, and Oncology)
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as spinal mobilization, prescription of bracing/orthotics, etc.

**Adult Neurological Clinical Experiences:**

At the conclusion of the clinical experience, the student should be able to complete the following tasks with little to moderate supervision:
- Documentation
- Patient Interview
- Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, activity tolerance and posture
- Assessment of functional mobility including bed mobility, transfers, wheelchair mobility and ambulation
- Gait assessment
- Refer to appropriate team members
- Identify level of SCI using ASIA classification system
- Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
• Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient’s physical recovery
• Assess for patient equipment needs including wheelchair and cushion, appropriate assistive device, and durable medical equipment
• Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim, FES, biofeedback), manual techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill and bike)
• Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training
• Prescription, application, and fabrication of adaptive and assistive devices (slings, transfer devices and air splints)
• Use of the Functional Independence Measure (FIM)
• Devise PT related and team goals with functional outcomes and expected duration of treatment

**Pediatric Clinical Experiences:**
At the conclusion of the clinical experience, the student should be able to complete the following tasks with little to moderate supervision:

• Select, administer and interpret assessments for pediatric clients with neuromuscular dysfunction
• Apply the NCMRR disablement model and utilize this to guide decision making
• Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
• Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning and development into treatment
• Provide education to family and caregivers including home exercise program and methods to facilitate the patient’s development
• Assess for appropriate equipment (orthotics, wheelchair and cushion, appropriate assistive devices, helmet, wedges, etc.)
• Refer to appropriate team members/health professionals as well as to community resources
• Identify physical health related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Muscular Dystrophy, Spinal Muscular Atrophy and orthopedic conditions

Students on Pediatric or Neurological affiliations may require moderate guidance or verbal/physical cues concerning:

• Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
• Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
• Application of more complicated interventions such as prescription of bracing/orthotics, etc.
Clinical Education Objectives (Where Measured on CPI):

The student will:

1. Practice in a safe manner (CPI 1)
   Sample behaviors include:
   • Aware of contraindications and precautions
   • Requests assistance when needed

2. Demonstrate professional behavior (CPI 2)
   Sample behaviors include:
   • Integrity, caring, compassion and empathy
   • Manages conflict in constructive ways

3. Practice in a legal, professional, ethical manner (CPI 3)
   Sample behaviors include:
   • Adhere to legal, ethical and clinical site standards
   • Places patients’ needs above self interest

4. Communicate effectively (CPI 4)
   Sample behaviors include:
   • Communicates verbally, nonverbally in a professional and timely manner
   • Seeks and responds to feedback from multiple sources

5. Demonstrate cultural competence (CPI 5)
   Sample behaviors include:
   • Consider differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status when communicating with others
   • Provide care in a non-judgmental manner when stakeholders beliefs and values conflict with their own

6. Demonstrate professional development (CPI 6)
   Sample behaviors include:
   • Identify strengths and weaknesses in own performance
   • Accepts responsibility for continued learning

7. Exhibit sound clinical reasoning (CPI 7)
   Sample behaviors include:
   • Utilize information from multiple data sources
   • Selects examination techniques and interventions based on best available evidence

8. Utilize screening to determine need for further examination or consultation (CPI 8)
   Sample behaviors include:
   • Reviews history, performs system review, selects and conducts appropriate screening and test and measures
• Analyzes and interprets results to determine need for further services

9. Perform a physical therapy examination using appropriate test and measures (CPI 9)
   Sample behaviors include:
   • Obtains history, selects and performs appropriate test and measures
   • Utilizes evidence-based practice

10. Evaluate data from the patient examination to make clinical judgments (CPI 10)
    Sample behaviors include:
    • Synthesize examination data
    • Cites evidence to support decisions

11. Determine diagnosis and prognosis (CPI 11)
    Sample behaviors include:
    • Integrates data to determine an appropriate diagnosis that links impairment to functional deficit
    • Integrates data to determine an appropriate prognosis based on contributing factors such as exam results and co-morbidities

12. Establish an appropriate plan of care (CPI 12)
    Sample behaviors include:
    • Forms a plan of care that is safe, effective, patient centered
    • Follows established guidelines when available

13. Perform physical therapy interventions in a competent manner (CPI 13)
    Sample behaviors include:
    • Performing interventions safely, effectively and efficiently
    • Provides rationale for interventions used

14. Effectively educate all stakeholders (CPI 14)
    Sample behaviors include:
    • Identify patient learning styles and preferred method of learning
    • Ensures understanding

15. Produce documentation in an accurate and timely manner (CPI 15)
    Sample behaviors include:
    • Follows legal and clinical site regulations
    • Participates in quality improvement review of documentation

16. Select and analyze appropriate outcome measures (CPI 16)
    Sample behaviors include:
    • Selects outcome measures in an evidence-based manner
    • Evaluates results of outcome measures

17. Participate in the financial management of the physical therapy services (CPI 17)
Sample behaviors include:

- Schedules patients, equipment and space
- Uses time effectively

18. Direct and supervise personnel appropriately (CPI 18)

Sample behaviors include:

- Make decisions based on legal and ethical standards
- Supervise and monitor care provided after delegation of care

Sample behaviors listed are not all-inclusive. Please see CPI for more expansive description of appropriate sample behaviors.

CAPTE: Pg. B-13, Item F-13; Pg. B-25, Item CP-2.10 updated 06/12/18
CLOCK HOURS: Total 320 hours, 8 weeks

COURSE COORDINATOR:  PHONE  EMAIL
Dana Martin, PT, DSc   (573) 882-0401          martindan@health.missouri.edu
Kelly Stephens, MPT   (573) 884-5527          stephenska@health.missouri.edu

COURSE DESCRIPTION/METHODS:
Full time supervised clinical education with supervision from a licensed physical therapist that has at least one year of experience. This course is a continuation of 8945 with advancing expectations of student physical therapist performance.

PREREQUISITES: Successful completion of PT 6820. Graded on S/U basis only.

EVALUATION OF STUDENT PERFORMANCE:
- Satisfactory performance will be judged by a combination of factors:
  - score on Clinical Performance Instrument (CPI)
  - comments on CPI
  - written and oral communication between student, CI, and DCE
  - completion and submission of all clinical paperwork

REQUIRED TEXTS: None

EVIDENCE BASED TOOL KIT:
The Evidence Based Tool Kit and other resources are accessible through the MU PT Department's web site at https://healthprofessions.missouri.edu/physical-therapy-program/practitioners-tool-kit/

STUDENT PERFORMANCE POLICY:
The faculty of the University of Missouri Physical Therapy Curriculum is committed to high academic and professional standards. These high standards are central to our mission of preparing exceptional clinicians who will serve as stewards of our profession. Therefore, it is our obligation to insure that graduates demonstrate mastery of all course content. It is to this end we establish the following grading policies and procedures.

SATISFACTORY COMPLETION OF COURSE:
Satisfactory performance will be judged by a combination of factors; score on clinical performance instrument (CPI), comments on CPI, written and oral communication between student, CI and DCE, and input from core faculty. The final judgment of passing will be made by the DCE and core faculty.

Any student receiving an unsatisfactory (U) grade on a clinical will be subject to the Policy on Failure of a Clinical Education Experience.
AMERICANS WITH DISABILITIES ACT STATEMENT:
If you anticipate barriers related to the format or requirements of this course, if you have emergency medical information to share with me, or if you need to make arrangements in case the building must be evacuated, please let me know as soon as possible.
If disability related accommodations are necessary (for example, a note taker, extended time on exams, captioning), please register with the Office of Disability Services (http://disabilityservices.missouri.edu), S5 Memorial Union, 882-4696, and then notify me of your eligibility for reasonable accommodations. For other MU resources for students with disabilities, click on "Disability Resources" on the MU homepage. (Office of Disability Services, Fall 2010)

STATEMENT ON ACADEMIC DISHONESTY:
Academic integrity is fundamental to the activities and principles of a university. All members of the academic community must be confident that each person's work has been responsibly and honorably acquired, developed, and presented. Any effort to gain an advantage not given to all students is dishonest whether or not the effort is successful. The academic community regards breaches of the academic integrity rules as extremely serious matters. Sanctions for such a breach may include academic sanctions from the instructor, including failing the course for any violation, to disciplinary sanctions ranging from probation to expulsion. When in doubt about plagiarism, paraphrasing, quoting, collaboration, or any other form of cheating, consult the course instructor. (Office of the Provost 2010-2011).

Use of any electronic device (e.g. cell phone, iPod, laptop computer) is strictly prohibited during examinations and quizzes. All electronic devices must be turned off and remain out of sight during the examination or quiz. Failure to do so will be viewed as an act of academic dishonesty.

PROFESSIONAL ATTIRE:
It is the policy of this program that students dress in professional clinical attire during lectures and labs where guest speakers or participants are invited as well as during all off-campus educational experiences when the student represents the University of Missouri-Columbia Department of Physical Therapy.
Professional attire is defined by:
• Long pants (no jeans) or skirts that are knee length or longer
• For men, a collared shirt is required
• For women, a shirt with modest neckline and length to be tucked in or cover the waistline during any activity
• Closed toe shoes
• MU Physical Therapy nametag.

PERFORMANCE EXPECTATIONS FOR CLINICAL EDUCATION
Students will be expected to perform at a very high level, regardless of the clinical affiliation number or setting for the following objectives: 1-6. These objectives are noted as “red flags” or closely mirror the Professional Practice Expectations and the APTA Core Values.

Student performance on the clinical education objectives corresponding to patient/client and practice management expectations (objectives 7-18) will be assessed in relation to their performance under the following conditions:
1. Complexity of patient
2. Newness of situation
3. Level of supervision
4. Efficiency
5. Consistency

The level of satisfactory performance will gradually increase throughout the clinical education series. For Clinical Education IV, the following performance conditions and expectations are required:
At the end of this clinical experience, it is the program’s expectation that students will be functioning at entry level. The APTA defines entry level as... a student who requires no guidance or clinical supervision managing patients with simple or complex conditions. The student should consistently and efficiently provide quality care with simple or complex patients in a variety of clinical environments. The student usually needs no guidance or supervision except when addressing new or complex situations. We would like to emphasize that entry level performance does allow occasional consultation with other healthcare professionals, especially with complicated cases.

Specific Performance Expectations (not meant to be an exhaustive list):
Acute and Outpatient Orthopedic Clinical Experiences:
At the conclusion of the clinical experience the student should be able to complete the following tasks with very little or no supervision:
• Documentation
• Patient interview
• Postural exam and education
• Scanning/screening exam including myotomes, dermatomes & reflexes
• Goniometry
• Resisted isometric testing
• Basic special testing
• Palpation of surface anatomy
• Examination of vital signs
• Transfers & bed mobility
• Gait assessment and training with varying weight bearing and assistive devices
• Synthesis of complex examination data to formulate appropriate diagnosis and treatment plans
• Application of interventions such as modalities, therapeutic exercise, McConnell taping, peripheral and spinal joint mobilization, prescription of bracing/orthotics
• Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
  (Burns, Wounds, Cardiopulmonary, Oncology, Amputation)

Adult Neurological Clinical Experience:
At the conclusion of the clinical experience, the student should be able to complete the following tasks with very little or no supervision:
• Documentation
• Patient Interview
• Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, activity tolerance and posture
• Assessment of functional mobility including bed mobility, transfers, wheelchair mobility and ambulation
• Gait assessment
• Refer to appropriate team members
• Identify level of SCI using ASIA classification system
• Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
• Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient’s physical recovery
• Assess for patient equipment needs including wheelchair and cushion, appropriate assistive device, and durable medical equipment
• Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim, FES, biofeedback), manual techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill and bike)
Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training

• Prescription, application, and fabrication of adaptive and assistive devices (slings, transfer devices and air splints)
• Use of the Functional Independence Measure (FIM)
• Devise PT related and team goals with functional outcomes and expected duration of treatment

Pediatric Clinical Experience:
At the conclusion of the clinical experience, the student should be able to complete the following tasks with very little or no supervision:

• Select, administer and interpret assessments for pediatric clients with neuromuscular dysfunction
• Apply the NCMRR disablement model and utilize this to guide decision making
• Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
• Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning and development into treatment
• Provide education to family and caregivers including home exercise program and methods to facilitate the patient’s development
• Assess for appropriate equipment (orthotics, wheelchair and cushion, appropriate assistive devices, helmet, wedges, etc.)
• Refer to appropriate team members/health professionals as well as to community resources
• Identify physical health related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Muscular Dystrophy, Spinal Muscular Atrophy and orthopedic conditions

Clinical Education Objectives (Where Measured on CPI):
The student will:
1. Practice in a safe manner (CPI 1)
   Sample behaviors include:
   - Aware of contraindications and precautions
   - Requests assistance when needed

2. Demonstrate professional behavior (CPI 2)
   Sample behaviors include:
   - Integrity, caring, compassion and empathy
   - Manages conflict in constructive ways

3. Practice in a legal, professional, ethical manner (CPI 3)
   Sample behaviors include:
   - Adhere to legal, ethical and clinical site standards
   - Places patients’ needs above self interest

4. Communicate effectively (CPI 4)
   Sample behaviors include:
   - Communicates verbally, nonverbally in a professional and timely manner
   - Seeks and responds to feedback from multiple sources

5. Demonstrate cultural competence (CPI 5)
   Sample behaviors include:
• Consider differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status when communicating with others
• Provide care in a non-judgmental manner when stakeholders beliefs and values conflict with their own

6. Demonstrate professional development (CPI 6)
   Sample behaviors include:
   • Identify strengths and weaknesses in own performance
   • Accepts responsibility for continued learning

7. Exhibit sound clinical reasoning (CPI 7)
   Sample behaviors include:
   • Utilize information from multiple data sources
   • Selects examination techniques and interventions based on best available evidence

8. Utilize screening to determine need for further examination or consultation (CPI 8)
   Sample behaviors include:
   • Reviews history, performs system review, selects and conducts appropriate screening and test and measures
   • Analyzes and interprets results to determine need for further services

9. Perform a physical therapy examination using appropriate test and measures (CPI 9)
   Sample behaviors include:
   • Obtains history, selects and performs appropriate test and measures
   • Utilizes evidence-based practice

10. Evaluate data from the patient examination to make clinical judgments (CPI 10)
    Sample behaviors include:
    • Synthesize examination data
    • Cites evidence to support decisions

11. Determine diagnosis and prognosis (CPI 11)
    Sample behaviors include:
    • Integrates data to determine an appropriate diagnosis that links impairment to functional deficit
    • Integrates data to determine an appropriate prognosis based on contributing factors such as exam results and co-morbidities

12. Establish an appropriate plan of care (CPI 12)
    Sample behaviors include:
    • Forms a plan of care that is safe, effective, patient centered
    • Follows established guidelines when available

13. Perform physical therapy interventions in a competent manner (CPI 13)
    Sample behaviors include:
• Performing interventions safely, effectively and efficiently
• Provides rationale for interventions used

14. Effectively educate all stakeholders (CPI 14)
   Sample behaviors include:
   • Identify patient learning styles and preferred method of learning
   • Ensures understanding

15. Produce documentation in an accurate and timely manner (CPI 15)
   Sample behaviors include:
   • Follows legal and clinical site regulations
   • Participates in quality improvement review of documentation

16. Select and analyze appropriate outcome measures (CPI 16)
   Sample behaviors include:
   • Selects outcome measures in an evidence based manner
   • Evaluates results of outcome measures

17. Participate in the financial management of the physical therapy services (CPI 17)
   Sample behaviors include:
   • Schedules patients, equipment and space
   • Uses time effectively

18. Direct and supervise personnel appropriately (CPI 18)
   Sample behaviors include:
   • Make decisions based on legal and ethical standards
   • Supervise and monitor care provided after delegation of care

Sample behaviors listed are not all-inclusive. Please see CPI for more expansive description of appropriate sample behaviors.

CAPTE: Pg. B-13, Item F-13; Pg. B-25, CP-2.10
1. It is the goal of the curriculum to have a fair and equitable clinical education assignment process. Please contact the DCE if you have special needs or circumstances.

2. Students are responsible for all transportation and housing costs. Free or reduced rate housing is occasionally available at specified locations.

3. Clinical Education Assignments are made by the DCE

4. Information is provided to the students regarding the facilities who have agreed to provide clinical experience slots for the upcoming clinical. This information consists of such things as number and type of experience, slot(s) available, housing information, special requirements, etc.

5. Students fill out a Lottery Form with a specified number of choices.

6. The DCE uses a pre-drawn order of choice to select the clinical sites for the students for CE I-IV. This order of choice is modified from clinical experience to clinical experience to insure fairness. Students are generally not allowed to be in the same geographical location for more than one clinical experience

7. The following types of clinical experiences must be accomplished:
   - Acute care
   - Adult Rehabilitation or Pediatric Rehabilitation (occasionally both if the number of appropriate slots allow)
   - Outpatient Orthopedic

8. Students are strongly encouraged not to affiliate in a clinic or hospital where they have done a great deal of previous observation or were/are employed. This is to encourage students to receive the most varied clinical education as possible.

9. Students must complete a clinical experience in at least one rural (Population less than 100,000) and one urban (Population greater than 100,000) setting.

10. Students are required to complete a Student Data Sheet, Resume and write an introductory letter to the SCCE at the facility at which they have been assigned. The department will provide the envelope and postage for this mailing. This will need to be accomplished approximately 1-2 months prior to the clinical experience.

11. Students are required to contact the SCCE at the facility at which they have been assigned by phone at least 1 month prior to the start of the clinical experience

12. If a site cancels a scheduled clinical experience, the DCE will notify the student and ask the student to review the remaining available sites. The DCE will assist the student in arranging a subsequent clinical experience that meets the student’s needs. This new assignment will be treated as if picking off the “discard pile” and will not count against the student as far as location of the clinical.

13. Absences from the clinical are dealt with by the policy “Absences During Clinical Education Experiences”.

14. The student will conform to the work schedule and dress code of the facility unless otherwise specified by the facility
to which he/she is assigned. The work schedule may include working weekends and/or holidays or a schedule
different from a traditional eight hours/day, Monday through Friday schedule.

15. Problems with student performance and/or interaction with staff shall be handled/resolved by the Policy on Clinical
Difficulties and Failure.

16. Evaluation of the student's performance will be by the student's CI(s) with input (ideally, written) from other staff
members. The Physical Therapist Clinical Performance Instrument (CPI) will be used. The CI may give a formal or
informal mid-term evaluation although some form of written evaluation is recommended. The final evaluation shall
be written and should include specific documentation regarding strengths and, in particular, weaknesses. The
instructor and student should review it together and discuss the student's strengths and weaknesses. The signed
evaluation shall be returned to the school. The report must be kept in confidence unless the student requests a copy or
gives permission to release the information.

17. Grading of this course is Satisfactory or Unsatisfactory (S/U) based on policy “Evaluation/Assignment of Grades”.
This includes satisfactory completion of the evidence-based/quality assurance project and/or other assignments for
Clinical Education I-IV.

18. The student will also evaluate the clinical experience utilizing the APTA’s Physical Therapy Student Evaluation:
Clinical Experience and Clinical Instruction form. The form should be completed and shared with the CI at the
completion of the clinical experience. This form should also be signed by the student and CI and returned to the
school along with the Clinical Performance Instrument.

19. Liability coverage is provided by the University of Missouri; see policy “Liability Insurance”.

20. Students with questions or problems during any clinical experience may contact the DCE at (573) 882-0401 or the
MU PT Department by telephoning the office: (573) 882-7103.

21. Students and Clinical Instructors will be contacted at approximately midterm of the clinical rotation by the DCE or
ADCE.

CAPTE: Pg. B-6, Item P-8; Pg. B-13, Item F-13; Pg. B-25, Item CP-2.10; Pg. B-25, Item 2.9; Pg. B-28, Item CC-4
PARTICIPATION IN INTERPROFESSIONAL COLLABORATIVE PATIENT CARE

Policy:
Students will be required to participate in interprofessional collaborative patient care during at least one clinical experience.

Procedure/Evidence of Compliance:
Participation in interprofessional collaborative patient care will be documented via the Student Evaluation of Clinical Experience Form (PTSE) and documented/monitored in the Student Clinical Requirement Database.

CAPTE: Pg. B-28 Item CC-4
Students are not required to complete observation of an invasive type of surgery prior to graduation though observing surgery is strongly encouraged.

A form to document this is provided and must be signed by surgical staff from the site upon completion. The student will submit this completed document to the department. Surgical observation hours are documented in the Clinical Education Database.

Students are to abide by the rules of the surgical site.

CAPTE: Pg. B-28, Item CC-4
Surgery Observation Record

___________________________ observed for ____ hours at
(PT Student)

________________________________________________________________
(sit/ Hospital)

Type of procedure observed: ____________________________________

________________________________________________________________
________________________________________________________________

__________________________________________
(Signature and Title of Surgery Staff)

__________________________________________
(Date)

Return to: Angie Williams
Department of Physical Therapy
801 Clark Hall
University of Missouri
Columbia, MO 65211
RIGHTS AND PRIVILEGES OF STUDENTS

Policy: All students have rights and privileges that are granted by the University as well as by the Clinical Facility. These rights and privileges are meant to assist the student in experiencing quality clinical education. If a student feels as if these rights and privileges are being compromised in any way while on a clinical rotation or during his/her didactic preparation, he/she will contact the DCE immediately and appropriate actions will be taken to ensure the student’s rights and privileges are granted.

Students have the right to:

✓ Voice grievances about the Clinical Education Program. These grievances may include, but are not limited to, issues regarding the clinical site to which he/she is assigned; the clinical instructor to whom he/she is assigned; the DCE; or anything else related to the Clinical Education Program.
✓ Be affiliated with quality clinical sites.
✓ Be provided with a quality learning experience in a safe environment
✓ Be affiliated with quality clinical instructors who are licensed physical therapists with at least 1 year of clinical experience in their areas of practice. These clinical instructors will provide proper supervision of the student at all times as well as regular feedback regarding the student’s performance.
✓ Receive updated information about the clinical site with which he/she is affiliated. This information may include, but is not limited to:
  o Parking
  o Hours
  o Holiday schedule
  o Dress code
  o Other requirements of the site including in-services and additional criminal background, drug screen and immunization information
  o Housing, if available
  o Patient population
  o Meals
✓ An orientation to the clinical site with which they are affiliated. This orientation may include, but is not limited to, items such as information on site-specific policies and procedures; standard precautions; use and maintenance of equipment; potential health risks they may encounter during their clinical affiliation; and storage and use of hazardous materials.
✓ Ask questions during their clinical affiliations, and to receive thoughtful, helpful answers in response.
✓ Confidentiality in the academic setting and while on their clinical rotations.

Procedure: Students will be made aware of their rights and privileges (listed above) during reviews of the clinical education handbook with the DCE in Clinical Education prior to leaving for their first off site clinical rotation. Students will sign a form acknowledging that they have received, reviewed, and understand these rights and responsibilities, and that form will be placed in the students’ files.

Evidence of Compliance:
  • Student handbook acknowledgement form with student’s signature
University of Missouri  
School of Health Professions  
Department of Physical Therapy  
NEW CLINICAL EDUCATION SITES

Policy:

New clinical education sites will be added to the University of Missouri Clinical Education Program at the discretion of the Director of Clinical Education (DCE). The potential new sites must complete certain tasks as well as meet certain requirements in order to be added to the Clinical Education Program.

Procedure:

There are two methods available to add clinical sites to the University of Missouri clinical education program (the Program).

1. DCE recognizes a need to add a site to the Program
   a. Students can request new clinical education sites by contacting the DCE and completing the clinical site set up form.
   b. Students are NOT to contact clinical sites requesting clinical experiences without approval from the DCE.
   c. The DCE will research quality clinical education sites to contact to fulfill the current void in the Program.
   d. The DCE will contact the Site Coordinator of Clinical Education (SCCE) at the clinical site to discuss a possible affiliation.
   e. 

2. A clinical site contacts the DCE to set up a new affiliation
   a. The DCE will discuss the potential affiliation with the SCCE, gathering information including, but not limited to, the type of facility; number of PTs/PTAs; opportunities available for students at the site; and housing opportunities.
   b. If the DCE believes that the site will offer a quality clinical education experience, the DCE will pursue setting up a clinical contract.

Evidence of Compliance:

- Current contracts with the new sites that are affiliated are located in the Clinical Education files in the DCE’s office.
- This policy/procedure is relayed to students and clinical faculty in the Clinical Education Handbook.

CAPTE: Pg. B-14 Item F-14, Pg. B-25/26 Item CP-2.10, Pg. B-28 Item CC-4
University of Missouri
School of Health Professions
Department of Physical Therapy

RIGHTS AND PRIVILEGES OF CLINICAL EDUCATION FACULTY

The clinical faculty/site has the right to:

- Request assistance from the academic program in developing their clinical education program
  *Procedure*: contact DCE via avenues such as yearly survey of clinical education needs.

- Request assistance from the academic program in dealing with clinical education issues or problems. Assistance includes on-site visits.
  *Procedure*: contact DCE at any time; including indicating needs on mid-term evaluation form.

- Receive information regarding the clinical education program in a timely fashion.
  *Procedure*: complaints or suggestions can be communicated to DCE via yearly survey sent to clinical sites.

- Require additional criteria to accept students (e.g. drug testing, specific health requirements, etc).
  *Procedure*: notify DCE of special requirements. DCE will then notify prospective students.

- Decline to take students during any time frame.
  *Procedure*: notify DCE of intention to decline via yearly Slot Commitment Survey

- Cancel a scheduled student clinical rotation due to situational issues
  *Procedure*: notify DCE via, phone, email, etc.

- Remove/cancel a clinical experience after the student has begun the experience for student or situational issues.
  *Procedure*: notification must be completed in writing

- Terminate the affiliation agreement.
  *Procedure*: notification must be completed in writing and follow any procedures listed in the individual affiliation agreement.

- Expect a timely response from the DCE to communications
  *Procedure*: DCE will return communication as soon as possible

Privileges of the Clinical Education Faculty include:

- Reduced cost/free Clinical Instructor credentialing
- Reduced cost/free continuing education provided by the University of Missouri Physical Therapy Department
- Request an in-service from student and will be provided in-service by student on certain clinical rotations as required by program

**Evidence of Compliance:**

- This information will be sent to sites along with the annual Slot Commitment Survey
- This information will be communicated via clinical education newsletter
- This information will be posted on the department website and accessible

This information is communicated to the clinical sites/SCCEs via the DCE and the Clinical Education Handbook.

**Note:** The Clinical Education faculty (CCCE’s and CI’s) do not have faculty status at this institution and therefore are not eligible for the rights and privileges afforded core faculty. This is consistent with other clinical departments within the School of Health Professions at the University of Missouri-Columbia.

APTE: Pg. B-13, Item F-12; Pg. B-13, Item F-13; B-18 Item F-26 updated 06/12/18
University of Missouri
School of Health Professions
Department of Physical Therapy

RESPONSIBILITIES OF CLINICAL FACULTY

Policy:
The clinical site will prepare for student learning.

Clinical faculty will provide adequate supervision throughout the clinical experience. This will include supervision during patient care, care conferences, and other activities associated with the role of physical therapist in that setting.

In addition, the Clinical Instructor will provide feedback regarding performance on a regular basis to the student and will practice in an ethical/legal manner.

Procedure:
The clinical site will prepare for student learning by:

- Providing requirements and expectations prior to the experience
- Orienting the student to the facility, documentation, policies and procedures, and the department
- Providing the student with a clinical instructor(s) who has at least one year of clinical experience
- Providing adequate learning opportunities for the student
- Notify the DCE of any changes in personnel regarding clinical instructors and the SCCE
- Notify the DCE in a timely fashion of the need to cancel a clinical experience

The clinical site will fulfill the following responsibilities related to the clinical experience:

- Notify the DCE if there are issues related to the student’s performance or if the student is failing to meet the clinic’s or program’s requirements.
- Provide appropriate level of supervision and instruction of the PT student according to the student’s level of experience and education; this includes assigning a reasonable caseload. (See policy on Supervision of PT Students)
- Clinical faculty will complete all assessment and feedback forms. This includes the Midterm Feedback form which will be sent to the Director of Clinical Education (DCE) at the midway point of the clinical experience. It also includes the Clinical Performance Instrument (CPI) which will be completed at both the midway point (midterm) and upon completion of the clinical experience. Proper completion of the CPI includes making a mark on the rating scale for each item at both the midterm and completion of the CPI. It also includes completion of written comments for each item as well as the summative comments section on the CPI (includes strengths, areas requiring improvement, and additional comments).
- The Clinical Instructor will meet regularly with the student to provide feedback and will verbally discuss the CPI with the student at Midterm and Final evaluation times.
- Practice in an ethical and legal manner.

Clinical faculty will also provide feedback regarding the student’s Evidence-based/ Clinical Question presentation.

This policy and procedure is communicated to the clinical sites/SCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:

- The student will fill out the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSE) and will return it to the University of Missouri PT Department upon completion of a clinical rotation
- Clinical sites will complete Clinical Site Information Form (CSIF) and update it at least every two years

CAPTE: Pg. B-14 Item F-16; Pg. B-15 Item F-17; B-18, F-25
RESPONSIBILITIES OF THE SITE COORDINATOR OF CLINICAL EDUCATION

Policy:

Each Site Coordinator of Clinical Education (SCCE) is responsible for the following:

• Completing the Clinical Site Information Form (CSIF) and updating it at least every two years
• Promptly contacting the Director of Clinical Education (DCE) if any issues arise with a University of Missouri student while he/she is participating in a clinical education rotation
• Completing the Slot Commitment Survey annually and returning it to the Program in a timely manner
• Notifying the Program of any updates at the site (site name change, change in policies, etc…)
• Contacting the DCE if the need to cancel a clinical experience arises
• Acting as a general liaison between the Program and the clinical site
• Disseminating Program information to the clinical instructors at the site
• Promptly notifying the Program if/when student issues arise

Procedure:
Each SCCE will perform the duties listed above in order for that clinical site to remain an active clinical site with the University of Missouri Physical Therapy Program.

This policy and procedure is communicated to the clinical sites/SCCEs and students via the DCE and the Clinical Education Handbook

Evidence of Compliance:
This information is sent to the SCCE annually along with the Slot Commitment Survey

CAPTE: Pg. B-18 Item F-25
RESPONSIBILITIES OF THE SITE

Policy:

Each site is responsible for the following:

- Providing a complete orientation to the facility. This orientation may include, but is not limited to, items such as information on site-specific policies and procedures; standard precautions; use and maintenance of equipment; potential health risks they may encounter during their clinical affiliation; and storage and use of hazardous materials.
- Providing access to information regarding emergency services and the cost of these services
- Supplying information in the Clinical Site Information Form (CSIF) regarding the following:
  - Parking
  - Hours
  - Holiday schedule
  - Dress code
  - Other requirements of the site including in-services and additional criminal background, drug screen and immunization information
  - Housing, if available
  - Patient population
  - Meals
- Providing a quality learning experience in a safe environment
- Providing proper supervision of the student at all times by a licensed physical therapist with at least one year of clinical experience in their area of practice.

Procedure:

Each clinical site will provide the above to remain an active clinical site with the MU Physical Therapy Program. The CSIFs will be updated every two years.

This policy and procedure is communicated to the clinical sites/SCCEs and students via the DCE and the Clinical Education Handbook

Evidence of Compliance:

- This information is sent to the clinical facilities annually along with the Slot Commitment Survey

CAPTE: Pg. B-4, Item P-4; Pg. B-6, Item P-8; Pg. B-7, Item P-10; Pg. B-17, Item F-23; Pg. B-17, Item F-24; Pg. B-18 Item F-25  updated 06/12/18
EVALUATION OF CLINICAL INSTRUCTOR PERFORMANCE

Policy:
The University of Missouri Physical Therapy Program will evaluate performance of clinical instructors and take appropriate action when performance is in doubt or if it does not meet expectations.

Procedure:
To be judged as providing adequate supervision, the CI must, at a minimum:
1) Complete all documentation (Midterm Report Form, Clinical Performance Instrument- CPI: Midterm and Final Evaluation including comments which match the mark on the visual analogue scale for each item and comments at the end of the CPI)
2) Model professional behaviors
3) Score no lower than an average of 2.5 and score at least a “2” on all items on pg. 7 of the APTA instrument: Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSE).

If any of the above criteria are not met, or if a student brings concerns about a CI to the attention of the DCE, the DCE will contact the SCCE to discuss a plan of action for that particular CI. This plan of action may include, but is not limited to, any of the following actions:
• Requiring the site to notify the DCE the next time that CI is assigned to a University of Missouri student
• Requiring the CI to keep a daily/weekly log of his/her experiences while working with the next University of Missouri student he/she is assigned. This log might include any communication issues, patient care issues, concerns, etc…
• Requiring the CI to schedule daily meetings with the next University of Missouri students he/she is assigned. These meetings might occur once each morning to plan for the day, and once in the evening to discuss the day’s happenings.
• Increased frequency of communication with the DCE to ensure the plan is being followed through.

The plan will be communicated to the SCCE and the CI in a letter from the DCE. A copy of the plan will be documented in the CI Issues Log.

If the plan is successfully completed and the CI meets all 3 CI minimum requirements, he/she will deemed a CI in good standing with the University of Missouri Physical Therapy Program. However, if the CI does not comply with the plan and/or does not meet the 3 CI minimum requirements, he/she will no longer be allowed to work with University of Missouri Physical Therapy students. The DCE will communicate this to the SCCE and to the CI with a phone call and a letter.

This policy and procedure is communicated to the clinical sites/SCCEs and students via the DCE and the Clinical Education Handbook.

Evidence of Compliance:
• Documentation of interactions with SCCE/CI as well as the CI plan of action will be located in the CI Issues Log.

CAPTE: Pg. B-4 Item P-4; Pg. B-14 Item F-15; Pg. B-15 Item F-17; Pg. B-17, Item F-23; Pg. B-18, Item F-25

Approved:
SUPervision of Physical Therapy Students

Policy:

This policy and procedures is communicated to the clinical sites/SCCEs and students via the DCE and the Clinical Education Handbook.

Procedure:

Supervision of physical therapy students will be consistent with the APTA’s position on Student Physical Therapist Provision of Services (HOD 06-00-18-30)

- A Physical Therapist (not a PTA) must be on site to provide direct supervision for physical therapy students from the University of Missouri.
- If a Physical Therapist is not on site, the PT student will be able to observe only.
- If the student’s Clinical Instructor is absent, the site and the student should identify a physical therapist to officially supervise them prior to any patient contact.

Evidence of Compliance:

- CI evaluation completed by the student
- Physical Therapist Student Evaluation: Clinical Site and Clinical Instruction completed by the student

CAPTE: Pg. B-7 Item P-10, Pg. B-8 Item P-12, Pg. B-17 Item F-23
### Practice Setting

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>PT Student</th>
<th>PTA Student</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part A</strong></td>
<td><strong>Part B</strong></td>
<td><strong>Part A</strong></td>
</tr>
<tr>
<td><strong>Physical Therapist in Private Practice</strong></td>
<td>N/A</td>
<td>X1</td>
</tr>
<tr>
<td><strong>Certified Rehabilitation Agency</strong></td>
<td>N/A</td>
<td>X1</td>
</tr>
<tr>
<td><strong>Comprehensive Outpatient Rehabilitation Facility</strong></td>
<td>N/A</td>
<td>X1</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td>Y1</td>
<td>X1</td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>Y3</td>
<td>X1</td>
</tr>
<tr>
<td><strong>Home Health Agency</strong></td>
<td>NAR</td>
<td>X1</td>
</tr>
<tr>
<td><strong>Inpatient Rehabilitation Facility</strong></td>
<td>Y4</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Key

- **Y**: Reimbursable
- **X**: Not Reimbursable
- **N/A**: Not Applicable
- **NAR**: Not Addressed in Regulation. Please defer to state law.

**Y1**: Reimbursable: The minutes of student services count on the Minimum Data Set. However, Medicare requires that the professional therapist (the PT) provides skilled services and direction to a student who is participating in the service under line-of-sight supervision. *Federal Register* (July 30, 1999). In addition, effective October 1, CMS implemented additional rules regarding the student services based on PT/PTA supervision and whether minutes can be recorded as individual, concurrent, or group therapy minutes (RAI Version 3.0 Manual, September 2010)

**Examples:**

In order to record the minutes as individual therapy when a therapy student is involved in the treatment of a resident, only one resident can be treated by the therapy student and the supervising therapist or assistant (for Medicare Part A and Part B). Under Medicare Part A, the supervising therapist or assistant cannot be treating or supervising other individuals and the therapist or assistant must be able to immediately intervene or assist the student as needed while the student and resident are both within line of sight supervision. The therapist or assistant could be attending to paperwork while supervising the student and resident.

*Under Medicare Part A, when a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:*

- The therapy student is treating one resident and the supervising therapist or assistant is
treating another resident and the therapy student and the resident the student is treating are in line of sight of
the supervising therapist or assistant; or
• The therapy student is treating two residents, both of whom are in line of sight of the therapy student and the
supervising therapist or assistant, and the therapist is not treating any residents and not supervising other
individuals; or
• The therapy student is not treating any residents and the supervising therapist or assistant is treating two
residents at the same time, regardless of payer source, both of whom are in line of sight.

Under Medicare Part A, when a therapy student is involved with group therapy treatment, and one of the
following occurs, the minutes may be coded as group therapy:
  • The therapy student is providing the group treatment and all the residents participating in the group
and the therapy student are in line of sight of the supervising therapist or assistant who is not treating any
residents and is not supervising other individuals (students or residents); or
  • The supervising therapist/assistant is providing the group treatment and the therapy student is not
providing treatment to any resident.

Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student
and state that the PT was providing line-of-sight supervision of the student and was involved in the patient’s
care.

Y2: Reimbursable: The minutes of student services count on the Minimum Data Set. However,
Medicare requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA)
student services as appropriate within their state scope of practice. See Y1
Documentation: APTA recommends that the physical therapist and assistant should co-sign the note of physical
therapist assistant student and state that the PT/PTA was providing line of sight supervision of the student and
was involved in the patient’s care. Also, the documentation should reflect the requirements as indicated for
individual therapy, concurrent therapy, and group therapy see Y1.

Y3: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of
professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is
similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive
requirements for student services in the SNF setting.
Documentation: Please refer to documentation guidance provided under Y1

Y4: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of
professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a
skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student
services in the SNF setting.

X 1: B. Therapy Students
1. General
Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable.

**EXAMPLES:**
Therapists may bill and be paid for the provision of services in the following scenarios:
- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s service, not for the student’s services).

2. **Therapy Assistants as Clinical Instructors**
Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.
Policy:
The Director of Clinical Education (DCE)/faculty will determine if there are concerns about student or clinical instructor (CI) performance. The DCE will perform site visits as needed.

Procedure:
The DCE will determine upon being contacted by a student or CI if there is the need for a site visit to assist in determining a plan to resolve these issues. The DCE may perform follow-up site visits to determine if all concerns are addressed.

The DCE may also perform site visits to monitor CI performance if the CI is on probation (received an average score below 2.5 on the items on page 7 of the Student Evaluation of Site form or less than 1 on any one item of this form).

CAPTE: Pg. B-14, F-15; Pg. B-17, Item F-24; Pg. B-25, Item CP-2.10
University of Missouri
School of Health Professions
Department of Physical Therapy

EVALUATION OF THE DIRECTOR OF CLINICAL EDUCATION

Policy:
The Director of Clinical Education and the clinical education program will be reviewed annually by the Physical Therapy Department Chair. Information for this review will be solicited from multiple stakeholders.

Procedure:
Stakeholders surveyed:
- Students
- Clinical Instructors/Site Coordinator of Clinical Education/Future Employers
- Faculty

Student Assessment of the DCE will be completed at the end of the academic school year on a yearly basis.

CIs/SCCEs/Future Employers Assessment of the DCE will be completed on a yearly basis.

Data will be compiled by Clinical Education support staff and will be presented to the Chairperson for review.

This policy and procedure is communicated to the clinical sites/SCCEs via the DCE and the Clinical Education Handbook.

Evidence of Compliance:
A report of the DCE’s annual review will be located in the Chairperson’s office.

CAPTE: Pg. B-11 Item F-7; Pg. B-13 Item F-12
DOCUMENTATION OF COMPLAINT REGARDING CLINICAL EDUCATION PROGRAM (NON-STUDENT)

Policy:
Complaints by clinical education sites, graduates, employers, and the public regarding the clinical education program will be documented in the “Clinical Education Program Complaint & Resolution Log”. This log will detail the complaint and resolution.

Procedure:
A log will be kept detailing issues arising from the clinical education program. This log will detail the complaint and resolution and be kept on shared server file available for review by Chair.

Complaints will be brought to the DCE and Chairperson to discuss a proposal for resolution. The DCE, Chairperson, and complainant will attempt to arrive at a solution. The resolution will be documented in the log.

Evidence of Compliance:

Documentation of complaints and their resolution will be kept on file.

This information is communicated to the clinical sites/SCCEs via the DCE and the Clinical Education Handbook.

CAPTE: Pg. B-5  Item P-6