



EAST TENNESSEE STATE UNIVERSITY

Physical Therapy Program

CLINICAL EDUCATION HANDBOOK 2026

ETSU Physical Therapy Program reserves the right to change and to make exceptions to the Handbook at any time and to apply and change or to make an exception applicable to any student. This Handbook is not a contract or an offer to enter into a contract

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Clinical Performance Instrument (CPI) 3.0

Clinical Educator Development

Introduction to Clinical Education

Welcome

Clinical education constitutes a major component of the Physical Therapy Program curriculum. During clinical education, students come to appreciate their roles and responsibilities as physical therapists as well as evaluate their readiness for physical therapy practice after graduation. During clinical education, the theoretical and practical components of the curriculum are applied to authentic clinical situations. The clinical environment also provides real world experiences as a context for learning new skills and for practicing previously learned skills.

Mission Statement

To prepare physical therapy practitioners who embody lifelong learning, collaboration, and leadership in order to improve the health of individuals in our region and society.

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Clinical Education Terminology

American Physical Therapy Association (APTA): An individual membership professional organization representing more than 100,000 member physical therapists (PTs), physical therapist assistants (PTAs), and students of physical therapy.

American Council of Academic Physical Therapy (ACAPT): A component of the APTA with the purpose to advance academic physical therapist (PT) education. Institutional membership is required for voting rights within ACAPT. www.acapt.org

Clinical Education: A formal type of supervised experiential learning, focused on development and application of patient-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.

Clinical Education Experience: Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings. Although the emphasis is on the development of patient/client physical therapy skills, experiences also may include interprofessional experiences and non-patient/client service delivery, such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.

Clinical Education Site: A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the education program(s) through a contractual agreement.

Clinical Instructor (CI): The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE (Commission on Accreditation in Physical Therapy Education), the clinical instructor must be a licensed physical therapist with a minimum of one year of full-time (or equivalent) post-licensure clinical experience.

Clinical Site Information Form (CSIF): An APTA document that provides information about a clinical site. The CSIF provides the academic institution the ability to collect information from clinical education sites to facilitate clinical site selection and student placements, assess the learning experiences and practice opportunities available to students, and provides assistance with documentation relevant for accreditation.

Clinical Performance Instrument (CPI): A standardized online evaluation tool developed by the APTA to assess student performance a clinical experience. www.apta.org/PTCPI

Director of Clinical Education (DCE): Academic faculty member who is responsible for planning, directing, and evaluating the clinical program for the academic institution, including facilitating clinical site and clinical faculty development.

Education Leadership Conference (ELC): Academy of Education sponsored conference held every October. Conference participation is encouraged for both academic and clinical faculty. In addition, scholarships are available to clinicians/clinical faculty through the education section as well as various regional consortia for funds related to travel and registration at ELC. <https://aptaeducation.org/events/>

Education Leadership Partnership: A leadership committee including representatives from the APTA, Academy of Education, and ACAPT whose purpose is to reduce unwarranted variation in PT and PTA education. <https://acapt.org/news/news-detail/2022/04/13/education-leadership-partnership>

Integrated Clinical Education (ICE): ICE is a curriculum design model whereby clinical education experiences are purposefully organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities, and values that occur prior to the terminal full-time clinical education experiences. Integrated experiences are coordinated by the academic program and are driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge, and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment.

Interprofessional Education: Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. (WHO, 2002)

Interprofessional Practice: “When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care” (WHO, 2010)

Physical Therapist Student: Student enrolled in a CAPTE-accredited or CAPTE-approved developing physical therapist professional education program. Students should not be referred to as “physical therapy students”.

Site Coordinator of Clinical Education (SCCE): A professional based at a clinical site who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of people to serve as preceptors and clinical instructors for

students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.

Supervision: Guidance and direction provided to a physical therapist student by the preceptor or clinical instructor. This varies based on the complexity of the patient/client or environment, jurisdiction and payer rules and regulations, and abilities of the physical therapist student.

Terminal full-time Clinical Education experiences: A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapist professional education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or terminal, experience is entry-level performance.¹

1. Capteonline.org. Commission on Accreditation in Physical Therapy Education, 2020. Evaluative criteria for accreditation of education programs for the preparation of physical therapists.

Definition of Terms

In 2014, stakeholders within physical therapy education came together for the 2014 Clinical Education Summit. Following this meeting three strategic initiative panels were formed to work on recommendations determined at the Summit: Common Terminology Panel, Integrated Clinical Experience Panel, and Student Readiness Panel.

A common theme discussed at the 2014 Summit was the need for a common language to be used by all stakeholders within PT Education. This would reduce the risk of confusion and allow efficient and effective communication between the academic and clinical settings. To meet this initiative, the Common Terminology Panel presented their recommendations for a glossary of terms to be used by all stakeholders during the Education Leadership Conference in 2017. A motion of the terms was presented to American Council of Physical Therapy Education (ACAPT) and adopted. You can obtain access to accepted terms at:

<https://acapt.org/glossary>

DPT Curriculum

<https://www.etsu.edu/crhs/physther/academics/curricular.php>

Program Summary

	Didactic Credit Hours	Clinical Ed. (credit hours)	Total
Year 1	48	4	52
Year 2	39	12	51
Year 3	2	22	24
Total	89	38	127

Credit Hour Summary

127 total credit hours

89 Didactic Course Credit Hours

38 (30%) Clinical Education Credit Hours

Clinical Education Calendar

All clinical experiences are full time = 40 hours per week

By Calendar Year 2026

Terminal Clinical Experience (TCE) 2 - Class of 2026

February 16 – April 24, 2026 – 10 weeks, Spring Semester, 3rd Year

Clinical Practicum (CP) 2 - Class of 2027

May 18 – June 12, 2026 – 4 weeks – Fifth Semester of 2nd year

Terminal Clinical Experience (TCE) 3 - Class of 2026

May 18 – August 7, 2026 - 12 weeks, Summer Semester, 3rd Year

Clinical Practicum (CP) 1 - Class of 2028

TBD – Third Semester, 1st Year

Terminal Clinical Experience (TCE) 1 - Class of 2027

October 19 – Dec 11, 2026, End of Sixth Semester (Fall of 2nd year)

By Calendar Year 2027

Terminal Clinical Experience (TCE) 2 - Class of 2027

January 18 – March 26, 2027 – 10 weeks, Spring Semester, 3rd Year

Clinical Practicum (CP) 2 - Class of 2028

May 17 – June 11, 2026 – 4 weeks – Fifth Semester of 2nd year

Terminal Clinical Experience (TCE) 3 - Class of 2027

May 17 – August 6, 2027 - 12 weeks, Summer Semester, 3rd Year

Clinical Practicum (CP) 1 - Class of 2029

TBD – Third Semester, 1st Year

Terminal Clinical Experience (TCE) 1 - Class of 2028

October 18 – Dec 10, 2027, End of Sixth Semester (Fall of 2nd year)

*Exact dates subject to change based on ETSU academic calendar and ongoing program development

Clinical Education Calendar - By Graduating Class

	Class of 2026	Class of 2027	Class of 2028
Clinical Practicum 1	Fall 2024	Fall 2025	TBD Semester 3
Clinical Practicum 2	5/19 – 6/13/25	5/18 – 6/12/26	5/17 – 6/11/27
Terminal Clinical Experience (TCE) 1	10/20 - 12/12/25	10/19 – 12/11/26	10/18 – 12/10/27
Terminal Clinical Experience (TCE) 2	2/16 – 4/24/26	*1/18 – 3/26/27	*2/14 – 4/22/28
Terminal Clinical Experience (TCE) 3	5/18 – 8/7/26	*5/17 – 8/6/27	*5/15 – 8/4/28

* Exact dates subject to change based on ETSU academic calendar and ongoing program development

Clinical Education Schedule Template

Subject to change based on ETSU academic calendar and ongoing program development

All clinical education experiences in the East Tennessee State University Physical Therapy Program beginning with Clinical Practicum II are full time experiences (≥ 40 hours a week)

Clinical Practicum (CP) 1: During third semester of first year of study

Clinical Practicum (CP) 2: Beginning of fifth semester during the second year of study and is 4 weeks

Terminal Clinical Experience (TCE) 1: End of sixth semester during the second year of study and lasts a total of 8 weeks

Terminal Clinical Experience (TCE) 2: During seventh semester, third year of study, and lasts a total of 10 weeks

Terminal Clinical Experience (TCE) 3: Eighth semester during third year of study, and lasts 12 weeks

Clinical Education Selection Process

Clinical Education Plan: Each student develops a comprehensive Clinical Education Plan in accordance with the Mission and Program Outcomes of the Physical Therapy Program and ETSU. The Plan includes the student's goals and mission statement for the clinical education program as well as specific objectives for each clinical experience. Plans are made under the guidance and with assistance of the DCE.

Selection Process: Each student will be involved in the matching process of clinical education experiences using participating contracted clinical sites with qualified CIs. Assignment of students to clinical education sites is the responsibility of the Director of Clinical Education (DCE).

Student Site Nomination: This needs to be completed by January 31 of the year matching takes place for that clinical experience. Following completion of the matching process, requests are handled in a case-by-case basis in consultation with the DCE.

Types of Required Clinical Experiences

All students are required to demonstrate appropriate depth and breadth of clinical education that includes competence in different settings, across systems and across the life span. Each student shall fulfill requirements of practice settings and locations by participating in the following clinical experiences:

Practice Settings - varied settings throughout clinical education experiences. Healthy combination of inpatient (IP / non-ambulatory) and outpatient (OP / ambulatory) experiences. The last three Terminal Clinical Experiences (TCE 1-3) shall not be in the same practice setting. Each student will complete at least one TCE in an inpatient setting and one TCE in an outpatient setting.

Practice Locations - at least one clinical experience in a rural location and at least one clinical experience outside Tri-Cities area (100-mile radius).

Practice Settings

OP / Ambulatory	IP / Non-Ambulatory	IP/OP Mix / Other
Ortho, Sports, Vestibular, Occupational Health, Women’s Health, Wellness, Lymphedema, Fitness Industry, Performing Arts/Dance, Aquatics, Manual Therapy, OP Neuro, Emergency Room, Peds (OP, Home Care, Early Intervention, School-based), Assisted Living Facility (ALF)	Acute Care, Critical/Intensive Care, Home Health, IP Rehab (Ortho, Neuro, Mixed), Skilled Nursing Facility (SNF), Sub-acute, Extended Care, IP Burn Center, Peds (IP), Long term acute care facilities	A mixed clinical experience may be counted toward the setting that is >50%. The classification for a 50:50 setting will be determined by the DCE.

Practice Locations

Rural	Outside Tri-Cities Area	International
<p>Rural encompasses all population, housing and territory not included within the urban area. (US Census Bureau definition). Urbanized Areas have a population of ~50,000 or more.</p> <p>Honoring and serving rural populations is consistent the mission of ETSU, the College Health Sciences and the Physical Therapy Program.</p> <p>Therefore, any town less than ~50,000 is considered rural. This can be verified by DCE as questions arise regarding the satisfaction of this requirement.</p>	<p>At least one clinical education experience must be completed outside the Tri-Cities area*. There are two reasons for having this requirement in our PT program:</p> <p>It distributes the hardship of out-of-town travel among the class as best as possible.</p> <p>It facilitates the process of understanding how physical therapy is practiced differently in different demographic/geographic areas.</p> <p>*Outside Tri-Cities area means the clinical site is greater than one hundred (100) miles from campus. In Exxat, these sites are listed under the designation “out of area” while those within this radius are labeled “in area.”</p> <p>Hardship requests can be made directly to DCE to have this requirement waived.</p>	<p>Only 1 clinical experience can be in this setting.</p> <p>*Based on availability</p>

Anticipated DPT Student Expenditures

- Travel for Clinical Education Assignments*
- Drug Screen, Drug Panel, Onboarding Software, etc. (Dependent on Requirements of Clinical Rotation Affiliate) - Prices Vary
- Cardiopulmonary Resuscitation (CPR) (**renewal required every 2 years / 1st will be administered during first semester**) - Cost is \$55 (Cash Only)
- Proof of Flu Shot (as needed) - Cost Depending on Insurance
- Professional Liability Insurance Certificate - ~\$42.00 per year
- Criminal Background Check (additional may be required by clinical site) - \$42.00 One time required by ETSU before orientation
- Tuberculosis (TB) Testing (yearly)
- Join APTA - \$80 (Part of Professional Topics Course and Program Requirement)

***Travel/Living Expenses**

Students are responsible for providing their own transportation to all clinical experiences as well as their own living expenses during those clinical experiences. At times, the SCCE may be able to assist the student with housing opportunities/arrangements. **It is the responsibility of the student to secure housing.** Information on possible stipends and housing arrangements can be found on Exxat if ETSU is aware of any.

Dress Code

As a health care professional in training, it is expected that each student presents him or herself in a professional manner—in both appearance and behavior. In addition to the dress code policy below, students will follow the dress code of the clinical site. After approval is given from the DCE to contact an assigned clinical site (roughly 6-8 weeks prior to a clinical education experience), the student may inquire of their CI/SCCE whether additional dress code guidelines are in place.

The minimum requirements unless otherwise directed by the assigned clinical site are as follows:

General Appearance:

- Professional Attire: Students are expected to wear clothing that is professional, conservative, and conducive to safety. Clothing should be neat, clean, and appropriate for clinical work. Clothing should fit appropriately and be free of wrinkles, stains, tears, frays, and rips.

UNACCEPTABLE dress is identified, but not limited to, the descriptions below:

Jeans, leggings, jeggings, shorts, capri pants, any type of t-shirt, low hanging pants and/or low-cut blouses, sandals or open-toed shoes, warm-up clothing or other exercise clothing, are unacceptable regardless of gender. Mid-sections of the body must not be visible, at rest or during patient care activities. Undergarments must not be visible at any time during patient treatments.

- Extreme or exaggerated hair colors, artificial nails and acrylic extenders, and visible tattoos are not permitted.
- Large hoops, large peg log inserts/gauges or dangling earrings are NOT acceptable. Visible body piercing is unacceptable in the clinical environment.

ACCEPTABLE dress is identified, but not limited to, the descriptions below:

- Shoes must be clean, low-heeled, in good condition and appropriate for the work area.
- Hair must be clean, combed and neatly trimmed or arranged. Facial hair should be neat and trimmed. For infection control purposes, hair should not hang over or come in contact with patients or equipment.
- Fingernails are required to be trimmed, neat and well-groomed. They should not extend greater than ¼” beyond the fingertip.
- Students are to maintain personal cleanliness and should be free of body odor including cigarette/cigar smoke. Cosmetics should not disturb, harm or offend patients. Perfume/cologne/aftershave are prohibited due to allergies and sensitivities. Proper dental hygiene and care should be taken.
- Jewelry is limited to wedding rings, watches, and no more than 2 pieces of jewelry per ear.
- Tattoos must be completely covered and not visible during working hours.
- Women’s tops must cover the shoulder and abdomen.

- Collared shirts required for men.
- ID Badges: Must be worn at all times above the waist on the outermost layer of apparel. ***The ID badge must identify him/herself as a Physical Therapy student.*** Doctor of Physical Therapy (DPT) students shall wear their ETSU Badge during clinical education experiences unless the clinical site requires their own.

Attendance During Clinical Experience

The ETSU Physical Therapy Program requires clinical attendance (full time of ~35-40 hour weeks) during all Clinical Practicums (CP) and Terminal Clinical Experiences (TCE). During TCE 1 & 2 a student is allowed one day (one day = 8 hours) absence and during TCE 3 a student is allowed two days absence **with prior approval** from his/her clinical instructor and notification to the Director of Clinical Education (DCE). We understand that prior permission may not be feasible in case of illness or emergency. In these cases, the clinical instructor must be notified prior to the start of the workday if at all possible. Any absences above the established granted absences must be made up at the discretion of the clinical instructor in consultation with the DCE. Students are required to make up all missed assignments due to any absence from the clinic.

Students shall follow the schedule of the CI and/or clinic. Students will follow the holiday schedule at the clinical site and NOT the university schedule during clinical education experiences.

Absences from clinical experience shall be defined as follows:

Planned Absences* - Requests for absence from a clinical experience must be submitted well in advance via email and delivered directly to the DCE. Each request is evaluated on an individual basis and is contingent upon DCE approval. The DCE will coordinate and communicate with clinical sites when needed. **The student is not to approach the CI/SCCE or clinical site with requests for absences beyond the established granted absences during clinical experiences.**

Excused Absences* - Excused absences may include illness, family emergencies, approved professional or University activities, or other unforeseen events or circumstances as approved by the DCE. **In circumstances regarding illness or emergency situations, the student contacts his/her CI as soon as possible—no later than beginning of workday. In addition, the student notifies DCE by phone or email of all absences as soon as possible.**

Unexcused Absences - An absence which does not fit the definition of excused absence. Unexcused absences are grounds for dismissal from the program.

*Missed time (beyond the established granted absences for Terminal Clinical Experiences) during clinical experiences shall be made up at the discretion of CI/SCCE in consultation with the DCE. Violation of this attendance policy may result in formal remediation actions, professional behavior citation, or dismissal from the program.

Inclement Weather Policy - In the event of inclement weather, and if the University and clinical site are open, ***the student should decide whether or not it is safe to drive.*** If news bulletins recommend no travel, the student should notify the CI and DCE of the situation. In most instances, days/time missed due to hazardous driving conditions will be made up.

Clinical Education Student Hours/Workload Position Statement

ETSU is committed to building productive learning experiences and fostering strong partnerships between academic and clinical programs. It is our position that to be successful clinical learners, students must have sufficient time to process and integrate clinical learning experiences in addition to time for documentation and treatment planning. Students need time to prepare for clinical expectations and responsibilities and must be allowed adequate time for rest, including lunch breaks, to focus, organize and plan for success. We recommend that full time clinical education students work between 35 - 45 hours/week, and are provided at a minimum, a 30-minute lunch break. However, students may be expected to arrive early, or remain at the clinic beyond the scheduled time, in order to complete patient care, documentation, and/or other essential clinical or educational tasks.

Determining Clinical Site Placement

During March of each year, the Director of Clinical Education (DCE) communicates with each clinical education site to determine the availability of clinical experiences for the following calendar year. The DCE assigns students to a clinical site based on:

1. The availability of the site to provide clinical education experiences
2. ETSU Clinical Education requirements
3. Recommendations of the PT Program's Promotions and Retention Committee when appropriate
4. Hardship Requests
5. The Clinical Education Plan of each student along with student top requests

Students who have successfully completed the components of the DPT curriculum before each clinical education experience and who are recommended by the Program Promotions and Retention Committee will be placed at Clinical Education sites. Additionally, a faculty vote occurs prior to terminal clinical education experiences that ensures students are ready for full-time terminal clinical education (Terminal Clinical Experience I being the first of three).

A list of available clinical sites, specific to each clinical experience, is provided to students via Exxat. Students rank their preferences in consultation with the DCE and in accordance with their Clinical Education Plan. Students can also make Special Request placements in consultation with DCE and 'Exxat One.'

If the facility cancels or changes the location of the placement, the student will work with the DCE to ensure the procurement of another clinical site.

Students are required to notify the DCE regarding any contractual agreements (i.e., the student has agreed to accept employment in a particular facility) they may have with possible clinical sites. Students will not be placed at clinical sites where they have received financial assistance in exchange for future employment. The reason for this is potential conflict of interest. Additionally, and for similar reasons, effort will be made not to place students at clinical sites where they have been previously employed as a physical therapy aide or physical therapy technician for a significant time. If a student feels a particular clinical site would still fit into his or her clinical education plan the student can schedule a meeting with the DCE for discussion.

Clinical Placement Hardship Request

A Clinical Placement Hardship Request MUST be emailed to the DCE using the [Clinical Placement Hardship Request Form](#). This [form](#) is online as a printer friendly form to Chapter 1 of the Clinical Education Handbook. All hardship requests (besides unforeseen circumstances) and supporting documentation are required prior to the selection process of CP 2 or at the earliest possible time if the hardship is unexpected.

Hardship requests may be granted when extraordinary circumstances beyond expected difficulties inherent in a clinical education assignment are determined to exist. Students accepted to the program need to familiarize themselves with the requirements of the program including travel and financial costs and plan accordingly. Approved hardship requests are usually for unexpected or unplanned changes in a student's situation that impede their ability to participate in the clinical education courses as expected. The decision to grant a hardship request is made by the DCE in consultation with the program faculty. If granted, the DCE will attempt to find a clinical site that accommodates the hardship (e.g., within the geographical area requested) based on current affiliation agreements and/or offered placements and the student's Clinical Education Plan. The request by the student to be placed in a specific location may delay the student's progression through the program and commencement (graduation) date.

PLEASE NOTE: The usual financial burden of clinical placements is shared across all students and, in and of itself, is not an approved hardship request.

General Standards of Practice for Clinical Experience

Clinical Experience Schedule: Students are to report to his/her clinical experience on time and are expected to remain at the clinic until dismissed by their clinical instructor. Students may be required to work weekends if their clinical instructor is scheduled for weekend coverage. If students work clinical experiences during a weekend, students may be allowed to take time off during the week as approved by their clinical instructor and in accordance with the student clinical education workload statement.

Professional Conduct: Students shall adhere to the [APTA Code of Ethics](#), [Guide for Professional Conduct](#), [Core Values for the Physical Therapist](#) and the [State Practice Act](#) of the state they are practicing during all clinical experiences. Violation of any of the previously mentioned documents during clinical experiences, could be cause for removal from the clinical experience and possible expulsion from the physical therapy program. If the student feels they have been put in an ethically compromising situation, they should immediately discuss this with the DCE as soon as possible.

Health Records: Students who have not completed all health and insurance requirements within the required timeframe will not be allowed to participate in clinical education experiences. Students shall upload copies of documentation to Exxat website in the appropriate time frame. Students are also responsible for finding out and meeting any additional clinical facility health, drug screen, background check and vaccination regulations/requirements before attending clinical experiences. This is initiated by the student after the 8 week student profile email is sent to the SCCE with student cc'd.

Student or Patient Injury During Clinical: If students or patients are injured or exposed to blood or other pathogens while performing clinical skills during clinical education experiences, students should follow the policy and procedures of the clinical site (at minimum complete an incidence report). This includes patient falling, even if no injury results. Students must notify the DCE and provide a copy of the incident report to the DCE.

Clinical Education Team Responsibilities

The primary responsibilities of the Director of Clinical Education (DCE) are to plan, coordinate, facilitate, administer, and monitor clinical education activities on behalf of the academic program and in coordination with academic and clinical faculty.

The Information Research Technician II / Clinical Education Information Coordinator, will provide support for:

- Student Health Records
- Approval process with Exxat
- Student Onboarding Assistance for Clinical Education Experiences
- SCCE and CI Communication
- Process and confirm Clinical Affiliation Agreements

DCE Assessment

Evaluation of the DCE occurs annually using the DCE self-assessment, faculty assessment of the DCE and the CI/SCCE and student assessment forms of the DCE from the APTA.

The DCE assessment forms are distributed regularly – per the DCE Performance Assessment Plan – to CI's, SCCE's, students, academic faculty, and administrators. Clinical Education Support Staff will be responsible for emailing these forms out, collecting and tabulating responses.

Updated 11/20/2

Clinical Experience Policies and Procedures

Changing a Clinical Site

Only in extenuating circumstances will a student be allowed to change a placement once the letter of confirmation has been sent. IT IS NEVER acceptable for a student to alter a clinical placement, switch placements with another student, or request from the SCCE another site at a multi-site organization. Extenuating Circumstances include:

- Clinical Site Cancels
- Unforeseen Hardship*

*Cost of travel and living expenses during clinical experiences is not considered an unforeseen hardship—decisions will be made on case-by case basis with DC

Background Check Policy

Students are required to have a criminal background check (CBC) performed in preparation for clinical education and community volunteer experiences. These are required to be uploaded to the Exxat portal before the first day of class. When a clinical site requires a student background check as part of clinical education requirements, the student can provide it to the clinical site. The background checks are kept confidential along with other student health information. Flagged CBCs may influence clinical education placements. If a CBC is flagged, the program director will discuss potential implications to the student for obtaining and maintaining physical therapy licensure.

Interprofessional Practice

It is the expectation that all students have the opportunity for involvement in interprofessional practice during clinical education experiences. Pursuant to the definition from the World Health Organization in 2010, interprofessional practice is “When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care.” (WHO 2010). Students will provide evidence of such practice during clinical education experiences.

A structured 2-year IPE Program with other students from ETSU’s five colleges of the Academic Health Science Center will be an expectation and embedded into clinical courses and program requirements.

Removal of Student from a Clinical Education Site

Students may be removed from the Clinical Education Site for the following reasons:

- Violation of APTA Code of Ethics and APTA Guide for Professional Conduct.
- Violation of the State Practice Act of the state in which they are practicing.
- Violation of the policies, dress codes, and procedures of the clinical facility at which they are practicing.
- Behaviors that place themselves, other staff, or patients at risk for harm.
- Behaviors deemed unprofessional by the clinical instructor.
- Violation of any state or federal laws during the clinical experience.
- Violation of ETSU and ETSU PT Program Policies and Procedures.

Both the DCE and clinical site (SCCE, CI, administrative staff) have the authority to remove students from the clinical site if the student's clinical performance or behaviors compromise patient safety or are disruptive to staff or clinical operation.

If a clinical site believes a student is deficient in any of the aforementioned ways, and believes removal from the site is warranted, the CI/SCCE shall:

1. Immediately contact DCE who informs the chair.
2. After consultation with the DCE, the clinical site shall provide necessary documentation of behaviors that warrant student removal (critical incident report, professional behavior deficiencies, etc).
3. Removal of student from clinical site will be initiated.

Upon removal from a clinical site, The DCE and Physical Therapy Program Director will inform members of the Promotions and Retention Committee of the Physical Therapy Program whether the student is dismissed from the program or allowed to continue in the program. If a student is removed due to the reasons mentioned above – and allowed to continue in the program, a plan or learning contract may be developed and carried out. If a failing/unsatisfactory grade is assigned for the clinical education experience, this may delay graduation and progression in the physical therapy curriculum.

If a student is removed from a clinical site due to physical or emotional health, or behavioral issues, the student will not be permitted to participate in any clinical experiences until the appropriate licensed health professional (physician, psychologist, etc.) determines that the student can safely and competently return to clinical practice.

Clinical Instructor Qualifications and Expectations

ETSU upholds the standards as required by CAPTE (Commission on Accreditation in Physical Therapy Education). Clinical Education faculty (Clinical Instructors) are licensed physical therapists with one year of full-time (or equivalent) post-licensure clinical experience and are effective role models and clinical teachers. These elements are tracked and reported to CAPTE.

Remediation and/or Failure of a Clinical Experience

Remediation During a Clinical Education Experience: When necessary, remediation may take place at any time *during* a clinical experience. The course instructor (DCE), the student, the CI, and SCCE will be involved in writing a learning contract. The contract will identify specific areas of deficit performance and the means by which the student will demonstrate improvement. The contract requirements must be fulfilled in addition to the usual expectations for the clinical experience.

A student failing to meet the performance standard *by the end* of Clinical Practicum 1 & 2 or Terminal Clinical Experience 1 or 2 or minimum entry-level competence by the end of Terminal Clinical Experience 3 will earn a failing grade and will be expected to remediate prior to advancing in the curriculum and/or graduation. Prior to remediation or repeating the experience, the student will develop a plan to remediate areas of difficulty identified on the assessment / Clinical Performance Instrument in conjunction with his/her academic advisor and program faculty. This plan for remediation must be approved by the student's clinical education advisor/Director of Clinical Education (DCE) prior to implementation. If clinical experiences are included in the remediation plan, they will be arranged by the student's clinical education advisor/DCE. The goals established in the remediation plan must be accomplished before the student will be allowed to repeat the clinical education experience. A student failing twice is subject to dismissal from the program as per program policy.

Clinical Experience Requirements

Immunization records, TB testing, Physical Examination, Professional Liability Insurance, Health Insurance, and CPR Certification are requirements mandated for clinical experiences by most clinical education sites. Some sites require a current **criminal background check** and **current drug test** which would be additional costs and would be between the student and the clinical site. Students may not be placed at a clinical site if they do not meet the site's requirements (including criminal background check and drug testing), and completion of the Physical Therapy Program is dependent on successful completion of clinical education experiences. Students are responsible for the financial costs of any additional required testing.

The following descriptions are to provide further context of required clinical education items

- **American Heart Association BLS Healthcare Provider CPR.** A CPR course is scheduled on-site during first semester for first year students and January/February of third year students. This is a 2-year certification. Students will be notified of the dates and times these are scheduled. Of note, CPR certification is required to be through American Heart Association due to clinical site requirements. Certification must be current before a student may participate in clinical education.

- **Health Insurance:** Students must maintain Health Insurance during their time in the Physical Therapy Program with no gaps. Failure to maintain insurance will result in the inability to participate in clinical education experiences and will need to be reviewed by the Promotion and Retention Committee.

- **Immunization Records** are required as follows. See PT Student Immunization Form and direct any questions to Clinical Education office. This is completed prior to orientation with any additional requirements done as required by clinical sites.
 - MMR (measles, mumps, rubella) immunization record **or** proof of immunity by titer
 - Varicella (Chickenpox). Student must have Varicella (chicken pox) immunization record **or** proof of immunity by titer or signed document by doctor that they had chicken pox
 - Adult Tdap (Tetanus/Diphtheria/Pertussis) in the last ten years
 - Hepatitis B - proof of immunity by titer is needed in the absence of Hep B 3-dose documentation
 - Flu Shot (Influenza Vaccination) & COVID-19 Vaccination record as required by clinical education sites

- **Tuberculosis Screening:** Students must also have a TB test prior to orientation along with annual screenings to follow. ETSU provides no form for this. Use the documentation provided by your healthcare provider. This is done yearly and can be done at the ETSU University/Student Health Clinic. Additional or more stringent or tighter time requirements may be mandated by certain clinical sites.

- **Medical History & Physical Examination** (must be completed before orientation and registration): The ETSU Physical Therapy Program Health/Physical Exam Form should be completed by a licensed health care provider (HCP). This person may be a physician, nurse practitioner, or physician assistant. This is a one-time requirement due prior to orientation.

- **HIPAA and OSHA Training:** Required annually and coordinated through the clinical education office. These trainings are completed through ETSU modules online in the first semester of DPT program. Students will receive an email notification annually to renew. Updated certificates are uploaded to Exxat by the student. HIPAA and OSHA modules/instruction are provided free of cost through ETSU.
 - HIPAA training has two parts and two certificates (Part One: The Privacy

Rule & Part Two: The Security Rule).

- o OSHA training includes four parts and four certificates (Bloodborne Pathogens – General; Emergency Preparedness Training – Mountain Home VA Campus; Hazard Communication; Portable Fire Extinguishers)
- **Professional Liability Insurance.** See instructions. It can be purchased online yearly following instructions provided by the Clinical Education office
- **Influenza (Flu Shot) and COVID-19 Vaccination.** If a vaccination or report of vaccination status is required by a clinical education site, students will need to comply. Declination forms can be used per clinical site policy.

Student Health & Clinical Education

Physical therapists must have sufficient physical abilities, coordination, communication and endurance to perform physical therapy interventions in all settings while ensuring the safety of patient's and self at all times. As stated in the student handbook section called Essential Functions and Technical Standards: Students must also have the ability to perform, either unaided or with reasonable accommodation, essential functions for successful participation in the Doctor of Physical Therapy Program.

Student Information Packet

Eight weeks prior to each Clinical Experience, the clinical site will receive a student profile link from Exxat. Students are CC'd on this email. The profile link will include:

- Student's Bio and Documents
- Medical Immunization Information
- CPR Card
- Personal Health Insurance Card
- HIPAA and OSHA Training Verification
- Professional Liability Insurance Certificate
- Attendance Guidelines
- Syllabus
- Clinical Education SNAPSHOT for CIs (ETSU PT academic work completed to date)

Students are required to contact the clinical site 6-8 weeks prior to their clinical experience start date. The DCE will advise on the timing of these emails. Student communication to clinical site normally coincides with students replying to the initial Student Information

Packet email that is sent 8 weeks before the clinical experience start date. The purpose of the communication is to:

- Introduce yourself to SCCE
- Confirm the location, setting and start date of clinical rotation.
- **Confirm any special requirements the student may still need to complete (background check, drug testing, etc)**
- Inquire about who CI will be and obtain email address
- Inquire about work hours, when/where to report on first day of experience
- Inquire about dress code
- Inquire about important areas or diagnoses to review to enhance preparation

*It is suggested to keep your first email brief (first four points above) and save further questions for follow-up emails or phone calls with your CI/SCCE.

PLEASE NOTE--Additional medical information or other clinic specific information may be required before attending clinical experiences. This will need to be confirmed by the student with the clinical site and provided by the student to the clinical site (as well as uploaded to Exxat as appropriate) before the clinical experience begins or a deadline as determined by the clinical site. (see red verbiage above)

Before participating in any clinical experience, all students are required to upload these items to Exxat:

Each student will need to register for Exxat and upload copies of your documentation to their Exxat profile. The required documents are as follows:

- Personal Health Insurance Card
- TB test (**yearly renewal required**)
- MMR (measles, mumps, rubella)
- Varicella (Chickenpox)
- Tetanus/Diphtheria/Pertussis (1st TDap) (**renew every 10 years**)
- Hepatitis B (1st, 2nd, 3rd dose)
- Flu Shot (**Flu Season October 1 - March 31**)
- COVID-19 Vaccination
- HIPAA & OSHA Training Certificates (Online training provided by ETSU)
- Physical Exam (By licensed Health Care Provider)
- Criminal Background Check Report
- Professional Liability Insurance Certificate (**yearly renewal required**)
- American Heart Association BSL Healthcare Provider CPR card (**renewal every 2 years**)
- Release form signature via Exxat

See timeline below when items are to be downloaded into Exxat.

<u>Item</u>	<u>Due Date/When to Do It</u>	<u>Deadline to Upload to Exxat</u>
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Personal Health Insurance Card	Prior to orientation	By orientation
TB Skin Test (yearly renewal required) <i>(ETSU DPT Program does not have a form for this. Upload the form used with your provider/physician's office)</i>	Prior to orientation	By orientation
<i>Immunizations/Vaccinations</i>		
MMR (measles, mumps, rubella)	Prior to orientation	By orientation
Varicella (Chickenpox)	Prior to orientation	By orientation
Tetanus/Diphtheria/Pertussis (1 st TDap) (Renew every 10 years)	Prior to orientation	By orientation
Hepatitis B (1 st , 2 nd , 3 rd dose)	Prior to orientation	By orientation
Flu Shot/Influenza Vaccine (<i>Flu Season October 1 – March 31</i>)	Prior to clinical rotations a required by clinical sites	As needed for clinical rotations (flu shot or declination form*)
COVID-19 Vaccination	Prior to clinical rotations a required by clinical sites	As needed for clinical rotations (vaccination record or declination form*)
HIPAA Training (yearly renewal required)	Professional Topics 1-year 1	~ March 1
OSHA Training (yearly renewal required)	Professional Topics 1-year 1	~ March 1
Physical Exam (by licensed Health Care Provider)	Prior to orientation	By orientation
Criminal Background Check Report	Prior to orientation	By orientation
Professional Liability Insurance Certificate (yearly renewal required)	Prior to orientation	By orientation
American Heart Association BLS Healthcare Provider CPR (<i>renewal every 2 years</i>)	Scheduled for you first semester	~ March 1
Release Form - Signature via Exxat	Prior to orientation	~ March 1 verified by ETSU

*Declination of Flu vaccination or COVID-19 vaccination may influence participation in certain clinical sites. See declination form for more details

Background Investigation

Each student is required to have a background investigation before orientation. Background investigations can be ordered through Truescreen. Students are provided instructions from the Clinical Education office prior to orientation regarding how to obtain background checks. See instruction document titled “Background Check Instructions.”

Professional Liability Insurance

It is the responsibility of each student to acquire their own Professional Liability Insurance policy. Each student is required to have a policy prior to their first clinical rotation and must ensure the policy is renewed yearly. To purchase a policy for \$2,000,000/\$6,000,000:

- Go to [Professional Liability Insurance Link](#) and click **Get a Quote** to fill out the form.
- Complete application for \$1,000,000/\$3,000,000 policy. You will need to purchase with the credit card with your name on it (\$42.00).
- **Wait at least two (2) business days** -- then call HPSO at 1-800-982-9491 and choose option for individual student policy.
- Tell them you are a student in Physical Therapy Program at East Tennessee State University, you need to upgrade your policy to \$2,000,000/\$6,000,000, and that the letter from the program director, Dr. Owens, is on file with HPSO records. If you are told otherwise, ask for a “Floor Lead”. If this does not work, contact Clinical Education Information Coordinator. (The cost for the upgrade is ~\$5.00)
- Upload your certificate verifying your \$2,000,000/\$6,000,000 policy to Exxat.

How long will my records be kept on file?

- Exxat services will expire at your graduation. Options are available through Exxat to keep you records for an extra charge. We recommend you keep your files – electronic and hard – in a safe and convenient place at all times.

If you have any questions or concerns please contact Cheryl Williams, Clinical Education Information Coordinator at williamsck@etsu.edu or (423) 439-8707.

International Clinical Education Opportunities

The Physical Therapy Program has affiliation agreements with some international organizations that can support clinical education experiences in various forms. Only students in good standing in the program are eligible to apply. Any probation, past or present, academic or professional, prohibits the student from qualifying for international experiences. Placement is coordinated directly with the DCE, approved by the Clinical Education Committee and must fit well within the student's clinical education plan. The process is as follows: The student expresses interest for an international placement in any TCE, to the DCE; that interest is taken to Clinical Education Committee and then must receive a unanimous faculty agreement/vote that the student is capable, and that the international placement is a fit to the student's Clinical Education Plan. It is recommended that TCE 1 as an ideal fit for Eduglobal opportunities. Current opportunities exist in Europe through Eduglobal, and Belize through Hillside Health Care International; TCE 3 shall NOT be the only TCE experience in an international setting.

ETSU Drug and Alcohol Policy

The Physical Therapy program supports ETSU's [Policy statement on Drug-free campus](#) and the [ETSU Alcohol Policy](#). The principles herein apply to Clinical Education experiences as well.

Social Media Policy

Federal Privacy regulations (HIPAA) applies to all social media sites and electronic communications. Students are NOT to share any Private Health Information about patients. Also, any comments or pictures about patients, clinical sites, and/or clinical instructors as well as fellow students (ETSU or other) **are not to be made on social media sites.**

Student violations of HIPAA regulations can result in a recommendation by the Director of Clinical Education for the student to be removed from the program. Comments or pictures posted about clinical site, clinical instructor, patients or fellow students could result in the student being brought before the departmental Promotions/Retention committee and/or removal from the clinical site and/or program.

As Clinical Instructors are an extension of ETSU PT faculty, and for the protection of the student, it is prohibited to "friend" an assigned CI or SCCE during clinical education experiences. Texting, emailing, and telephone are acceptable forms of communication. Additionally, it is inappropriate and prohibited for students to "friend" patients during clinical education experiences.

If you have questions about social media and clinical education, contact the DCE.

Updated by 11/20/2025



ETSU Clinical Education Overview

Clinical Experience	When	Length
Clinical Practicum 1	Fall - 3rd Semester <i>1st year student</i>	1 day/week
Clinical Practicum 2	Summer - 5th Semester <i>2nd year student</i>	4 weeks
Terminal Clinical Experience 1	Fall - 6th Semester <i>2nd year student</i>	8 weeks
Terminal Clinical Experience 2	Spring - 7th Semester <i>3rd year student</i>	10 weeks
Terminal Clinical Experience 3	Summer - 8th Semester <i>3rd year student</i>	12 weeks

Clinical Education Requirements at ETSU

Our faculty are committed to excellence in DPT education and we understand that what we start in the classroom is built upon in clinical education. It is vital that each student's clinical education plan has sufficient breadth and depth to complement their didactic coursework across all areas of physical therapy practice. Clinical education experiences are required in outpatient, inpatient (acute care/skilled nursing/IP rehab), a rural setting experience, and at least one setting outside the local area.

International Opportunities

In support of ETSU's strategic plan, we provide international clinical opportunities. One is in the form of clinical experiences abroad in Italy, Switzerland, England or Luxemburg. Also, each year a group of 10-15 ETSU IPE students engage in a partnership with Universidad Santa Paula (USP) in Costa Rica. This provides ETSU and USP students the opportunity to learn with and from each other as well as serve those in Costa Rica that don't have readily accessible healthcare.

Community Outreach and Service

ETSU clinical education could not exist without the support of the PT community and the community at large. Serving the community and giving back to our clinical partners is a high priority for our program. Our students and faculty are engaged in APTA, TPTA and local community service. We offer regular free CEU opportunities through the residency/fellowship lecture series and many other courses. Stay tuned for ongoing opportunities!



James Boone, PT, DPT, OCS,
Director of Clinical Education

For **QUESTIONS** or to **BECOME A PARTNER**
with **ETSU Clinical Education**:
Contact Dr. James Boone at
boonejd@etsu.edu or (423) 439-8792



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EAST TENNESSEE STATE
UNIVERSITY

PHYT 6363 Clinical Practicum 1

Credits: 4 Section: 01 Term: Fall 2025

Department of Rehabilitative Sciences

Location & Meeting Time

Classroom location: Assigned clinical facility under the direct supervision of a licensed physical therapist

Class Meeting Schedule: As assigned as part of Clinical Education Plan. Each Thursday - one day a week - during Fall 2025 semester. (Clinic days Aug 28 – Dec 4, excluding Thanksgiving week).

We plan to have two debriefing sessions for each 7-week block. These will be on the class calendar for the semester.

Contact Information

Instructor: James D. Boone, PT, DPT, OCS

Associate Professor

Email: BooneJD@etsu.edu

Phone: (Office) 423-437-8792

Office: Building 2, Rm. 213 Veterans Affairs Campus

Instructor Availability:

Office Hours: I am available for phone calls during or after business hours for those in the clinic. Office hours are posted on my office door each semester.

Course Description & Materials

Prerequisites: Enrolled full-time in the professional program with satisfactory completion of all coursework to date.

Course Description

Implement and refine the clinical skills students learn in the classroom in a patient care setting. This is the first in a series of course designed for application of clinical skills. Assignment is made to a clinical setting and work occurs under the direct supervision of a licensed physical therapist.

Required Materials

Guide to Physical Therapist Practice 4.0. Available at: <http://guidetoptpractice.apta.org/> Free to APTA members (that's you 😊)

ETSU Clinical Education Handbook [ETSU Clinical Education Handbook](#)

Course Overview

Course Purpose and Objectives

The purpose of this course is to refine students' skills in professionalism, communication and safety and increase their skills in physical therapy clinical practice commensurate with their didactic preparation. Students will develop their clinical skills in patient examination and treatment while under the direct supervision of a licensed physical therapist. Course goals include:

- Demonstrate professional behavior in the clinical setting
- Demonstrate professional communication with patients, caregivers and interprofessional team members
- Demonstrate and maintain appropriate patient safety within the clinical environment
- Develop clinical skills commensurate with classroom knowledge level
- Provide students opportunities to refine the evaluation process along with plan of care and interventions

Expected Learning Outcomes

Upon completion of the course, the student is expected to, with appropriate levels of supervision:

1. Practice in a safe manner that minimizes risk to patient, self, and others. (7D33, 7D37)
2. Demonstrate professional behavior in all situations. (7D1, 7D4, 7D5, 7D6, 7D14)
3. Practices according to Code of Ethics and adheres to legal and professional standards including state practice acts and core values. (7D2, 7D3, 7D4, 7D5, 7D41)
4. Communicate in ways that are congruent with situational needs. (7D7, 7D21)
5. Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (7D8)
6. Accepts and is receptive to feedback and participate in self-assessment to improve clinical and professional performance. (7D13, 7D15)
7. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease (IPE)
8. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals (IPE)
9. Demonstrate skills in placing the interests of patients and populations at the center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span (IPE)
10. Practice Working in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs. (IPE)
11. Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management (7D9, 7D10, 7D11, 7D34, 7D36, 7D40)
12. With appropriate levels of supervision, perform physical therapy patient examination using evidence-based tests and measures, when available. (7D17, 7D18, 7D19 a-w, 7D35)

13. With appropriate levels of supervision, evaluate data from the patient examination (history, systems review, and test and measures) to make clinical judgments (7D20, 7D35, 7D40)
14. With appropriate levels of supervision, determine a diagnosis and prognosis that guides future patient management (7D22, 7D23, 7D35, 7D40)
15. With appropriate levels of supervision, establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40)
16. With appropriate levels of supervision, perform physical therapy interventions in a competent manner (7D27 a-i, 7D34, 7D35)
17. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods (7D12, 7D34, 7D35)

Major Course Topics

Professionalism and professional behavior; communication; safety; ethical and legal practice standards; sensitivity to individual differences; patient examination, evaluation, plan of care and interventions; delivery of physical therapy services; professional/social responsibilities; lifelong learning

Course Policies

Attendance

ETSU Physical Therapy Program requires full-time clinical attendance during all Clinical Practicums and Terminal Clinical Experiences (TCE). During TCE I & II a student is allowed one day (one day = 8 hours) absence and during TCE III a student is allowed two days absence with prior approval from his/her clinical instructor and notification to the Director of Clinical Education (DCE) by e-mail. We understand that prior permission may not be feasible in case of illness or emergency. In these cases, the clinical instructor must be notified prior to the start of the workday if at all possible. Any absences above the established granted absences must be made up at the discretion of the clinical instructor in consultation with the DCE. Students are required to make up all missed assignments due to any absence from the clinic.

Students shall follow the schedule of the CI and/or clinic. Students will follow the holiday schedule at the clinical site and NOT the university schedule during clinical education experiences.

Absences from clinical experience shall be defined as follows:

Planned Absences* - Requests for absence from a clinical experience must be submitted well in advance via email and delivered directly to the DCE. Each request is evaluated on an individual basis and is contingent upon DCE approval. The DCE will coordinate and communicate with clinical sites when needed. **The student is not to approach the CI/SCCE or clinical site with requests for absences beyond the established granted absences during clinical experiences.**

Excused Absences* - Excused absences may include illness, family emergencies, approved professional or University activities, or other unforeseen events or circumstances as approved by the DCE. **In**

circumstances regarding illness or emergency situations, the student contacts his/her CI as soon as possible—no later than beginning of workday. In addition, the student notifies DCE by phone or email of all absences as soon as possible.

Unexcused Absences - An absence which does not fit the definition of excused absence. Unexcused absences are grounds for dismissal from the program.

*Missed time (beyond the established granted absences for Terminal Clinical Experiences) during clinical experiences shall be made up at the discretion of CI/SCCE in consultation with the DCE. Violation of this attendance policy may result in a formal remediation action, professional behavior citation, or dismissal from the program.

Inclement Weather Policy—In the event of inclement weather, and if the University and clinical site are open, ***the student should make a decision whether or not it is safe to drive***. If news bulletins recommend no travel, the student should notify the CI and DCE of the situation. In most instances, days/time missed due to hazardous driving conditions will be made up.

Assignments and Grading

Major Assignments:

1. Complete and submit via Exxat the clinical instructor contact information assigned date-week 3.
2. Complete each of the course objectives at the appropriate level of supervision as indicated on the weekly assessment form *or the equivalent through alternate means*.
3. Be punctual with all clinical and academic assignments. Late assignments will receive a grade of Zero, and may be cause for dismissal from the clinical experience.
4. **Promptly inform the Clinical Instructor (CI) and the Director of Clinical Education (DCE) of any illness or emergency situations that interferes with the Clinical Experience.**
5. Complete reflective/self-assessment assignments as outlined by assigned date.
6. Be properly attired for the clinical experience according to the policies/standards and dress code of the clinical site.
7. Complete all assignments made by the CI willingly, thoroughly, promptly, and satisfactorily.
8. Complete weekly ETSU reports and assignments as assigned
9. Attend ALL scheduled and make-up days of the clinical experience. See attendance policy.
10. Complete and upload on Exxat by deadline:
 - a. Physical Therapist Student Evaluation of Clinical Site
 - b. Physical Therapist Student Evaluation of Clinical Instructor
11. For additional requirements students should refer to the ETSU Physical Therapy Program [Clinical Education Handbook](#)
12. Any other assignments as assigned with prior and sufficient notification

Teaching Methods & Learning Experiences: Students will work in the clinical setting under the direct supervision of a licensed physical therapist. We will also have up to 4 debriefing session on campus throughout the semester.

Student Evaluation & Grading: Grading will be determined by the course instructor based upon successful completion of the required assignments at the level described

Grade Assignment/Scale:

P: Pass

F: Fail

For a grade of Pass (P), the student must:

1. meet all of the Clinical Practicum 1 Learning Outcomes/Course Objectives by receiving a rating of primarily 2's or greater on the weekly assessments
2. Successfully complete all required assignments as outlined in syllabus AND Exxat.
3. Successfully complete and pass all IPE program requirements

Grading Definitions for assessments:**

4-Confirmation: student confers with the CI prior to, or following an activity for the purpose of sharing information and/or validating decision-making. The student is capable of functioning safely and independently. Consistently meets the stated objective.

3-Guidance: student needs advice from the CI to expand knowledge of skills. Consistently meets the stated objective

2-Supervision: student needs verbal cueing or physical assistance from the CI. The presence of the CI in the immediate vicinity is necessary. Student meets the stated objective with inconsistencies.

1-Constant Supervision: student requires continuous verbal cueing or continuous physical assistance from the CI. A student performing at the constant supervision level on an objective does not meet passing criteria for that stated objective.

** Adapted from New England Consortium Scale

If a student earns a grade of Fail (F), the student will not receive credit for the course and will be required to re-take the Clinical Practicum 1 prior to continuing their matriculation through the program.

Remediation: When necessary, remediation may take place at any time during a clinical experience. The course instructor, the student, the CI, and CCCE will be involved in writing a learning contract. The contract will identify specific areas of deficit performance and the means by which the student will demonstrate improvement. The contract requirements must be fulfilled in addition to the usual expectations for the clinical experience.

Other

Special Needs Policy: Students are required to report physical and learning disabilities to the Office for Students with Disabilities. At the beginning of each academic year, the student should ensure that the paperwork necessary to document their special learning or physical disability has been completed and all the instructors are informed of that need.

Academic Misconduct: Academic misconduct will result in disciplinary action. Acts of dishonesty in academic work that may constitute academic misconduct include but are not limited to plagiarism, the changing or falsifying of any academic documents or materials, cheating, and using unauthorized notes, tests or other materials. Penalties for academic misconduct will vary with the seriousness of the offense and may include a failing grade for the course or additional disciplinary sanctions. The student is referred to the Graduate Catalog for institutional policies and procedures.

Office Hours/Contact Information: Individual faculty will have open online office hours. Please contact the specific faculty member for times and availability. Also, faculty will reply to all emails within 24 business hours. Please feel free to contact faculty more than once if you have not had a reply in this time. General course related questions can be directed to any faculty member. The first contact for content specific questions should be directed to the faculty member who presented the specific content.

Standards of Professional Appearance: Students in the Physical Therapy Program are expected to wear appropriate attire for the classroom, clinical education, and laboratory experiences. Clothing should be neat, clean, and modest at all times. In the classroom, students should wear attire that is clean, well maintained and is appropriate for a graduate student in a medical professional program. Professional clinical attire is expected to ensure that all scheduled guest lecturers are appropriately welcomed to the program. Additionally, students will follow the dress code of the Physical Therapy Program.

Syllabus Attachment Information: The University's approved Syllabus Attachment Information page provides information about important University and Academic Policies that all students should know. <https://www.etsu.edu/curriculum-innovation/syllabusattachment.php>

Professional Behaviors, Professionalism and Professional Development

Demonstrating professional behaviors is crucial in the development of clinical competency in the core skills of physical therapy practice. Lack of professional behavior that is identified and not corrected is grounds for removal from and failing grade for this course. See ETSU DPT student and clinical education handbook.

Professionalism: Physical therapists consistently demonstrate core values by aspiring to and wisely applying principles of accountability, altruism, collaboration, compassion and caring, duty, excellence, inclusion, integrity and social responsibility. – *American Physical Therapy Association. [Core Values for the Physical Therapist.](#)*

Students are expected to reflect on and continue to strive to develop professionalism in physical therapy by abiding by the defined APTA Position on Professionalism and Core Values as noted above.

Content Outline & Assigned Instructor

See Exxat



EAST TENNESSEE STATE
UNIVERSITY

PHYT 6564 Clinical Practicum 2

Credits: 4 Section: 01 Term: Summer 2025

Department of Rehabilitative Sciences

Location & Meeting Time

Classroom location: Assigned clinical facility in an approved clinical facility under the direct supervision of a licensed physical therapist

Class Meeting Schedule: As assigned as part of Clinical Education Plan. Full time in clinic (~40 hr weeks) during May 19 – June 13, 2025

Contact Information

Instructor: James D. Boone, PT, DPT, OCS
Associate Professor

Email: BooneJD@etsu.edu

Phone: (Office) 423-437-8792

Office: Building 2, Rm. 213 Veterans Affairs Campus

Instructor Availability:

Office Hours: I am available for phone calls during or after business hours for those in the clinic.

Course Description & Materials

Prerequisites: Enrolled full-time in the professional program with satisfactory completion of all coursework to date.

Course Description

Implement and refine the clinical skills learned in the classroom in a patient care setting. This is the second in a series of courses designed for application of clinical skills. Assignment is made to a clinical setting and work occurs under the direct supervision of a licensed physical therapist.

Required Materials

APTA Guide to Physical Therapist Practice 4.0. Alexandria, VA: American Physical Therapy Association; 2023. Available at: <http://guidetoptpractice.apta.org/> Free to APTA members (that's you 😊)

ETSU Clinical Education Handbook [ETSU Clinical Education Handbook](#)

Course Overview

Course Purpose and Objectives

The purpose of this course is to refine students' skills in professional behavior and increase their skills in clinical practice commensurate with their didactic preparation. Students will apply skills learned in the classroom to the clinical setting. Students will further develop their practice skills in patient examination and treatment while under the direct supervision of a licensed physical therapist. Course goals include:

- Demonstrate professional behavior in the clinical setting
- Demonstrate professional communication with patients, caregivers and interprofessional team members
- Demonstrate and maintain appropriate patient safety within the clinical environment
- Develop and demonstrate clinical skills commensurate with classroom knowledge level
- Demonstrate and refine clinical skills in examination, evaluation along with plan of care and interventions

Expected Learning Outcomes

Upon completion of the course, the student is expected to, with appropriate levels of supervision:

1. Practice in a safe manner that minimizes risk to patient, self, and others, demonstrating awareness for the safety of patients. (7D33, 7D37)
2. Demonstrate professional behavior in all situations. (7D1, 7D4, 7D5, 7D6, 7D14)
3. Adhere to ethical, legal and professional standards (e.g., code of ethics, state practice acts & core values) (7D2, 7D3, 7D4, 7D5, 7D41)
4. Demonstrates professional verbal and nonverbal communication with patients, caregivers and interprofessional team members and reflects respect for individual differences in age, disability, race, ethnicity, sexual orientation, religion or other characteristics of identity. (7D7, 7D21, 7D8)
5. Accept and is receptive to feedback and participate in self-assessment to improve clinical and professional performance. (7D13, 7D15)
6. Demonstrate documentation that shows medical necessity and establishment of appropriate goals.
7. Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management (7D9, 7D10, 7D11, 7D34, 7D36, 7D40)
8. Perform physical therapy patient examination using evidence-based tests and measures, when available. (7D17, 7D18, 7D19 a-w, 7D35)
9. Evaluate data from the patient examination (history, systems review, and test and measures) to make clinical judgments (7D20, 7D35, 7D40)
10. Determine a diagnosis and prognosis that guides future patient management (7D22, 7D23, 7D35, 7D40)
11. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40)
12. Select and apply physical therapy interventions in a competent manner (7D27 a-i, 7D34, 7D35)

13. Educates others (patients, family, caregivers, staff, students, other healthcare providers) using relevant and effective teaching methods (7D12, 7D34, 7D35)

Major Course Topics

Professional behavior; safety; ethical and legal practice standards; documentation; sensitivity to individual differences; patient examination, evaluation, plan of care and interventions; delivery of physical therapy services; professional/social responsibilities; lifelong learning

Course Policies

Attendance

ETSU Physical Therapy Program requires clinical attendance (of ~40-hour weeks) during Clinical Practicum 2 and Terminal Clinical Experiences (TCE). During TCE 1 & 2 a student is allowed one day (one day = 8 hours) absence and during TCE 3 a student is allowed two days absence with prior approval from his/her clinical instructor and notification to the Director of Clinical Education (DCE) by e-mail. We understand that prior permission may not be feasible in case of illness or emergency. In these cases, the clinical instructor must be notified prior to the start of the workday if at all possible. Any absences above the established granted absences must be made up at the discretion of the clinical instructor in consultation with the DCE. Students are required to make up all missed assignments due to any absence from the clinic.

Students shall follow the schedule of the CI and/or clinic. Students will follow the holiday schedule at the clinical site and NOT the university schedule during clinical education experiences.

Absences from clinical experience shall be defined as follows:

Planned Absences* - Requests for absence from a clinical experience must be submitted well in advance via email and delivered directly to the DCE. Each request is evaluated on an individual basis and is contingent upon DCE approval. The DCE will coordinate and communicate with clinical sites when needed. **The student is not to approach the CI/SCCE or clinical site with requests for absences beyond the established granted absences during clinical experiences.**

Excused Absences* - Excused absences may include illness, family emergencies, approved professional or University activities, or other unforeseen events or circumstances as approved by the DCE. **In circumstances regarding illness or emergency situations, the student contacts his/her CI as soon as possible—no later than beginning of workday. In addition, the student notifies DCE by phone or email of all absences as soon as possible.**

Unexcused Absences - An absence which does not fit the definition of excused absence. Unexcused absences are grounds for dismissal from the program.

*Missed time (beyond the established granted absences for Terminal Clinical Experiences) during clinical experiences shall be made up at the discretion of CI/SCCE in consultation with the DCE. Violation of this attendance policy may result in formal remediation actions, professional behavior citation, or dismissal from the program.

Inclement Weather Policy—In the event of inclement weather, and if the University and clinical site are open, *the student should make a decision whether or not it is safe to drive*. If news bulletins recommend no travel, the student should notify the CI and DCE of the situation. In most instances, days/time missed due to hazardous driving conditions will be made up.

Assignments and Grading

Major Assignments:

1. Complete and submit via Exxat the clinical instructor contact information by assigned date.
2. Receive a rating of 3 or 4 for asterisked objectives (Professionalism, Communication and Safety), and primarily 2's & 3's or greater for non-asterisked objectives on the **final assessment or the equivalent through alternate means**.
3. Be punctual with all clinical and academic assignments. Late assignments will receive a grade of Zero, and may be cause for dismissal from the clinical experience.
4. **Promptly inform the Clinical Instructor (CI) and the Director of Clinical Education (DCE) of any illness or emergency situations that interferes with the Clinical Internship.**
5. Complete reflective/self-assessment assignments as outlined by assigned date.
6. Be properly attired for the clinical experience according to the policies/standards and dress code of the clinical site.
7. Complete all assignments made by the CI willingly, thoroughly, promptly, and satisfactorily.
8. Complete weekly ETSU reports and assignments as assigned
9. Attend ALL scheduled and make-up days of the clinical experience. See attendance policy.
10. Complete and upload on Exxat by deadline:
 - a. Student Evaluation of Clinical Experience – Site and CI. Done via Exxat.
11. For additional requirements students should refer to the ETSU Physical Therapy Program [Clinical Education Handbook](#)
12. Any other assignments as assigned with prior and sufficient notification

Teaching Methods & Learning Experiences: Students will work in the clinical setting under the direct supervision of a licensed physical therapist.

Student Evaluation & Grading: Grading will be determined by the course instructor based upon successful completion of the required assignments at the level described

Grade Assignment/Scale:

P: Pass

F: Fail

For a grade of Pass (P), the student must:

1. meet all of the Clinical Practicum 2 Learning Outcomes/Course Objectives by receiving a rating of 3 or 4 for asterisked objectives, and primarily 2's & 3's or greater for non-asterisked objectives on the **final assessment**
2. Successfully complete all required assignments as outlined in syllabus AND Exxat.

Grading Definitions (Adapted from New England Consortium Scale)

1 – (CONSTANT SUPERVISION): Does not meet the stated objective. The student requires continuous verbal cueing or continuous physical assistance from the clinical instructor.

2 – (SUPERVISION): The student needs verbal cueing or physical assistance from the clinical instructor (CI). Meets the stated objective, but with inconsistencies.

3 – (GUIDANCE): Consistently meets the stated objective. The student needs advice from the clinical instructor to expand knowledge or skills.

4 – (CONFIRMATION): Consistently meets the stated objective. The student confers with the CI prior to, or following an activity for the purpose of sharing information and/or validating decision-making. The student is capable of functioning safely and independently.

If a student earns a grade of Fail (F), the student will not receive credit for the course and will be required to re-take the Clinical Practicum 2 prior to continuing their matriculation through the program.

Remediation: When necessary, remediation may take place at any time during a clinical experience. The course instructor, the student, the CI, and CCCE will be involved in writing a learning contract. The contract will identify specific areas of deficit performance and the means by which the student will demonstrate improvement. The contract requirements must be fulfilled in addition to the usual expectations for the clinical experience.

Other

Special Needs Policy: Students are required to report physical and learning disabilities to the Office for Students with Disabilities. At the beginning of each academic year, the student should ensure that the paperwork necessary to document their special learning or physical disability has been completed and all the instructors are informed of that need.

Academic Misconduct: Academic misconduct will result in disciplinary action. Acts of dishonesty in academic work that may constitute academic misconduct include but are not limited to plagiarism, the changing or falsifying of any academic documents or materials, cheating, and using unauthorized notes, tests or other materials. Penalties for academic misconduct will vary with the seriousness of the offense and may include a failing grade for the course or additional disciplinary sanctions. The student is referred to the Graduate Catalog for institutional policies and procedures.

Clinical Education Student Hours/Workload: ETSU is committed to building productive learning experiences and fostering strong partnerships between academic and clinical programs. It is our position that to be successful clinical learners, students must have sufficient time to process and integrate clinical learning experiences in addition to time for documentation and treatment planning. Students need time to prepare for clinical expectations and responsibilities and must be allowed adequate time for rest, including lunch breaks, to focus, organize and plan for success. We recommend that full time clinical education students work between 38 - 45 hours/week, and are provided at a minimum, a 30-minute lunch break. However, students may be expected to arrive early, or remain at the clinic beyond the scheduled time, in order to complete patient care, documentation, and/or other essential clinical or educational tasks.

Office Hours/Contact Information: Individual faculty will have open online office hours. Please contact the specific faculty member for times and availability. Also, faculty will reply to all emails within 24 business hours. Please feel free to contact faculty more than once if you have not had a reply in this

time. General course related questions can be directed to any faculty member. The first contact for content specific questions should be directed to the faculty member who presented the specific content.

Standards of Professional Appearance: Students in the Physical Therapy Program are expected to wear appropriate attire for the classroom, clinical education, and laboratory experiences. Clothing should be neat, clean, and modest at all times. In the classroom, students should wear attire that is clean, well maintained and is appropriate for a graduate student in a medical professional program. Professional clinical attire is expected to ensure that all scheduled guest lecturers are appropriately welcomed to the program. Additionally, students will follow the dress code of the Physical Therapy Program.

Syllabus Attachment Information: The University's approved Syllabus Attachment Information page provides information about important University and Academic Policies that all students should know. <https://www.etsu.edu/curriculum-innovation/syllabusattachment.php>

Professional Behaviors, Professionalism and Professional Development

Demonstrating professional behaviors is crucial in the development of clinical competency in the core skills of physical therapy practice. Lack of professional behavior that is identified and not corrected is grounds for removal from and failing grade for this course. See ETSU DPT student and clinical education handbook.

Professionalism: Physical therapists consistently demonstrate core values by aspiring to and wisely applying principles of accountability, altruism, collaboration, compassion and caring, duty, excellence, inclusion, integrity and social responsibility. – *American Physical Therapy Association*. [Core Values for the Physical Therapist](#).

Students are expected to reflect on and continue to strive to develop professionalism in physical therapy by abiding by the defined APTA Position on Professionalism and Core Values as noted above.

Content Outline & Assigned Instructor

See Exxat



EAST TENNESSEE STATE
UNIVERSITY

PHYT 7665 Terminal Clinical Experience (TCE) 1

Credits: 8 Term: Fall 2025

Physical Therapy Program

Location & Meeting Time

Classroom location: Assigned clinical facility in an approved clinical facility under the direct supervision of a licensed physical therapist

Class Meeting Schedule: As assigned as part of Clinical Education Plan. Full time in clinic (~40 hr weeks)
Dates: Oct 20 – Dec 12, 2025

Contact Information

Instructor: James D. Boone, PT, DPT, OCS
Associate Professor

Email: BooneJD@etsu.edu

Phone: (Office) 423-437-8792

Office: Building 2, Rm. 213 Veterans Affairs Campus

Instructor Availability:

Office Hours: I am available for phone calls during or after business hours for those in the clinic.

Course Description & Materials

Prerequisites: Enrolled full-time in the professional program with satisfactory completion of all coursework to date.

Course Description

Develops and refines the clinical skills necessary to evaluate and treat patients/clients commonly seen by a physical therapist. Assignment to a variety of clinical settings to work under the direct supervision of a licensed physical therapist.

Required Materials

Guide to Physical Therapist Practice 4.0. Available at: <http://guidetoptpractice.apta.org/> Free to APTA members (that's you 😊)

ETSU Clinical Education Handbook [ETSU Clinical Education Handbook](#)

Course Overview

Course Purpose and Objectives

The purpose of this course is to assist the student TO DEVELOP & PROGRESS the physical therapy skills needed for entry-level practice. Course goals include:

- Progress clinical skills in examination of patients
- Progress knowledge and skills in clinical interventions
- Progress physical therapy practice skills to the level of INTERMEDIATE, or higher, per the final PT-CPI *or the equivalent through alternate means.*

Expected Learning Outcomes

Upon completion of the course, students will:

1. Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.
2. Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
3. Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.
4. Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.
5. Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).
6. Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).
7. Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.
8. Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.

9. Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.
10. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.
11. Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.
12. Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist.

(Learning outcomes are based on the Physical Therapy Clinical Performance Instrument (PT-CPI 3.0))

Major Course Topics

Professional behavior; safety; ethical and legal practice standards; documentation; sensitivity to individual differences; patient examination, evaluation, plan of care and interventions; delivery of quality physical therapy services; physical therapy diagnosis; outcomes of care; professional/social responsibilities; prevention; health and wellness; lifelong learning

Course Policies

Attendance

ETSU Physical Therapy Program requires clinical attendance (of ~40-hour weeks) during all clinical practicums and Terminal Clinical Experiences (TCE). During TCE I & II a student is allowed one day (one day = 8 hours) absence and during TCE III a student is allowed two days absence **with prior approval** from his/her clinical instructor and notification to the Director of Clinical Education (DCE) by e-mail. We understand that prior permission may not be feasible in case of illness or emergency. In these cases, the clinical instructor must be notified prior to the start of the workday if at all possible. Any absences above the established granted absences must be made up at the discretion of the clinical instructor in consultation with the DCE. Students are required to make up all missed assignments due to any absence from the clinic.

Students shall follow the schedule of the CI and/or clinic. Students will follow the holiday schedule at the clinical site and NOT the university schedule during clinical education experiences.

Absences from clinical experience shall be defined as follows:

Planned Absences* - Requests for absence from a clinical experience must be submitted well in advance via email and delivered directly to the DCE. Each request is evaluated on an individual basis and is contingent upon DCE approval. The DCE will coordinate and communicate with clinical sites when needed. **The student is not to approach the CI/SCCE or clinical site with requests for absences beyond the established granted absences during clinical experiences.**

Excused Absences* - Excused absences may include illness, family emergencies, approved professional or University activities, or other unforeseen events or circumstances as approved by the DCE. **In circumstances regarding illness or emergency situations, the student contacts his/her CI as soon as possible—no later than beginning of workday. In addition, the student notifies DCE by phone or email of all absences as soon as possible.**

Unexcused Absences - An absence which does not fit the definition of excused absence. Unexcused absences are grounds for dismissal from the program.

*Missed time (beyond the established granted absences for Terminal Clinical Experiences) during clinical experiences shall be made up at the discretion of CI/SCCE in consultation with the DCE. Violation of this attendance policy may result in a formal remediation actions, professional behavior citation, or dismissal from the program.

Inclement Weather Policy—In the event of inclement weather, and if the University and clinical site are open, ***the student should make a decision whether or not it is safe to drive***. If news bulletins recommend no travel, the student should notify the CI and DCE of the situation. In most instances, days/time missed due to hazardous driving conditions will be made up.

Clinical Education Student Hours/Workload

ETSU is committed to building productive learning experiences and fostering strong partnerships between academic and clinical programs. It is our position that to be successful clinical learners, students must have sufficient time to process and integrate clinical learning experiences in addition to time for documentation and treatment planning. Students need time to prepare for clinical expectations and responsibilities and must be allowed adequate time for rest, including lunch breaks, to focus, organize and plan for success. We recommend that full time clinical education students work between 38 - 45 hours/week, and are provided at a minimum, a 30-minute lunch break. However, students may be expected to arrive early, or remain at the clinic beyond the scheduled time, in order to complete patient care, documentation, and/or other essential clinical or educational tasks.

Assignments and Grading

Major Assignments:

1. Complete and submit via Exxat the clinical instructor contact information by assigned date.
2. Complete each of the course objectives at the Intermediate level, or higher, based upon comments and score on the FINAL CPI *or the equivalent through alternate means*.
3. Be punctual with all clinical and academic assignments. Late assignments will receive a grade of Zero, and may be cause for dismissal from the clinical experience.

4. **Promptly inform the Clinical Instructor (CI) and the Director of Clinical Education (DCE) of any illness or emergency situations that interferes with the clinical education experience.**
5. Complete reflective/self-assessment assignments as outlined by assigned date.
6. Be properly attired for the clinical experience according to the policies/standards and dress code of the clinical site.
7. Complete all assignments made by the CI willingly, thoroughly, promptly, and satisfactorily.
8. Present a ~30-minute in service or case presentation on the topic of his/her choice and approved by the CI. **You may not present the same in-service you presented during previous Internships**
9. Attend ALL scheduled and make-up days of the clinical education experience per attendance policy.
10. Complete and upload on Exxat by deadline:
 - a. Student Evaluation of Clinical Experience
 - b. Submit a copy of the PRESENTATION or OUTLINE of the in-service via Exxat.
 - c. Submit a copy of the evaluation of the in-service, completed and signed by the CI via Exxat.
11. Complete the online midterm and final assessments on the Clinical Performance Instrument by assigned dates as noted on course schedule.
12. For additional requirements students should refer to the ETSU Physical Therapy Program [Clinical Education Handbook](#)
13. Any other assignments as assigned with prior and sufficient notification

Teaching Methods & Learning Experiences: Students will work in the clinical setting under the direct supervision of a licensed physical therapist.

Student Evaluation & Grading: Grading is determined by the DCE based on completion of student responsibilities outlined, including:

- Evaluation of the student's performance on the PT CPI
- Submission of assignments throughout the experience

Grade Assignment/Scale:

P: Pass

F: Fail

For a grade of Pass (P), the student must:

- 1) meet all Terminal Clinical Experience (TCE) 1 course objectives
- 2) receive a rating of a minimum of INTERMEDIATE clinical performance on the FINAL APTA-CPI with supporting documentation from the Clinical Instructor (CI) *or the equivalent through alternate means.*
- 3) no RED FLAG items identified as subpar on the final CPI.
- 4) successfully complete all graded assignments, as assigned.

If a student earns a grade of Fail (F), the student will not receive credit for the course and will be required to re-take the TCE 1 prior to continuing their matriculation through the program.

Remediation: When necessary, remediation may take place at any time during a clinical experience. The course instructor, the student, the CI, and SCCE will be involved in writing a learning contract. The contract will identify specific areas of deficit performance and the means by which the student will

demonstrate improvement. The contract requirements must be fulfilled in addition to the usual expectations for the clinical experience.

Other

Special Needs Policy: Students are required to report physical and learning disabilities to the Office for Students with Disabilities. At the beginning of each academic year, the student should ensure that the paperwork necessary to document their special learning or physical disability has been completed and all the instructors are informed of that need.

Academic Misconduct: Academic misconduct will result in disciplinary action. Acts of dishonesty in academic work that may constitute academic misconduct include but are not limited to plagiarism, the changing or falsifying of any academic documents or materials, cheating, and using unauthorized notes, tests or other materials. Penalties for academic misconduct will vary with the seriousness of the offense and may include a failing grade for the course or additional disciplinary sanctions. The student is referred to the Graduate Catalog for institutional policies and procedures.

Office Hours/Contact Information: Individual faculty will have open online office hours. Please contact the specific faculty member for times and availability. Also, faculty will reply to all emails within 24 business hours. Please feel free to contact faculty more than once if you have not had a reply in this time. General course related questions can be directed to any faculty member. The first contact for content specific questions should be directed to the faculty member who presented the specific content.

Standards of Professional Appearance: Students in the Physical Therapy Program are expected to wear appropriate attire for the classroom, clinical education, and laboratory experiences. Clothing should be neat, clean, and modest at all times. In the classroom, students should wear attire that is clean, well maintained and is appropriate for a graduate student in a medical professional program. Professional clinical attire is expected to ensure that all scheduled guest lecturers are appropriately welcomed to the program. Additionally, students will follow the dress code of the Physical Therapy Program.

Syllabus Attachment Information: The University's approved Syllabus Attachment Information page provides information about important University and Academic Policies that all students should know. <https://www.etsu.edu/curriculum-innovation/syllabusattachment.php>

Professional Behaviors, Professionalism and Professional Development

Demonstrating professional behaviors is crucial in the development of clinical competency in the core skills of physical therapy practice. Lack of professional behavior that is identified and not corrected is grounds for removal from and failing grade for this course. See ETSU DPT student and clinical education handbook.

Professionalism: Physical therapists consistently demonstrate core values by aspiring to and wisely applying principles of accountability, altruism, collaboration, compassion and caring, duty, excellence, inclusion, integrity and social responsibility. – *American Physical Therapy Association*. [Core Values for the Physical Therapist](#).

Students are expected to reflect on and continue to strive to develop professionalism in physical therapy by abiding by the defined APTA Position on Professionalism and Core Values as noted above.

Content Outline & Assigned Instructor

See Exxat



EAST TENNESSEE STATE
UNIVERSITY

PHYT 7766 Terminal Clinical Experience (TCE) 2

Credits: 10 Term: Spring 2026

Physical Therapy Program

Location & Meeting Time

Classroom location: Assigned clinical facility in an approved clinical facility under the direct supervision of a licensed physical therapist

Class Meeting Schedule: As assigned as part of Clinical Education Plan. Full time in clinic (~40 hr weeks)
Dates: February 16 – April 24, 2026

Contact Information

Instructor: James D. Boone, PT, DPT, OCS
Associate Professor

Email: BooneJD@etsu.edu

Phone: (Office) 423-437-8792

Office: Building 2, Rm. 213 Veterans Affairs Campus

Instructor Availability:

Office Hours: I am available for phone calls during or after business hours for those in the clinic.

Course Description & Materials

Prerequisites: Enrolled full-time in the professional program with satisfactory completion of all coursework to date.

Course Description

Develops and refines the clinical skills necessary to evaluate and treat patients/clients commonly seen by a physical therapist. Assignment to a variety of clinical settings to work under the direct supervision of a licensed physical therapist.

Required Materials

Guide to Physical Therapist Practice 4.0. Available at: <http://guidetoptpractice.apta.org/> Free to APTA members (that's you 😊)

ETSU Clinical Education Handbook [ETSU Clinical Education Handbook](#)

Course Overview

Course Purpose and Objectives

The purpose of this course is to assist the student TO DEVELOP & PROGRESS the physical therapy skills needed for entry-level practice. Course goals include:

- Progress clinical skills in examination of patients
- Progress knowledge and skills in clinical interventions
- Progress physical therapy practice skills to the level of ANDVANCED INTERMEDIATE, or higher, per the final PT-CPI *or the equivalent through alternate means.*

Expected Learning Outcomes

Upon completion of the course, students will:

1. Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.
2. Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
3. Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.
4. Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.
5. Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).
6. Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).
7. Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.
8. Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate

by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.

9. Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.
10. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.
11. Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.
12. Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist.

(Learning outcomes are based on the Physical Therapy Clinical Performance Instrument (PT-CPI 3.0))

Major Course Topics

Professional behavior; safety; ethical and legal practice standards; documentation; sensitivity to individual differences; patient examination, evaluation, plan of care and interventions; delivery of quality physical therapy services; physical therapy diagnosis; outcomes of care; professional/social responsibilities; prevention; health and wellness; lifelong learning

Course Policies

Attendance

ETSU Physical Therapy Program requires clinical attendance (of ~40-hour weeks) during all clinical practicums and Terminal Clinical Experiences (TCE). During TCE 1 & 2 a student is allowed one day (one day = 8 hours) absence and during TCE 3 a student is allowed two days absence **with prior approval** from his/her clinical instructor and notification to the Director of Clinical Education (DCE) by e-mail. We understand that prior permission may not be feasible in case of illness or emergency. In these cases, the clinical instructor must be notified prior to the start of the workday if at all possible. Any absences above the established granted absences must be made up at the discretion of the clinical instructor in consultation with the DCE. Students are required to make up all missed assignments due to any absence from the clinic.

Students shall follow the schedule of the CI and/or clinic. Students will follow the holiday schedule at the clinical site and NOT the university schedule during clinical education experiences.

Absences from clinical experience shall be defined as follows:

Planned Absences* - Requests for absence from a clinical experience must be submitted well in advance via email and delivered directly to the DCE. Each request is evaluated on an individual basis and is contingent upon DCE approval. The DCE will coordinate and communicate with clinical sites when needed. **The student is not to approach the CI/SCCE or clinical site with requests for absences beyond the established granted absences during clinical experiences.**

Excused Absences* - Excused absences may include illness, family emergencies, approved professional or University activities, or other unforeseen events or circumstances as approved by the DCE. **In circumstances regarding illness or emergency situations, the student contacts his/her CI as soon as possible—no later than beginning of workday. In addition, the student notifies DCE by phone or email of all absences as soon as possible.**

Unexcused Absences - An absence which does not fit the definition of excused absence. Unexcused absences are grounds for dismissal from the program.

*Missed time (beyond the established granted absences for Terminal Clinical Experiences) during clinical experiences shall be made up at the discretion of CI/SCCE in consultation with the DCE. Violation of this attendance policy may result in a formal remediation actions, professional behavior citation, or dismissal from the program.

Inclement Weather Policy—In the event of inclement weather, and if the University and clinical site are open, ***the student should make a decision whether or not it is safe to drive.*** If news bulletins recommend no travel, the student should notify the CI and DCE of the situation. In most instances, days/time missed due to hazardous driving conditions will be made up.

Clinical Education Student Hours/Workload

ETSU is committed to building productive learning experiences and fostering strong partnerships between academic and clinical programs. It is our position that to be successful clinical learners, students must have sufficient time to process and integrate clinical learning experiences in addition to time for documentation and treatment planning. Students need time to prepare for clinical expectations and responsibilities and must be allowed adequate time for rest, including lunch breaks, to focus, organize and plan for success. We recommend that full time clinical education students work between 38 - 45 hours/week, and are provided at a minimum, a 30-minute lunch break. However, students may be expected to arrive early, or remain at the clinic beyond the scheduled time, in order to complete patient care, documentation, and/or other essential clinical or educational tasks.

Assignments and Grading

Major Assignments:

1. Complete and submit via Exxat the clinical instructor contact information by assigned date.
2. Complete each of the course objectives at Advanced Intermediate Level, or higher, based upon comments and score on the FINAL CPI *or the equivalent through alternate means.*
3. Be punctual with all clinical and academic assignments. Late assignments will receive a grade of Zero, and may be cause for dismissal from the clinical experience.

4. **Promptly inform the Clinical Instructor (CI) and the Director of Clinical Education (DCE) of any illness or emergency situations that interferes with the clinical education experience.**
5. Complete reflective/self-assessment assignments as outlined by assigned date.
6. Be properly attired for the clinical experience according to the policies/standards and dress code of the clinical site.
7. Complete all assignments made by the CI willingly, thoroughly, promptly, and satisfactorily.
8. Present a ~30-minute in service or case presentation on the topic of his/her choice and approved by the CI. **You may not present the same in-service you presented during previous Internships**
9. Attend ALL scheduled and make-up days of the clinical education experience per attendance policy.
10. Complete and upload on Exxat by deadline:
 - a. Student Evaluation of Clinical Experience
 - b. Submit a copy of the PRESENTATION or OUTLINE of the in-service via Exxat.
 - c. Submit a copy of the evaluation of the in-service, completed and signed by the CI via Exxat.
11. Complete the online midterm and final assessments on the Clinical Performance Instrument by assigned dates as noted on course schedule.
12. For additional requirements students should refer to the ETSU Physical Therapy Program [Clinical Education Handbook](#)
13. Any other assignments as assigned with prior and sufficient notification

Teaching Methods & Learning Experiences: Students will work in the clinical setting under the direct supervision of a licensed physical therapist.

Student Evaluation & Grading: Grading is determined by the DCE based on completion of student responsibilities outlined, including:

- Evaluation of the student's performance on the PT CPI
- Submission of assignments throughout the experience

Grade Assignment/Scale:

P: Pass

F: Fail

For a grade of Pass (P), the student must:

- 1) meet all Terminal Clinical Experience (TCE) 2 course objectives
- 2) receive a rating of a minimum of ADVANCED INTERMEDIATE LEVEL of clinical performance on the FINAL APTA-CPI with supporting documentation from the Clinical Instructor (CI) *or the equivalent through alternate means.*
- 3) no RED FLAG items identified as subpar on the final CPI.
- 4) successfully complete all graded assignments, as assigned.

If a student earns a grade of Fail (F), the student will not receive credit for the course and will be required to re-take the TCE 2 prior to continuing their matriculation through the program.

Remediation: When necessary, remediation may take place at any time during a clinical experience. The course instructor, the student, the CI, and SCCE will be involved in writing a learning contract. The contract will identify specific areas of deficit performance and the means by which the student will

demonstrate improvement. The contract requirements must be fulfilled in addition to the usual expectations for the clinical experience.

Other

Special Needs Policy: Students are required to report physical and learning disabilities to the Office for Students with Disabilities. At the beginning of each academic year, the student should ensure that the paperwork necessary to document their special learning or physical disability has been completed and all the instructors are informed of that need.

Academic Misconduct: Academic misconduct will result in disciplinary action. Acts of dishonesty in academic work that may constitute academic misconduct include but are not limited to plagiarism, the changing or falsifying of any academic documents or materials, cheating, and using unauthorized notes, tests or other materials. Penalties for academic misconduct will vary with the seriousness of the offense and may include a failing grade for the course or additional disciplinary sanctions. The student is referred to the Graduate Catalog for institutional policies and procedures.

Office Hours/Contact Information: Individual faculty will have open online office hours. Please contact the specific faculty member for times and availability. Also, faculty will reply to all emails within 24 business hours. Please feel free to contact faculty more than once if you have not had a reply in this time. General course related questions can be directed to any faculty member. The first contact for content specific questions should be directed to the faculty member who presented the specific content.

Standards of Professional Appearance: Students in the Physical Therapy Program are expected to wear appropriate attire for the classroom, clinical education, and laboratory experiences. Clothing should be neat, clean, and modest at all times. In the classroom, students should wear attire that is clean, well maintained and is appropriate for a graduate student in a medical professional program. Professional clinical attire is expected to ensure that all scheduled guest lecturers are appropriately welcomed to the program. Additionally, students will follow the dress code of the Physical Therapy Program.

Syllabus Attachment Information: The University's approved Syllabus Attachment Information page provides information about important University and Academic Policies that all students should know. <https://www.etsu.edu/curriculum-innovation/syllabusattachment.php>

Professional Behaviors, Professionalism and Professional Development

Demonstrating professional behaviors is crucial in the development of clinical competency in the core skills of physical therapy practice. Lack of professional behavior that is identified and not corrected is grounds for removal from and failing grade for this course. See ETSU DPT student and clinical education handbook.

Professionalism: Physical therapists consistently demonstrate core values by aspiring to and wisely applying principles of accountability, altruism, collaboration, compassion and caring, duty, excellence, inclusion, integrity and social responsibility. – *American Physical Therapy Association*. [Core Values for the Physical Therapist](#).

Students are expected to reflect on and continue to strive to develop professionalism in physical therapy by abiding by the defined APTA Position on Professionalism and Core Values as noted above.

Content Outline & Assigned Instructor

See Exxat



EAST TENNESSEE STATE
UNIVERSITY

PHYT 7867 Terminal Clinical Experience (TCE) 3

Credits: 12 Term: Summer 2025

Physical Therapy Program

Location & Meeting Time

Classroom location: Assigned clinical facility in an approved clinical facility under the direct supervision of a licensed physical therapist

Class Meeting Schedule: As assigned as part of Clinical Education Plan. Full time in clinic (~40 hr weeks)
Dates: May 19 – August 8, 2025

Contact Information

Instructor: James D. Boone, PT, DPT, OCS
Associate Professor

Email: BooneJD@etsu.edu

Phone: (Office) 423-437-8792

Office: Building 2, Rm. 213 Veterans Affairs Campus

Instructor Availability:

Office Hours: I am available for phone calls during or after business hours for those in the clinic.

Course Description & Materials

Prerequisites: Enrolled full-time in the professional program with satisfactory completion of all coursework to date.

Course Description

Develops and refines the clinical skills necessary to evaluate and treat patients/clients commonly seen by a physical therapist. Assignment to a variety of clinical settings to work under the direct supervision of a licensed physical therapist.

Required Materials

Guide to Physical Therapist Practice 4.0. Available at: <http://guidetoptpractice.apta.org/> Free to APTA members (that's you 😊)

ETSU Clinical Education Handbook [ETSU Clinical Education Handbook](#)

Course Overview

Course Purpose and Objectives

The purpose of this course is to assist the student TO DEVELOP & PROGRESS the physical therapy skills needed for entry-level practice. Course goals include:

- Progress clinical skills in examination of patients
- Progress knowledge and skills in clinical interventions
- Progress physical therapy practice skills to the level of ENTRY LEVEL, or higher, per the final PT-CPI or the equivalent through alternate means.

Expected Learning Outcomes

Upon completion of the course, students will:

1. Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.
2. Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
3. Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.
4. Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.
5. Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).
6. Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).
7. Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.
8. Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate

by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.

9. Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.
10. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.
11. Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.
12. Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist.

(Learning outcomes are based on the Physical Therapy Clinical Performance Instrument (PT-CPI 3.0))

Major Course Topics

Professional behavior; safety; ethical and legal practice standards; documentation; sensitivity to individual differences; patient examination, evaluation, plan of care and interventions; delivery of quality physical therapy services; physical therapy diagnosis; outcomes of care; professional/social responsibilities; prevention; health and wellness; lifelong learning

Course Policies

Attendance

ETSU Physical Therapy Program requires clinical attendance (of ~40-hour weeks) during all clinical practicums and Terminal Clinical Experiences (TCE). During TCE I & II a student is allowed one day (one day = 8 hours) absence and during TCE III a student is allowed two days absence **with prior approval** from his/her clinical instructor and notification to the Director of Clinical Education (DCE) by e-mail. We understand that prior permission may not be feasible in case of illness or emergency. In these cases, the clinical instructor must be notified prior to the start of the workday if at all possible. Any absences above the established granted absences must be made up at the discretion of the clinical instructor in consultation with the DCE. Students are required to make up all missed assignments due to any absence from the clinic.

Students shall follow the schedule of the CI and/or clinic. Students will follow the holiday schedule at the clinical site and NOT the university schedule during clinical education experiences.

Absences from clinical experience shall be defined as follows:

Planned Absences* - Requests for absence from a clinical experience must be submitted well in advance via email and delivered directly to the DCE. Each request is evaluated on an individual basis and is contingent upon DCE approval. The DCE will coordinate and communicate with clinical sites when needed. **The student is not to approach the CI/SCCE or clinical site with requests for absences beyond the established granted absences during clinical experiences.**

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Assignments and Grading

Major Assignments:

1. Complete and submit via Exxat the clinical instructor contact information by assigned date.
2. Complete each of the course objectives at Entry Level, or higher, based upon comments and score on the FINAL CPI *or the equivalent through alternate means.*
3. Be punctual with all clinical and academic assignments. Late assignments will receive a grade of Zero, and may be cause for dismissal from the clinical experience.

4. **Promptly inform the Clinical Instructor (CI) and the Director of Clinical Education (DCE) of any illness or emergency situations that interferes with the clinical education experience.**
5. Complete reflective/self-assessment assignments as outlined by assigned date.
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Teaching Methods & Learning Experiences: Students will work in the clinical setting under the direct supervision of a licensed physical therapist.

Student Evaluation & Grading: Grading is determined by the DCE based on completion of student responsibilities outlined, including:

- Evaluation of the student's performance on the PT CPI
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Grade Assignment/Scale:

P: Pass

F: Fail

For a grade of Pass (P), the student must:

- 1) meet all Terminal Clinical Experience (TCE) 3 course objectives
- 2) receive a rating of a minimum of ENTRY LEVEL clinical performance on the FINAL APTA-CPI with supporting documentation from the Clinical Instructor (CI) *or the equivalent through alternate means.*
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Professionalism: Physical therapists consistently demonstrate core values by aspiring to and wisely applying principles of accountability, altruism, collaboration, compassion and caring, duty, excellence, inclusion, integrity and social responsibility. – *American Physical Therapy Association*. [Core Values for the Physical Therapist](#).

Students are expected to reflect on and continue to strive to develop professionalism in physical therapy by abiding by the defined APTA Position on Professionalism and Core Values as noted above.

Content Outline & Assigned Instructor

See Exxat

Clinical Education SNAPSHOT for CIs

Clinical Practicum 1 (CP 1)

One day a week for 14 weeks (7 days acute care; 7 days outpatient orthopedics) – 3rd semester, 1st year

Coursework Completed

- Anatomy
- Pathophysiology
- Biomechanics
- Neuroscience
- PT Examination (history taking, screening, posture, gait, sensation, edema measurements, etc)
- Musculoskeletal and Neuromuscular screening
- Manual Muscle Testing
- Goniometry
- Transfers, gait training, assistive devices
- Vital signs
- Therapeutic Exercise
- Documentation
- Legal Issues in health care (practice acts)
- Outcome measures and goal setting

Expectations

Students are expected to demonstrate professionalism, communication and safety during this clinical experience. While these three areas are the primary domain focuses, we also expect students to participate in physical therapy patient management commensurate with their didactic preparation (see above). Students have learned and demonstrated competency in detailed history taking, chart review, vitals, ROM, strength, functional mobility including bed mobility, transfers and gait training, and can document appropriately including short and long-term goals. They have also been taught therapeutic exercise – where to start, progression and regression. Students will require varying levels of guidance from their CI with full examination/evaluation. ***This is NOT an observational experience.*** Students should be involved in as much direct patient care as possible concurrent with their academic level.

Clinical Practicum 2 (CP 2)

4-week clinical in May and June – 5th semester, 2nd year

Additional Coursework Completed before CP 2

- Neurological Evaluation and Treatment
- Musculoskeletal Upper & Lower Extremity Evaluation and Treatment
- Modalities (E-stim, ionto, phono, and EMG)
- Lifespan Development
- Pediatrics Evaluation and Treatment
- Cardiopulmonary Evaluation and Treatment
- Integumentary
- Intro to Research

Expectations

Professionalism continues to be a focus while now increasing emphasis on progressing clinical skills. The curriculum (now 4 semesters completed) has exposed students to full examination and evaluative skills (musculoskeletal, neurological, pediatric and cardiopulmonary). Therefore, students should be able to evaluate with guidance and supervision from their CI. This is the students' first time in a clinical environment more than one day a week. The final assessment should reflect receiving primarily "2's & 3's" or greater (on 4-point scale) on the assessment form as outlined in the syllabus.

Clinical Education SNAPSHOT for CIs

Terminal Clinical Experience 1 (TCE 1)

8-week clinical in the Fall – 6th semester, end of 2nd year

Additional Coursework Completed before TCE 1

- Musculoskeletal Disorders of the Spine
- Geriatrics
- Pharmacology
- Prosthetics and Orthotics
- Administration in Physical Therapy
- Psychosocial Aspects of Rehabilitation
- Research courses
- All didactic coursework completed

Expectations

The students have completed all didactic work and have just had their white coat ceremony – signifying the transition to full-time clinical work. On the CPI final, the student should show consistency at or above Intermediate Performance (on the CPI) in all areas. Based on each student's previous clinical experience, it's likely the student may be more advanced than this. By the end, the student is expected to require minimal clinical supervision treating patients with simple conditions, more supervision with complex conditions. Quality is more important than quantity. *Capable of* maintaining ~50% caseload. The student should be proficient with simple tasks and be gaining consistency in performing skilled examinations and clinical reasoning.

Terminal Clinical Experience 2 (TCE 2)

10-week clinical in Spring – 7th semester, 3rd year

Additional Coursework Completed before TCE 2

- PT Seminar (NPTE Prep Course) and Research courses

Expectations

By the end of TCE 2, the student should be performing at least at an Advanced Intermediate Level as recorded on the CPI. On the final CPI, the student should be *capable of* carrying approximately 75% of an entry-level caseload. This may vary with each performance criteria. Students will need consultation from the CI for more complex patients. Clinical skills, clinical reasoning and time management should be approaching entry level. Students should be able to take on increased responsibility in non-clinical tasks such as scheduling, billing, and other administrative duties.

Terminal Clinical Experience 3 (TCE 3)

12-week clinical in Summer – 8th semester (last semester), 3rd year

Expectations

At the end of TCE 3 the student should be handling a caseload like that of a newly graduated PT appropriate for that setting. The student should progress to entry level on all items on the CPI and show consistency at that level. Students should be looking toward ongoing learning, community outreach, and professional involvement.

This is a general outline of material. Please see appropriate syllabus for more detail.

CI's : DO NOT hesitate to contact me with any questions or concerns.

James D. Boone, PT, DPT, OCS
Director of Clinical Education
[423-439-8792](tel:423-439-8792) Office
[541-891-1568](tel:541-891-1568) Mobile
Boonejd@etsu.edu

Curriculum – Class of 2028

Year 1		Year 2		Year 3	
Semester 1 - Spring	Credits	Semester 4 - Spring	Credits	Semester 7 - Spring	Credits
PHYT (6101) Functional Human Anatomy	6	PHYT (6532) Research 2	1	PHYT (7734) Research 4	1
PHYT (6141) Biomechanics	3	PHYT (6443) MSK Disorders of the Extremities	4	PHYT (7766) Terminal Clinical Experience 2 (TCE 2)	10
PHYT (6161) Professional Topics 1	1	PHYT (6413) Neurorehabilitation 2	3	PHYT (7729) PT Seminar	1
PHYT (6121) PT Examination 1	3	PHYT (7524) Adaptive Equipment and Devices	3	PHYT (7626) Administration in Physical Therapy	2
PHYT (6122) Foundations of Patient Care Skills	3	PHYT (7522) Pharmacology	2	Total Credit Hours:	14
PHYT (6224) Documentation and Informatics	1	PHYT (6453) Cardiopulmonary Rehabilitation	3		
Total Credit Hours:	17	Total Credit Hours:	16		
Semester 2 - Summer		Semester 5 - Summer		Semester 8 - Summer	
PHYT (6202) Pathophysiology	4	PHYT (7633) Research 3	1	PHYT (7867) Terminal Clinical Experience 3 (TCE 3)	12
PHYT (6223) PT Examination 2	4	PHYT (6544) Musculoskeletal Disorders of the Spine	3	Capstone	0
PHYT (6262) Professional Topics 2	1	PHYT (6564) Clinical Practicum 2 (CP 2)	4	Total Credit Hours:	12
PHYT (6211) Neuroscience	4	PHYT (7521) Clinical Correlates	1		
PHYT (6225) Therapeutic Exercise	4	PHYT (6427) Modalities	3		
Total Credit Hours:	17	PHYT (7523) Psychosocial Aspects of Rehabilitation	2		
		PHYT (6326) Integumentary Interventions	2		
		Total Credit Hours:	17		
Semester 3 - Fall		Semester 6 - Fall			
PHYT (6303) Lifespan Development	3	PHYT (6428) Pediatrics	3		
PHYT (6342) Introduction to Musculoskeletal PT	3	PHYT (7625) Geriatrics	3		
PHYT (6363) Clinical Practicum 1 (CP 1)	4	PHYT (7665) Terminal Clinical Experience 1 (TCE 1)	8		
PHYT (6312) Neurorehabilitation 1	3	PHYT (7628) Advanced Patient Management	3		
PHYT (6431) Research 1	1	Total Credit Hours:	17		
PHYT (6351) Applied Exercise Physiology	3				
Total Credit Hours:	17				



COLLEGE of
HEALTH SCIENCES

EAST TENNESSEE STATE UNIVERSITY

Department of Rehabilitative Sciences
Physical Therapy Program
Clinical Placement Hardship Request Form

Clinical Placement Hardship Policy

Hardship requests may be granted when extraordinary circumstances beyond expected difficulties inherent in a clinical education assignment are determined to exist. Students accepted to the program need to familiarize themselves with the requirements of the program including travel and financial costs and plan accordingly. Approved hardship requests are usually for unexpected or unplanned changes in a student's situation that impede their ability to participate in the clinical education courses as expected. The decision to grant a hardship request is made by the DCE in consultation with the program faculty. If granted, the DCE will attempt to find a clinical site that accommodates the hardship (e.g., within the geographical area requested) based on current affiliation agreements and/or offered placements and the student's Clinical Education Plan. The request by the student to be placed in a specific location may delay the student's progression through the program and commencement (graduation) date.

A Clinical Placement Hardship Request MUST be emailed to the DCE using this form. All hardship requests (besides unforeseen circumstances) and supporting documentation are required prior to the selection process of CP 2 or at the earliest possible time if the hardship is unexpected. *Please type responses*

Describe the nature of your clinical placement hardship.

What is your specific request for accommodation regarding your clinical education placement(s)?

Describe/List the supporting documentation included as attachments.

Student Name: _____ Date: _____

Student Signature: _____

Below line: For Clinical Education Office / Team Use

Date received by clinical education team _____ *Approved* _____ *Not Approved* _____



**COLLEGE of
HEALTH SCIENCES**

EAST TENNESSEE STATE UNIVERSITY

Department of Rehabilitative Sciences

Physical Therapy Program

Contractual Agreements / Work Experience Record

Student Name: _____

Class of _____

1. Do you have any agreement with a future employer of receiving financial assistance in exchange for future employment (ie, a contract or agreement to work with a particular Facility)?

Circle one: Yes No

If yes, list the facility with whom you have an agreement.

2. List your Work Experience (PT related – in a facility with PT) and name the Facility (ies) where you worked. Include the length of employment (months or years):

3. Volunteer Experience at the following Facility (ies) – List facilities with the total number of hours/months (rough estimate-this does not need to be accurate to the hour):



**COLLEGE *of*
HEALTH SCIENCES**

EAST TENNESSEE STATE UNIVERSITY

**Department of Rehabilitative Sciences
Physical Therapy Program**

Memorandum of Agreement

I have read and agree to abide by the policies and procedures stated in this document entitled,
“The Clinical Education Handbook.”

Student’s Name (printed): _____

Student’s Signature: _____

Date: _____



EAST TENNESSEE STATE UNIVERSITY

Illness/Injury Report Form

1. ETSU colleges and departments are required to complete this form for incidents (i.e. minor injuries involving first aid, near miss events, etc.) involving employees, students and guests when Public Safety is not called. The report must then be faxed to Public Safety (423-439-5805) within 24 hours of the event.
2. Public Safety is required to scan all the completed forms and send to listserv: injuryreports@listserv.etsu.edu
3. Employees who have received a work-related illness or injury must contact Corvel (State of Tennessee Workers' Compensation Program) at (866) 245-8588 with their immediate Supervisor prior to seeking medical treatment unless the illness/injury is life-threatening. For more information regarding Worker's Compensation, please contact Human Resources or click the link <http://www.etsu.edu/safety/occupational/accidents.php>

Person Injured

Name of person injured: _____ Today's Date: _____ Time of report: _____ AM/PM

Employee Student Guest Volunteer E#: _____

Phone Number: _____ Date of Birth: _____ Male Female

Race: White Black Asian American Indian/Alaska Native Indian Other

Full Address (CITY, STATE, ZIP):

Date of Injury/Incident: _____ Time of Injury/Incident: _____ AM/PM

Was injured person transported to the Emergency Room? YES/NO BY EMS YES/NO

Full address (City, State, Zip) of incident (Room #, Building, Floor, etc.). Take photos if necessary:

Weather conditions (if outside): _____

Lighting conditions: _____

Footwear of injured: _____

Alcohol use involved: YES/NO Illegal drug use involved: YES/NO

Witness Information

Name of witness: _____ E#: _____

Employee Student Guest Volunteer Phone: _____ Male Female

Race: White Black Asian American Indian/Alaska Native Indian Other

Person Reporting Information

Same as person injured:

Name of person reporting: _____ Today's Date: _____ Time of report: _____ AM/PM

Employee Student Guest Volunteer E#: _____

Phone Number: _____ Date of Birth: _____ Male Female

Race: White Black Asian American Indian/Alaska Native Indian Other

Full Address (CITY, STATE, ZIP):

Narrative

Summary of how the incident occurred:

What was the injury or illness? *Explain what body part was affected and how it was affected.* Be specific:

Circle the affected area:



What was the victim doing just prior to the incident? *Describe the activity:* _____

Other Comments: _____

ETSU employee completing this incident report:

Name: _____ Signature: _____

E#: _____ Email: _____ Phone: _____ Date: _____



Critical Incident Report

Directions: Record each entry clearly and concisely without reflecting any biases.

Student's Name:

Evaluator/Observer:

Date (Time)	Antecedents	Behaviors	Consequences
Student Initials: Evaluator Initials:			
Student Initials: Evaluator Initials:			
Student Initials: Evaluator Initials:			

Student(s) Signature: _____ **Evaluator's Signature:** _____



STUDENT INJURY REPORT

PERSONAL INFORMATION:			
<input checked="" type="checkbox"/> STUDENT _____ E#:		HOME PHONE:	CELL PHONE/WORK PHONE:
NAME:			
ADDRESS (STREET & NO.):	CITY / STATE:	ZIP CODE:	EMAIL ADDRESS:
NAME OF PROGRAM / DEPARTMENT <input type="checkbox"/> AT <input type="checkbox"/> OT <input type="checkbox"/> PA <input type="checkbox"/> PT <input type="checkbox"/> NURSING <input type="checkbox"/> PHARMACY <input type="checkbox"/> RESPIRATORY CARE		<input type="checkbox"/> UNDERGRAD PROGRAM <input checked="" type="checkbox"/> GRADUATE PROGRAM <input type="checkbox"/> CERTIFICATE PROGRAM	YEAR IN STUDY: <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH
INCIDENT / DAMAGE DETAILS: COMPLETE THIS SECTION FOR PERSONAL INJURIES:			
PRIMARY BODY PART AFFECTED <u>RIGHT or LEFT</u> <input type="checkbox"/> HEAD <input type="checkbox"/> NECK <input type="checkbox"/> SHOULDER <input type="checkbox"/> ARM <input type="checkbox"/> ELBOW <input type="checkbox"/> WRIST <input type="checkbox"/> HAND <input type="checkbox"/> FINGER(S) <input type="checkbox"/> CHEST <input type="checkbox"/> HIP <input type="checkbox"/> LEG <input type="checkbox"/> KNEE <input type="checkbox"/> ANKLE <input type="checkbox"/> FOOT <input type="checkbox"/> TOE(S) <input type="checkbox"/> OTHER	SEVERITY OF INJURY <input type="checkbox"/> NO REPORTED INJURY <input type="checkbox"/> MINOR FIRST-AID <input type="checkbox"/> SEVERE NON-DISABLING <input type="checkbox"/> DISABLING	CAUSE OF INJURY (BE SPECIFIC) <input type="checkbox"/> OBJECT (MACHINERY) <input type="checkbox"/> EQUIPMENT / TOOLS <input type="checkbox"/> HAZARDOUS SUBSTANCE <input type="checkbox"/> NEEDLE STICK <input type="checkbox"/> BODY FLUID EXPOSURE <input type="checkbox"/> FALL <input type="checkbox"/> OTHER _____	TREATED BY <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> PRIMARY CARE PHYSICIAN <input type="checkbox"/> OTHER, Urgent Care <input type="checkbox"/> REFUSED TREATMENT
	LOCATION / ADDRESS OF INJURY	ADDITIONAL BODY PART(S) AFFECTED:	
	DESCRIPTION OF INJURY:		
	WITNESS OF INCIDENT REMARKS and NAME(s):		
CLINICAL SUPERVISOR'S REMARKS NAME: _____ DATE: _____			
REPORT COMPLETED BY: PHONE: _____ EMAIL: _____	DATE REPORTED	TIME REPORTED—AM / PM	

E-MAIL COMPLETED REPORT TO

Cheryl Williams, M.Ed. | Information Research Technician II / Clinical Education

Information Coordinator

williamsck@etsu.edu | Phone: 423.439.8707

A copy of this form is kept by the program in the student's file.

**Professional Behaviors* Assessment
Doctor of Physical Therapy Program
East Tennessee State University**

Student Name _____ Date _____

- Directions:
1. Read the description of each Professional Behavior and the Behavioral Criteria under each level
 2. Self assess your performance continually, relative to the Professional Behaviors, using the behavioral criteria and use **in the context of Physical Therapy, not life experience.**
 3. To be done during first month of DPT program
 - a) **Using Highlighter**, highlight all criteria that describes behaviors you demonstrate in Beginning (column 1), Intermediate (column 2), Entry Level (column 3) or Post-Entry Level Professional Behaviors.
 - b) Identify the level within which you predominately function **with a different color.**
 - c) Document specific examples of when you demonstrated behaviors from the highest level highlighted.
 - d) For each Professional Behavior, list the areas in which you wish to improve.
 4. Save the document and submit it into D2L Dropbox in the Professional Issues I course. You will set up an appointment to meet with your faculty advisor. **Discuss page 12 with your faculty advisor.** You will also be asked to update page 12 yearly throughout the course of your DPT education, including during clinical education.

May WW, Morgan B, Lemke JC, et al. Model for ability-based assessment in physical therapy. *Journal of Physical Therapy Education*. 1995;9(1):3-6.

*Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities referenced above.

1. Critical Thinking - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

<p>Beginning Level:</p> <ul style="list-style-type: none"> ❖ Raises relevant questions ❖ Considers all available information ❖ Articulates ideas ❖ Understands the scientific method ❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) ❖ Recognizes holes in knowledge base ❖ Demonstrates acceptance of limited knowledge and experience in knowledge base 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> ❖ Feels challenged to examine ideas ❖ Critically analyzes the literature and applies it to patient management ❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas ❖ Seeks alternative ideas ❖ Formulates alternative hypotheses ❖ Critiques hypotheses and ideas at a level consistent with knowledge base ❖ Acknowledges presence of contradictions 	<p>Entry Level:</p> <ul style="list-style-type: none"> ❖ Distinguishes relevant from irrelevant patient data ❖ Readily formulates and critiques alternative hypotheses and ideas ❖ Infers applicability of information across populations ❖ Exhibits openness to contradictory ideas ❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently ❖ Justifies solutions selected 	<p>Post-Entry Level:</p> <ul style="list-style-type: none"> ❖ Develops new knowledge through research, professional writing and/or professional presentations ❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process ❖ Weighs information value based on source and level of evidence ❖ Identifies complex patterns of associations ❖ Distinguishes when to think intuitively vs. analytically ❖ Recognizes own biases and suspends judgmental thinking ❖ Challenges others to think critically
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*I function predominantly in the **beginning/intermediate/entry/post entry** level*

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

2. Communication - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting ❖ Recognizes impact of non-verbal communication in self and others ❖ Recognizes the verbal and non-verbal characteristics that portray confidence ❖ Utilizes electronic communication appropriately 	<ul style="list-style-type: none"> ❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences ❖ Restates, reflects and clarifies message(s) ❖ Communicates collaboratively with both individuals and groups ❖ Collects necessary information from all pertinent individuals in the patient/client management process ❖ Provides effective education (verbal, non-verbal, written and electronic) 	<ul style="list-style-type: none"> ❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups ❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing ❖ Maintains open and constructive communication ❖ Utilizes communication technology effectively and efficiently 	<ul style="list-style-type: none"> ❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning ❖ Effectively delivers messages capable of influencing patients, the community and society ❖ Provides education locally, regionally and/or nationally ❖ Mediates conflict

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

3. Problem Solving – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

<p>Beginning Level:</p> <ul style="list-style-type: none"> ❖ Recognizes problems ❖ States problems clearly ❖ Describes known solutions to problems ❖ Identifies resources needed to develop solutions ❖ Uses technology to search for and locate resources ❖ Identifies possible solutions and probable outcomes 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> ❖ Prioritizes problems ❖ Identifies contributors to problems ❖ Consults with others to clarify problems ❖ Appropriately seeks input or guidance ❖ Prioritizes resources (analysis and critique of resources) ❖ Considers consequences of possible solutions 	<p>Entry Level:</p> <ul style="list-style-type: none"> ❖ Independently locates, prioritizes and uses resources to solve problems ❖ Accepts responsibility for implementing solutions ❖ Implements solutions ❖ Reassesses solutions ❖ Evaluates outcomes ❖ Modifies solutions based on the outcome and current evidence ❖ Evaluates generalizability of current evidence to a particular problem 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> ❖ Weighs advantages and disadvantages of a solution to a problem ❖ Participates in outcome studies ❖ Participates in formal quality assessment in work environment ❖ Seeks solutions to community health-related problems ❖ Considers second and third order effects of solutions chosen
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

4. Interpersonal Skills – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Maintains professional demeanor in all interactions ❖ Demonstrates interest in patients as individuals ❖ Communicates with others in a respectful and confident manner ❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons ❖ Maintains confidentiality in all interactions ❖ Recognizes the emotions and bias that one brings to all professional interactions 	<ul style="list-style-type: none"> ❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions ❖ Establishes trust ❖ Seeks to gain input from others ❖ Respects role of others ❖ Accommodates differences in learning styles as appropriate 	<ul style="list-style-type: none"> ❖ Demonstrates active listening skills and reflects back to original concern to determine course of action ❖ Responds effectively to unexpected situations ❖ Demonstrates ability to build partnerships ❖ Applies conflict management strategies when dealing with challenging interactions ❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them 	<ul style="list-style-type: none"> ❖ Establishes mentor relationships ❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment::

Regarding this Professional Behavior, I would like to improve in the following ways:

5. Responsibility – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Demonstrates punctuality ❖ Provides a safe and secure environment for patients ❖ Assumes responsibility for actions ❖ Follows through on commitments ❖ Articulates limitations and readiness to learn ❖ Abides by all policies of academic program and clinical facility 	<ul style="list-style-type: none"> ❖ Displays awareness of and sensitivity to diverse populations ❖ Completes projects without prompting ❖ Delegates tasks as needed ❖ Collaborates with team members, patients and families ❖ Provides evidence-based patient care 	<ul style="list-style-type: none"> ❖ Educates patients as consumers of health care services ❖ Encourages patient accountability ❖ Directs patients to other health care professionals as needed ❖ Acts as a patient advocate ❖ Promotes evidence-based practice in health care settings ❖ Accepts responsibility for implementing solutions ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings 	<ul style="list-style-type: none"> ❖ Recognizes role as a leader ❖ Encourages and displays leadership ❖ Facilitates program development and modification ❖ Promotes clinical training for students and coworkers ❖ Monitors and adapts to changes in the health care system ❖ Promotes service to the community

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

6. Professionalism – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics ❖ Demonstrates awareness of state licensure regulations ❖ Projects professional image ❖ Attends professional meetings ❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers 	<ul style="list-style-type: none"> ❖ Identifies positive professional role models within the academic and clinical settings ❖ Acts on moral commitment during all academic and clinical activities ❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making ❖ Discusses societal expectations of the profession 	<ul style="list-style-type: none"> ❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary ❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity ❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development ❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices ❖ Discusses role of physical therapy within the healthcare system and in population health ❖ Demonstrates leadership in collaboration with both individuals and groups 	<ul style="list-style-type: none"> ❖ Actively promotes and advocates for the profession ❖ Pursues leadership roles ❖ Supports research ❖ Participates in program development ❖ Participates in education of the community ❖ Demonstrates the ability to practice effectively in multiple settings ❖ Acts as a clinical instructor ❖ Advocates for the patient, the community and society

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors that support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

7. Use of Constructive Feedback – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Demonstrates active listening skills ❖ Assesses own performance ❖ Actively seeks feedback from appropriate sources ❖ Demonstrates receptive behavior and positive attitude toward feedback ❖ Incorporates specific feedback into behaviors ❖ Maintains two-way communication without defensiveness 	<ul style="list-style-type: none"> ❖ Critiques own performance accurately ❖ Responds effectively to constructive feedback ❖ Utilizes feedback when establishing professional and patient related goals ❖ Develops and implements a plan of action in response to feedback ❖ Provides constructive and timely feedback 	<ul style="list-style-type: none"> ❖ Independently engages in a continual process of self evaluation of skills, knowledge and abilities ❖ Seeks feedback from patients/clients and peers/mentors ❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities ❖ Uses multiple approaches when responding to feedback ❖ Reconciles differences with sensitivity ❖ Modifies feedback given to patients/clients according to their learning styles 	<ul style="list-style-type: none"> ❖ Engages in non-judgmental, constructive problem-solving discussions ❖ Acts as conduit for feedback between multiple sources ❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients ❖ Utilizes feedback when analyzing and updating professional goals

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

8. Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.

<p>Beginning Level:</p> <ul style="list-style-type: none"> ❖ Comes prepared for the day's activities/responsibilities ❖ Identifies resource limitations (i.e. information, time, experience) ❖ Determines when and how much help/assistance is needed ❖ Accesses current evidence in a timely manner ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards ❖ Self-identifies and initiates learning opportunities during unscheduled time 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> ❖ Utilizes effective methods of searching for evidence for practice decisions ❖ Recognizes own resource contributions ❖ Shares knowledge and collaborates with staff to utilize best current evidence ❖ Discusses and implements strategies for meeting productivity standards ❖ Identifies need for and seeks referrals to other disciplines 	<p>Entry Level:</p> <ul style="list-style-type: none"> ❖ Uses current best evidence ❖ Collaborates with members of the team to maximize the impact of treatment available ❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations ❖ Gathers data and effectively interprets and assimilates the data to determine plan of care ❖ Utilizes community resources in discharge planning ❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate ❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> ❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc) ❖ Applies best evidence considering available resources and constraints ❖ Organizes and prioritizes effectively ❖ Prioritizes multiple demands and situations that arise on a given day ❖ Mentors peers and supervises in increasing productivity and/or effectiveness without decrement in quality of care
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

9. Stress Management – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Recognizes own stressors ❖ Recognizes distress or problems in others ❖ Seeks assistance as needed ❖ Maintains professional demeanor in all situations 	<ul style="list-style-type: none"> ❖ Actively employs stress management techniques ❖ Reconciles inconsistencies in the educational process ❖ Maintains balance between professional and personal life ❖ Accepts constructive feedback and clarifies expectations ❖ Establishes outlets to cope with stressors 	<ul style="list-style-type: none"> ❖ Demonstrates appropriate affective responses in all situations ❖ Responds calmly to urgent situations with reflection and debriefing as needed ❖ Prioritizes multiple commitments ❖ Reconciles inconsistencies within professional, personal and work/life environments ❖ Demonstrates ability to defuse potential stressors with self and others 	<ul style="list-style-type: none"> ❖ Recognizes when problems are unsolvable ❖ Assists others in recognizing and managing stressors ❖ Demonstrates preventative approach to stress management ❖ Establishes support networks for self and others ❖ Offers solutions to the reduction of stress ❖ Models work/life balance through health/wellness behaviors in professional and personal life

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

10. Commitment to Learning – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Prioritizes information needs ❖ Analyzes and subdivides large questions into components ❖ Identifies own learning needs based on previous experiences ❖ Welcomes and/or seeks new learning opportunities ❖ Seeks out professional literature ❖ Plans and presents an in-service, research or cases studies 	<ul style="list-style-type: none"> ❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice ❖ Applies new information and re-evaluates performance ❖ Accepts that there may be more than one answer to a problem ❖ Recognizes the need to and is able to verify solutions to problems ❖ Reads articles critically and understands limits of application to professional practice 	<ul style="list-style-type: none"> ❖ Respectfully questions conventional wisdom ❖ Formulates and re-evaluates position based on available evidence ❖ Demonstrates confidence in sharing new knowledge with all staff levels ❖ Modifies programs and treatments based on newly-learned skills and considerations ❖ Consults with other health professionals and physical therapists for treatment ideas 	<ul style="list-style-type: none"> ❖ Acts as a mentor not only to other PT's, but to other health professionals ❖ Utilizes mentors who have knowledge available to them ❖ Continues to seek and review relevant literature ❖ Works towards clinical specialty certifications ❖ Seeks specialty training ❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine) ❖ Pursues participation in clinical education as an educational opportunity

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

Professional Development Plan:

Based on my self assessment of my Professional Behaviors and the areas I have identified for improvement, I am setting the following goals:

To accomplish these goals, I will take the following specific actions:

By my signature below, I indicate that I have completed this self assessment and sought feedback from my faculty advisor regarding my self assessment.

Student Signature _____

Date _____

Faculty feedback/suggestions.

Faculty signature: _____

Date: _____

Student Weekly Wrap-Up

Week # ____ Student Name _____ CI Name _____

Facility Name _____ Setting _____

Clinical Experience (Circle one) CP I CP II CP III Int 1 Int 2 Int 3

1. This week went:

4/Great 3/Well 2/Fair 1/Lousy

2. Three decisions I made this past week that went well were:

3. Three things I could have done better this past week were:

4. My review of the outcomes of the goals (mine and my CIs) from last week is:

5. Here is an example of how I used Evidenced-Based Practice (research evidence, patient preference, and/or my experience) this past week:

6. Write 3 objective, measurable goals for next week.

(Who, What, When, How Well, Why)

7. What I need from my CI next week to achieve these goals is:

8. One positive thing my CI did that helped me reach my goals his past week was:

9. One thing my CI did that was not as helpful to my learning this past week was:

10. My stress level this past week was:

1/no stress 2/mild stress 3/moderate stress 4/extreme stress

11. One thing my CI could do to help decrease my stress next week is:

12. One thing I could do to help decrease my stress next week is:

STUDENT Signature / Date

CI Signature / Date

Optional: Your CI can write objective, measurable goals that he/she has for you for the upcoming week, that may be different from the ones you have written.



Weekly Planning Form

Name: _____

Week # _____

Date: _____

Clinical Internship: _____

Student

IDENTIFY 1-2 STRENGTHS and AREAS FOR GROWTH THIS WEEK IN STUDENT'S PERFORMANCE

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

Strengths

-
-

Areas for Growth

-
-

Clinical Instructor (CI)

IDENTIFY 1-2 STRENGTHS and AREAS FOR GROWTH THIS WEEK IN STUDENT'S PERFORMANCE

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

Strengths

-
-

Areas for Growth

-
-

Goal(s) for the upcoming week to progress strengths and improve weaknesses

- 1.
- 2.

What are some helpful things your CI has done? What are some things your CI can do to help you achieve goals/expectations?

Student Signature _____

CI Signature _____

Code of Ethics for the Physical Therapist



HOD S06-20-28-25 [Amended HOD S06-19-47-67; HOD S06-09-07-12; HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient and client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. The APTA Guide for Professional Conduct and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

This Code of Ethics describes the desired behavior of physical therapists in their multiple roles (eg, management of patients and clients, consultation, education, research, and administration), addresses multiple aspects of ethical action (individual, organizational, and societal), and reflects the core values of the physical therapist (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.

(Core Values: Compassion and Caring, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.

- 2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

(Core Values: Collaboration, Duty, Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

(Core Value: Integrity)

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

(Core Values: Accountability, Duty, Social Responsibility)

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

(Core Value: Excellence)

- 6A. Physical therapists shall achieve and maintain professional competence.
- 6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
- 6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society.

(Core Values: Integrity, Accountability)

- 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

- 8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or under- utilization of physical therapist services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Last Updated: 8/12/2020

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APTA Guide for Professional Conduct



Purpose

The APTA Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code of Ethics) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code of Ethics, which became effective July 1, 2010.

The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It also is intended to guide the professional development of physical therapist students. The Code of Ethics and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change, and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the APTA Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the principles and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and revise the Guide to address additional topics and principles when and as needed.

Preamble to the Code of Ethics

The Preamble states as follows:

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code of Ethics contain the word “shall” and are mandatory ethical obligations. The language contained in the Code of Ethics is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code of Ethics. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” reinforces and clarifies existing ethical obligations. A significant reason that the Code of Ethics was revised was to provide physical therapists with a document that was clear enough to be read on its own without the need to seek extensive additional interpretation.

The Preamble states that “[n]o Code of Ethics is exhaustive nor can it address every situation.” The Preamble also states that physical therapists “are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive.” Potential sources for advice and counsel include third parties and the myriad resources available on the APTA website. Inherent in a physical therapist’s ethical decision-making process is the examination of his or her unique set of facts relative to the Code of Ethics.

Topics

Respect

Principle 1A states as follows:

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

Interpretation: Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Principle 2A states as follows:

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

Interpretation: Principle 2A reminds physical therapists to adhere to the profession's core values and act in the best interest of patients and clients over the interests of the physical therapist. Often this is done without thought, but, sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Patient Autonomy

Principle 2C states as follows:

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

Interpretation: Principle 2C requires the physical therapist to respect patient autonomy. To do so, he or she shall communicate to the patient or client the findings of the physical therapist examination, evaluation, diagnosis, and prognosis. The physical therapist shall use sound professional judgment in informing the patient or client of any substantial risks of the recommended examination and intervention and shall collaborate with the individual to establish the goals of treatment and the plan of care. Ultimately, the physical therapist shall respect the individual's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

Professional Judgment

Principles 3, 3A, and 3B state as follows:

3: Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

Interpretation: Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his or her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by 3 elements of evidence-based practice.

With regard to the patient and client management role, once a physical therapist accepts an individual for physical therapy services he or she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; reexamination and modification of the plan of care; and the maintenance of adequate records, including progress reports. The physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, the physical therapist has primary responsibility for the physical therapy care of a patient or client and shall make independent judgments regarding that care consistent with accepted professional standards.

If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient or client and shall refer the individual to an appropriate practitioner.

The physical therapist shall determine when a patient or client will no longer benefit from physical therapist services. When the physical therapist's judgment is that a patient will receive negligible benefit from physical therapist services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his or her employer. The physical therapist shall avoid overutilization of physical therapist services. See Principle 8C.

Supervision

Principle 3E states as follows:

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Interpretation: Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available.

Information on supervision via APTA policies and resources is also available on the APTA website. See Principles 5A and 5B.

Integrity in Relationships

Principle 4 states as follows:

4. Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

Interpretation: Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients and clients but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

Principle 4C states as follows:

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

Interpretation: Physical therapists shall seek to discourage misconduct by health care professionals. Discouraging misconduct can be accomplished through a number of mechanisms. The following is not an exhaustive list:

- Do not engage in misconduct; instead, set a good example for health care professionals and others working in their immediate environment.
- Encourage or recommend to the appropriate individuals that health care and other professionals, such as legal counsel, conduct regular (such as annual) training that addresses federal and state law requirements, such as billing, best practices, harassment, and security and privacy; as such training can educate health care professionals on what to do and not to do.
- Encourage or recommend to the appropriate individuals other types of training that are not law based, such as bystander training.
- Assist in creating a culture that is positive and civil to all.
- If in a management position, think about promotion and hiring decisions and how they can impact the organization.
- Access professional association resources when considering best practices.
- Revisit policies and procedures each year to remain current.

Many other mechanisms may exist to discourage misconduct. The physical therapist should be creative, open-minded, fair, and impartial in considering how to best meet this ethical obligation. Doing so can actively foster an environment in which misconduct does not occur. The main focus when thinking about misconduct is creating an action plan on prevention. Consider that reporting may never make the alleged victim whole or undo the misconduct.

If misconduct has not been prevented, then reporting issues must be considered. This ethical obligation states that the physical therapist reports to the “relevant authority, when appropriate.” Before examining the meaning of these words it is important to note that reporting intersects with corporate policies and legal obligations. It is beyond the scope of this interpretation to provide legal advice regarding laws and policies; however, an analysis of reporting cannot end with understanding one’s ethical obligations. One may need to seek advice of legal counsel who will take into consideration laws and policies and seek to discover the facts and circumstances.

With respect to ethical obligations, the term “when appropriate” is a fact-based decision and will be impacted by requirements of the law. If a law requires the physical therapist to take an action, then, of course, it is appropriate to do so. If there is no legal requirement and no corporate policy, then the physical therapist must consider what is appropriate given the facts and situation. It may not be appropriate if the physical therapist does not know what occurred, or because there is no legal requirement to act and the physical therapist does not want to assume legal responsibility, or because the matter is being resolved internally. There are many different reasons that something may or may not be appropriate.

If the physical therapist has determined that it is appropriate to report, the ethical obligation requires him or her to consider what entity or person is the “relevant authority.” Relevant authority can be a supervisor, human resources, an attorney, the Equal Employment Opportunities Commission, the licensing board, the Better Business Bureau, Office of the Insurance Commissioner, the Medicare hotline, the Office of the Inspector General hotline, the US Department of Health & Human Services, an institution using their internal grievance procedures, the Office of Civil Rights, or another federal agency, state agency, city or local agency, or a state or federal court, among others.

- Do not engage in misconduct; instead, set a good example for health care professionals and others working in their immediate environment.
- Encourage or recommend to the appropriate individuals that health care and other professionals, such as legal counsel, conduct regular (such as annual) training that addresses federal and state law requirements, such as billing, best practices, harassment, and security and privacy; as such training can educate health care professionals on what to do and not to do.
- Encourage or recommend to the appropriate individuals other types of training that are not law based, such as bystander training.
- Assist in creating a culture that is positive and civil to all.
- If in a management position, think about promotion and hiring decisions and how they can impact the organization.
- Access professional association resources when considering best practices.
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Many other mechanisms may exist to discourage misconduct. The physical therapist should be creative, open-minded, fair, and impartial in considering how to best meet this ethical obligation. Doing so can actively foster an environment in which misconduct does not occur. The main focus when thinking about misconduct is creating an action plan on prevention. Consider that reporting may never make the alleged victim whole or undo the misconduct.

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With respect to ethical obligations, the term “when appropriate” is a fact-based decision and will be impacted by requirements of the law. If a law requires the physical therapist to take an action, then, of course, it is appropriate to do so. If there is no legal requirement and no corporate policy, then the physical therapist must consider what is appropriate given the facts and situation. It may not be appropriate if the physical therapist does not know what occurred, or because there is no legal requirement to act and the physical therapist does not want to assume legal responsibility, or because the matter is being resolved internally. There are many different reasons that something may or may not be appropriate.

If the physical therapist has determined that it is appropriate to report, the ethical obligation requires him or her to consider what entity or person is the “relevant authority.” Relevant authority can be a supervisor, human resources, an attorney, the Equal Employment Opportunities Commission, the licensing board, the Better Business Bureau, Office of the Insurance Commissioner, the Medicare hotline, the Office of the Inspector General hotline, the US Department of Health & Human Services, an institution using their internal grievance procedures, the Office of Civil Rights, or another federal agency, state agency, city or local agency, or a state or federal court, among others.

Once the physical therapist has decided to report, he or she must be mindful that reporting does not end his or her involvement, which can include office, regulatory, and/or legal proceedings. In this context, the physical therapist may be asked to be a witness, to testify, or to provide written information.

Sexual Harassment

Principle 4F states as follows:

4F. Physical Therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Interpretation: As noted in the House of Delegates policy titled Sexual Harassment, “[m]embers of the association have an obligation to comply with applicable legal prohibitions against sexual harassment...” This statement is in line with Principle 4F that prohibits physical therapists from harassing anyone verbally, physically, emotionally, or sexually. While the principle is clear, it is important for APTA to restate this point, namely that physical therapists shall not harass anyone, period. The association has zero tolerance for any form of harassment, specifically including sexual harassment.

Exploitation

Principle 4E states as follows:

4E. Physical therapists shall not engage in any sexual relationship with any of their patient/clients, supervisees or students.

Interpretation: The statement is clear—sexual relationships with their patients or clients, supervisees, or students are prohibited. This component of Principle 4 is consistent with Principle 4B, which states:

Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (eg, patients and clients, students, supervisees, research participants, or employees).

Consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients or Former Patients:

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he or she must sublimate those feelings in order to avoid sexual exploitation of the patient.

One's ethical decision making process should focus on whether the patient or client, supervisee, or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient or client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

The Committee imagines that in some cases a romantic/sexual relationship would not offend...if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Principle 5D and 5E state as follows:

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report the information to the appropriate authority.

Interpretation: The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination. This may be challenging in the sense that the physical therapist might not know or easily be able to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities.

Moreover, once the physical therapist does make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance, while the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform; whereas, 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect their professional responsibilities. So, 5D discusses something that may be affecting performance, while 5E addresses a situation in which someone clearly is unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom the physical therapist reports; it provides discretion to determine the appropriate authority.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Professional Competence Principle 6A states as follows:

6A. Physical therapists shall achieve and maintain professional competence.

Interpretation: 6A requires the physical therapist to maintain professional competence within his or her scope of practice throughout their career. Maintaining competence is an ongoing process of self- assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge, and skills. Numerous factors including practice setting, types of patients and clients, personal interests, and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on continuing competence are available on the APTA website.

Core Values for the Physical Therapist and Physical Therapist Assistant



HOD P09-21-21-09 [Amended: HOD P06-19-48-55; HOD P06-18-25-33; Initial HOD P05-07-19-19] [Previously Titled: Core Values: for the Physical Therapist] [Position]

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. The core values are defined as follows:

- **Accountability**

Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.

- **Altruism**

Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.

- **Collaboration**

Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.

- **Compassion and Caring**

Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

- **Duty**

Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.

- **Excellence**

Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.

- **Inclusion**

Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

- **Integrity**

Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

- **Social Responsibility**

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

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Last Updated: 12/14/2021

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DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
	<i>Performance Dimensions</i>
Supervision/ Guidance	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
Quality	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
Efficiency	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

CPI 3.0

	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
Rating Scale	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 - 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 - 75% of a full-time, entry-level physical therapist's caseload.			A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.