

UNIVERSITY OF MARY
DOCTORAL PROGRAM IN PHYSICAL THERAPY
Guidelines and Terminal Behavioral Objectives
Clinical Education I

University of Mary Program in Physical Therapy

Each physical therapy student must successfully complete a total of four full-time clinical education experiences for a total of 34 weeks. The purpose of each of the full-time clinical experiences in the curriculum is to progressively integrate the student into direct patient care. As the experiences progress, each student is expected to increase independence in the examination, evaluation, diagnosis, prognosis, and intervention portions of the Patient/Client Management Model. It is expected that each student will have experience in the areas of acute, outpatient and neurorehabilitation. All students must be in good academic and behavioral standing prior to the initiation of any clinical experience. The timing and length of a clinical experience may be modified if suggested by the academic standards committee and approved by the program director.

Clinical Education Experience I PTH

The first full-time experience occurs in July-August after the 1st academic year. Since it is the student's first experience, and considering the courses they will have completed by the end of the first year, only acute, outpatient orthopedic, neuro SNF or rural sites are considered appropriate. **The primary performance expectations for each student participating in the first clinical experience are: by the end of the experience, and with the assistance of the clinical instructor, to demonstrate the ability to perform and document a comprehensive patient examination; develop a physical therapy diagnosis, prognosis, and plan of care; and complete each intervention included in that plan of care of a non-complex patient. Non-complex patients are those with limited pathologies and impairments, resulting in limited functional limitations and disabilities.**

Please use the following sections as a guideline when identifying specific skills or behaviors in which to hold students accountable. Skills and behaviors are divided according to the Patient/Client Management Model found in the *Guide to Physical Therapist Practice*.

Examination: *the process of obtaining a history, performing a systems review, and selecting and administering tests and measures to gather data about the patient/client.*

Expectations:

Each student has completed a physical assessment (systems review) and musculoskeletal assessment course. Students should be able to perform a history and basic tests and measures. Students should not be expected to perform special orthopedic or neurologic tests as these are covered in the 2nd year of the program. Clinical instructors are encouraged to introduce and teach additional skills as needed.

Examination Skills covered in the first year of the Program

- Analysis and description of normal movement
- Anthropometric measurements : height, weight, volume
- Attention, arousal, cognition basic screening
- Assessment of pain
- Cranial and peripheral nerve integrity
- Ergonomics, body mechanics, and posture
- Gait assistive devices and training
- Integumentary integrity basic screening
- Joint integrity and mobility
- Muscle performance: strength, power, endurance
- Normal and pathologic gait analysis

Clinical Education Experience I Guidelines and Objectives

- Patient history
- Range of motion, including muscle length
- Reflex integrity
- Sensory integrity
- Systems review: musculoskeletal, neuromuscular, integumentary, cardiopulmonary

Evaluation: the dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.

Expectations for the first clinical experience:

Since this is the first clinical experience in the curriculum, students have not yet had practice in the evaluation phase of the Patient/Client Management Model. Each student should begin to develop this skill under the guidance of the clinical instructor.

Diagnosis: process in which the physical therapist organizes data into defined clusters, syndromes, or categories to help determine prognosis.

Expectations:

Students have had minimal exposure to diagnosis in case studies, patient simulations, and limited time in the student/faculty PT clinic in the spring semester. Each student should be able to identify most individual pathologies, impairments, and functional limitations but is not necessarily expected to determine a comprehensive physical therapy diagnosis.

Prognosis: determination of the optimal level of improvement that may be attained through intervention and the amount of time required to reach that level.

Expectations:

It is the assumption of the Program that establishing prognosis is difficult for an early physical therapist student with very limited clinical exposure. Therefore, it is expected that the student will need clinical teaching to begin to develop this skill.

Intervention: skilled interaction of the physical therapist with the patient/client and, if appropriate, with other individuals involved in the care of the patient, using various techniques to produce changes in the condition that are consistent with the diagnosis and prognosis. Elements of patient intervention include: Communication, coordination, documentation, Patient Client-Related instruction, and Direct interventions

Expectations:

Students should be able to complete all documentation, with guidance, as well as patient related instruction. They have not had exposure to communication or consultation with outside entities. Students should be able to perform the following interventions in a safe and effective manner:

- Any superficial heating or cooling modality
- Basic stretching, strengthening, and coordination exercises
- Electrical stimulation
- Gait training for patients without neurological deficit
- General patient handling techniques: asepsis, body mechanics, draping, positioning, universal precautions
- General practice management expectations: documentation, maintaining patient safety, professionalism, adhering to legal and ethical codes
- Instructing and assisting patients in bed mobility and transfers
- Instruction in safe lifting practices
- Peripheral joint mobilization (this skill has been started but will be further developed in the 2nd year)

Clinical Education Experience I Guidelines and Objectives

- Postural training
- PROM, AAROM, AROM
- Spinal traction
- Therapeutic massage and soft-tissue mobilization
- Ultrasound
- Wheelchair fitting, positioning, and postural recommendations for patients using wheelchairs

Terminal Behavioral Objectives for Clinical Experience I as measured by the Clinical Performance Instrument (CPI) Web (version 2006)

*The CPI contains 18 performance criteria and is divided into professional practice (6 criteria) and patient management areas (12 criteria). Included in this are 5 red-flag performance items. Below are the levels of performance expected for each student **by the end** of the experience.*

1. **Red-flag criteria (1-4, 7)** Each student will display at least beginning performance in each of the following areas **at all times** during the clinical experience. Any red-flag item that is checked would be cause for significant concern and may result in a “failed” clinical experience.

- **Safety**
- **Professional Behavior**
- **Accountability**
- **Communication**
- **Clinical Reasoning**

2. **Criteria 5-6, 8-18 (Professional Practice and Patient/Client Management Expectations).**

- **Cultural competence**
- **Professional Development**
- **Screening**
- **Examination**
- **Evaluation**
- **Diagnosis and Prognosis**
- **Plan of Care**
- **Procedural Interventions**
- **Educational Interventions**
- **Documentation**
- **Outcomes Assessment**
- **Financial Resources**
- **Direction and Supervision of Personnel**

When evaluating a student’s performance using these criteria please evaluate your student accurately and include specific examples as able. Since this is the first full-time experience, the Program does not expect that any student will achieve entry level. The Program does expect that each student display progress toward entry-level in each of these criteria. A guideline is as follow:

- Beginning to Advanced beginner performance at Mid Term
- Advanced beginner to Intermediate Performance on final CPI on all criteria
- No significant concerns checked
(see Appendix C for Definitions of Performance Dimensions and Rating Scale Anchors)