

# PT 780 CLINICAL EDUCATION 5

## SYLLABUS – SPRING 2024

### Catalog Description

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Students practice full-time for sixteen weeks under the direction of licensed physical therapists who serve as clinical instructors (CI).

### Credit Hours

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8 credits

Student practice ~40 hours per week.

### Course Coordinator

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Ralph R. Utzman, PT, MPH, PhD  
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Office hours by appointment; the DCE is available for phone or web meetings with students and clinical instructors (CIs) in the evenings and on weekends during clinical education placements.

### Course Prerequisites

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Good standing in DPT program.

Per division/program policy, to earn consent to progress to full-time clinical education (PT 780), the student must:

- Be in good standing in the PT program per the division's Committee on Academic & Professional Standards
- Have successfully passed all check-off and practical examinations to date
- Not have any un-remediated professional conduct issues
- Have all health requirements up to date
  - Students must comply with all immunizations, titers, health, background, drug, and health screening requirements outlined in the division's *DPT Student Handbook*. Adherence to these requirements must be documented no later than the preceding March 1. Items (such as TB tests, CPR certifications, and immunizations) must be updated so they do not expire during the clinical experience.
  - Students must comply with any additional immunizations, titers, health, background, and drug, and health screening requirements outlined by the clinic facility
  - **Students must comply with all clinic policies and guidelines related to safety, infection control, and use of personal protective equipment.**
- Be registered for PT 780

### Expected Learning Outcomes

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At the end of the first 8 weeks (March 1, 2024), the student will be **capable** of:

- Managing patients with non-complex conditions with less than 50% CI supervision.
- Managing patients with complex conditions with CI supervision 25-50% of the time.
- Consulting with others to resolve unfamiliar or ambiguous situations.

- Maintaining at least 50-75% of a full-time entry-level physical therapist's caseload.

At the end of the second 8 weeks (April 26, 2024), the student will be **capable** of:

- Working independently to manage patients with non-complex and complex conditions
- Consistently performing simple and complex tasks for skilled physical therapy examination, intervention, and clinical reasoning
- Consulting with others to resolve unfamiliar or ambiguous situations.
- Maintaining 100% of a full-time, entry-level physical therapist's caseload.

\*Note: compliance with licensure laws or insurance/payor regulations typically require on-site or direct student supervision. The clinical instructor must evaluate in these situations whether the student is capable of performing without such supervision.

## Objectives

*Except where noted (\*\*\*)*, objectives are taken from the [APTA Clinical Performance Instrument for Physical Therapists](#), version 3.0 (2023).

With CI supervision as noted above, the student:

1. Professionalism – Ethical Practice
  - a. Practices according to the Code of Ethics for the Physical Therapist
  - b. Demonstrates respect for self, the patient/client, and colleagues in all situations
2. Professionalism – Legal Practice
  - a. Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
3. Professionalism – Professional Growth
  - a. Accepts and is receptive to feedback
  - b. Participates in planning and/or self-assessment to improve clinical performance
  - c. Contributes to the advancement of the clinical setting through educational opportunities
  - d. Seeks out opportunities to improve knowledge and skills.
4. Interpersonal – Communication
  - a. Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues)
  - b. Adapts to diverse verbal and nonverbal communication styles during patient/client interactions
  - c. Utilizes communication resources (e.g., interpreters) as appropriate
  - d. Incorporates appropriate strategies to engage in challenging encounters with patients/clients and others
  - e. Facilitates ongoing communication with physical therapist assistants regarding patient/client care
5. Interpersonal – Inclusivity
  - a. 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
  - b. 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)
  - c. \*\*\* (For students completing rural clinical education experiences) Deliver services that are culturally appropriate in rural, Appalachian residents, groups, and communities
6. Technical/Procedural – Clinical Reasoning
  - a. Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments
  - b. Applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care

- c. Ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions
    - d. Presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).
7. Technical/Procedural – Examination, Evaluation, and Diagnosis
  - a. Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting
  - b. Rules out other pathologies and refers to or consults with other healthcare professionals as necessary
  - c. 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
  - d. \*\*\*For students completing rural clinical experiences: Assess the health needs of rural/underserved residents, groups, and communities.
8. Technical/Procedural – Plan of Care and Case Management
  - a. Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors
  - b. 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. Technical/Procedural – Interventions and Education
  - a. 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
  - b. Consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion
  - c. Educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style
  - d. Educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities
  - e. \*\*\* (For students completing rural clinical education experiences) Design and implement prevention and health promotion programs for rural/underserved residents, groups, and communities
10. Business – Documentation
  - a. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers
  - b. Maintains organization of patient/client documentation
11. Business – Financial Management and Fiscal Responsibility
  - a. Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient)
  - b. Adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs
  - c. Understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.
  - d. Appropriately bills patients/clients according to legal guidelines and insurance regulations
  - e. 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. Responsibility - Guiding and Coordinating Support Staff
  - a. Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes
  - b. Delegates tasks to support staff as appropriate

- c. Identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist

## Course Schedule

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The student will follow the work schedule of his/her assigned clinical facility and CI.

### For students completing a full 16-week experience in one facility:

- January 8: First day of experience
- March 1: Midterm. Midterm evaluation scheduled at CI's discretion anytime between Feb 26 and Mar 8.
- April 26: Last day of experience. Final CPI evaluation must be completed by end of business day on Apr 26.

### For students completing two 8-week experiences at two different facilities:

#### *Experience 1 – January 8 to March 1*

- January 8: First day of experience
- February 2: Midterm. Midterm evaluation scheduled at CI's discretion anytime between Jan 29 and Feb 9.
- March 1: Last day of experience. Final CPI evaluation must be completed by end of business day on Mar 1.

#### *Experience 2 – March 4 to April 26*

- March 4: First day of experience
- March 29\*: Midterm. Midterm evaluation scheduled at CI's discretion anytime between Mar 25 and Apr 5. (\*Note - March 29 is *Good Friday*).
- April 26: Last day of experience. Final CPI evaluation must be completed by the end of business day on Apr 26.

***A detailed schedule of assignments and due dates will be posted for students on SOLE.***

## Student Evaluation and Grading

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Grading will be assigned by the DCE based on CI scores and comments on the American Physical Therapy Association's [Clinical Performance Instrument Version 3.0](#); completion of preparation and onboarding tasks; and submission of written assignments, self-assessments, and surveys.

### Clinical Performance Instrument (CPI 3.0)

The CPI is an online tool designed for the assessment of PT students' clinical performance. CPI 3.0 includes 12 performance criteria which correspond to the [Learning Objectives](#) listed above. For each criterion, the CI rates the student's performance on a Likert-type scale:

1. Beginning Performance
2. Advanced Beginner
3. Intermediate Performance
4. Advanced Intermediate Performance
5. Entry-Level Performance
6. Beyond Entry-Level Performance

The CI rates the student's performance at both midterm and final. Each performance criterion also includes a box for open text in which the CI is required to provide comments and examples to support the rating.

To ensure reliability and validity of evaluation, CIs, students, and program faculty are required to complete a training module and demonstrate mastery of use of CPI 3.0 on a module post-test.

**Significant Concerns and Critical Incidents:**

If, at any point in the clinical experience, the CI has concerns regarding the student's ability to meet the expectations for clinical performance, the CI should contact the course coordinator/DCE immediately. This can be done by phone or email.

On the midterm and final CPI evaluation, the form has fields for the CI to document performance concerns, unsafe events, and critical incidents. Clinical instructors are encouraged to utilize these fields whenever the CI feels the student's performance may compromise patient safety, and/or is unacceptable for the clinical experience. The form also includes fields for the clinical instructor to describe plans and/or suggestions for performance improvement and remediation. If the CI indicates significant concerns with the student's performance, at midterm or at any point in the experience, the DCE will collaborate with the student and CI to develop an individualized learning plan for improving the student's clinical performance.

**To pass PT 780:**

At the end of the first 8 weeks (March 1), the student must earn ratings of at least 4 (Advanced Intermediate performance) on all 12 performance criteria.

At the end of the course (April 26), the student must earn ratings of at least 5 (Entry-Level performance) on all 12 performance criteria.

The student may not pass the course if there are un-remediated [significant concerns or critical incidents](#) at the end of the clinical experience.

When assigning a course grade, the DCE will review and consider comments and examples provided by the clinical instructor.

**For calculation of letter grades:**

Students who earn CPI ratings consistent with the Expected Learning Outcomes after the first 8 weeks (March 1) will earn 34 points. Students who earn CPI ratings consistent with the Expected Learning Outcomes at the end of 16 weeks (April 26) will earn an additional 34 points. **(68 points total)**

If the CI indicates there are [significant concerns or critical incidents](#) at any point in the experience, the DCE will work with the CI and student to develop a remedial learning plan.

- If the conditions of the remedial learning plan are met, the student's final grade will be lowered by one letter grade.
- If the conditions of the learning plan are not met and/or the student does not meet the Expected Learning Outcomes by the end of the experience, the student will earn a failing grade in PT 780.

**Additional Assignments and Grading Elements**

The remainder of the student's letter grade will be earned through completion of preparation and onboarding tasks, periodic learning reflections and self-assessments, and completion of surveys used to evaluate students' learning experiences.

Details on these student assignments will be provided in the final version of the syllabus to be posted for students on the SOLE learning management system.

**Grading Scale**

- A: 90 to 100 points
- B: 80 to 89 points
- C: 70 to 79 points
- F: Less than 70 points **OR** the student does not meet the minimum passing criteria for the CPI as described above **OR** the student does not submit all required assignments.

## Rural Service Learning Project (for students completing rural clinical experiences)

To meet program requirements, each student must complete at least one full-time clinical experience in a rural community. This can be completed in any of the three full-time clinical education courses (PT 760, PT 770, or PT 780). As part of this requirement, the student will complete a rural service learning project in order to meet course objectives 5c, 7d, and 9e.

If the student completes more than one full-time experience in a rural setting, the student only needs to complete one rural service learning project. In consultation with the DCE, the student may choose which experience during which they will complete the project.

If the rural service learning project is completed in PT 780, the student will earn an additional 10 points, and the grading scale will be adjusted accordingly (99-110 points = A, 88 to 98 points B, 77 points to 87 point = C, <77 points = F.).

Project forms, details, and grading rubric will be posted in SOLE.

## Policy on Late Work

All written assignments and surveys noted above must be submitted in order to pass PT 780. If work will be submitted late due to legitimate clinical reasons (CI absence, for example), the student should notify the DCE in advance if possible. Points will be deducted from the student's grade per the grading rubric for each assignment.

## Incomplete Grades

The WVU Graduate Catalog contains the full [Incomplete Policy](#)

## Attendance

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PT 780 is a required component of the DPT program. Attendance is expected and required.

Students assigned to a full-time clinical experience (approximately 40 hours/week) will adhere to the work schedule of the facility rather than the academic calendar of the university.

Absences (2 days or less) are warranted in the case of personal illness, family (parents, spouse, siblings, and children) emergencies, or due to death in the family. The student must notify the CI and/or SCCE prior to the start of the workday and notify the DCE immediately. Students are not permitted to request absences for personal events, job interviews, vacations, outside work/employment, or to work on coursework assignments. Students must request time off for religious observances from the DCE in advance. **All absences must be made up.**

Students must also notify the DCE if they will not be in clinic on a regularly scheduled day due to an unusual situation (such as, but not limited to, inclement weather or clinic power failure).

Students are required to make up missed clinical education time before the last scheduled day of the experience following a plan agreed upon between the CI/SCCE, the DCE, and the student. Arrangements for extending the clinical education experience may be developed at the discretion of the DCE in cooperation with the CI/SCCE to provide the student the opportunity to make up missed time.

## Tardiness

Students are expected to be on time and prepared for each clinic day. Like absences, tardiness should occur rarely and only under exceptional circumstances. If a student must be late for clinic, the student must contact his/her CI at the earliest possible opportunity, preferably before the start of the workday. Repeated tardiness may impact the student's CPI ratings and overall course grade; in these cases, the CI is encouraged to contact the DCE.

## Student Illness or Injury

If a student has a change in health status (injury, illness, mental health issue) during the clinical experience, they must report the change in health status to the clinical instructor immediately. Any injury or condition that results in a limited or altered ability to perform regular clinic activities must be reported to the DCE. A release from the student's treating physician may be required before the student is permitted to return to the clinic; this is to assure that the student, patients, and clinic staff are not put at risk.

## Required Textbooks and Resources

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No formal textbook is required for PT 780. Students are encouraged to have their textbooks, notes and other materials available to them, particularly after clinic hours to enable research and preparation for patient care.

Students should review the DPT Student Handbook, available in SOLE, for policies related to clinical education, including clinic dress code, use of personal cell phones, social media policy, and academic and professional standards.

## Program and University Policies

Policy	Link
Inclusivity Statement	<a href="https://tlcommons.wvu.edu/syllabus-policies-and-statements#inclusivity">https://tlcommons.wvu.edu/syllabus-policies-and-statements#inclusivity</a>
Academic Integrity	<a href="https://tlcommons.wvu.edu/syllabus-policies-and-statements#academicintegrity">https://tlcommons.wvu.edu/syllabus-policies-and-statements#academicintegrity</a>
Academic Standards Policy, Including Academic Dishonesty	<a href="https://tlcommons.wvu.edu/syllabus-policies-and-statements#academicstandards">https://tlcommons.wvu.edu/syllabus-policies-and-statements#academicstandards</a>
WVU DPT Student Handbook	<a href="https://sole.hsc.wvu.edu/Site/5843/Folder?InstanceID=1205423">https://sole.hsc.wvu.edu/Site/5843/Folder?InstanceID=1205423</a>
Mental Health Statement – HSC Campus	<a href="https://tlcommons.wvu.edu/syllabus-policies-and-statements#mentalhealth-hsccampus">https://tlcommons.wvu.edu/syllabus-policies-and-statements#mentalhealth-hsccampus</a>