

DEPARTMENT OF PHYSICAL THERAPY AND HUMAN MOVEMENT SCIENCES
NORTHWESTERN UNIVERSITY
FEINBERG SCHOOL OF MEDICINE

2007 Clinical Education Expectations and Evaluation

The purpose of this document is to facilitate planning clinical experiences.

During clinical experiences, the **university** expects students to contribute to facility goals by providing high quality clinical, educational, research, and administrative services, and to actively participate in the clinical education process. The university expects **facilities** to supervise students while they apply the knowledge and skills they have gained in coursework, but does not expect facility staff to teach students content that will be addressed in subsequent courses. **Students** should expect to earn independence commensurate with their educational preparation and abilities. They should be independent by the end of Clinical Experience IV; however, we do not expect that students will achieve independence by the end of Clinical Experiences I, II or III. Given their educational preparation to date, with supervision, they should demonstrate safe, effective, ethical and legal physical therapy practice.

During any clinical experience, **facilities** can expect students to contribute to daily operations, including weekends and evenings. By contributing to daily operations, students are provided with the opportunity to develop skills in the variety of roles of the physical therapist (direct patient care, education, critical inquiry, administration, and consultation). Examples of ways that students can contribute to facilities include:

Clinical Services

- Function effectively on healthcare teams.
- Provide effective and efficient administrative, clinical, research, and educational services.
- Work collaboratively with PT/PTA students from Northwestern or other programs.

Educational Services

- Design or teach community education or in-house patient education programs.
- Participate in study groups or journal clubs.
- Assist in supervising part-time experiences for PT/PTA students.
- Orient other students to selected facility procedures such as documentation, procuring equipment for patients, discharge planning resources, or scheduling.

Research/Critical Inquiry

- Access and use current evidence to support decisions or answer clinical questions.
- Develop a case study.
- Use appropriate outcome measures.

Administrative Services

- Direct and supervise support personnel.
- Collect data to measure quality or productivity.
- Review peers' intervention plans/documentation.
- Assist with community outreach programs.
- Review the literature or investigate resources for patients and staff.
- Assist with administrative projects/operations.

Consultation Services

- Provide patient-related consultation at the request of another practitioner, a patient, or an organization.
- Advise a referring practitioner about the indications for physical therapy intervention.
- Educate other health practitioners by providing professional advice or expert opinion.

Clinical Experiences Evaluation

Students earn a grade of pass/fail for all clinical education experiences. CIs use the *Physical Therapist Clinical Performance Instrument* to record their evaluation of the student's performance. Grades are assigned by the Directors of Clinical Education based on clinical instructors' (CIs') documentation of students' clinical performance. When determining the grade, emphasis is placed on the student's demonstration of appropriate clinical practice (given educational preparation to date) related to safety, professionalism, ethics, the law, communication, patient examinations, evaluations, and interventions. Descriptive comments provided by the CI at midterm and final evaluations are strongly considered in the grade assignment. Students are expected to demonstrate growth in all assessed behaviors and skills between midterm and final evaluations.

Students complete the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* form to provide written feedback on the experience and the clinical instructor. Students are also expected to successfully complete assigned projects and submit all required clinical education documentation by the requested deadline. Students will bring the required evaluation forms to the facility.

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Curriculum Sequence
Classes of 2007 and 2008

YEAR 1

FALL TRIMESTER

Gross Anatomy
Introduction to Evidence-Based Practice
Introduction to the Motor Control Framework
Psychosocial Aspects of Human Behavior I
Physiology I
Kinesiology I
Synthesis Project

WINTER TRIMESTER

Examination and Evaluation I
Kinesiology II
Neuroscience I
Physiology II
Professional Role Development I
Synthesis Project

SPRING TRIMESTER

Clinical Orthopedics
Examination and Evaluation II
Neuroscience II
Professional Role Development II
Foundations of Physical Therapy I
Synthesis Project
Clinical Experience I (4 weeks)

YEAR 2

FALL TRIMESTER

Foundations of Physical Therapy II
Clinical Management of Patients with
Cardiopulmonary Dysfunction
Clinical Management of Patients with Neurological
Dysfunction I
Electrotherapy I
Issues in Pediatrics
Psychosocial Aspects of Human Behavior II
Synthesis Project

WINTER TRIMESTER

Issues in Geriatrics
Clinical Management of Patients with Musculoskeletal
Dysfunction I
Clinical Management of Patients with Neurological
Dysfunction II
Electrotherapy II
Professional Role Development III
Clinical Management of Patients with Amputations
Synthesis Project
Clinical Experience II (5 weeks)

SPRING TRIMESTER

Clinical Management of Patients with Musculoskeletal
Dysfunction II
Clinical Management of Patients with Neurological
Dysfunction III
Clinical Management of Patients with Lymphatic and
Integumentary Dysfunction
Synthesis Project
Professional Role Development IV
Clinical Experience III (11 weeks)

YEAR 3

FALL TRIMESTER

Clinical Experience IV (12 weeks)

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CLINICAL EXPERIENCE I (A or B)
Full-Time Clinical Experience for 4 Weeks
At the End of the Spring Trimester

PURPOSE:

Throughout Clinical Experience I (CE I), the student will integrate coursework with clinical experience, develop a context for courses to follow, contribute to effective facility management, and focus on the clinical reasoning process. Given their academic preparation to date, students are expected to require close supervision and assistance to make effective clinical decisions.

Prior to CE I, students have been prepared to do the following:

Examination/Evaluation: medical record review, observation, palpation, patient interview, movement analysis; basic balance testing; posture, gait, and activities of daily living; vital signs at rest and during activity, muscle performance, active/passive extremity joint motion; active spinal motion, muscle length, and pain assessment.

Intervention/planning: bed mobility, management of life support equipment, positioning, transfers, wheelchair skills, gait training, pressure relief, delegation/supervision of support staff, documentation, quality improvement, and peer, colleague, community, and patient education.

Research: Analyze and utilize relevant research to assist in problem-solving.

COURSE OBJECTIVES:

1. Students will demonstrate appropriate professional behaviors that instill confidence and inspire others to want to work with them, including:
 - a. initiative.
 - b. sound judgment.
 - c. appropriate emotional responses.
 - d. flexibility.
 - e. acceptance of responsibility.
 - f. self-assessment
 - g. utilization of constructive criticism
 - h. interest in developing professional growth.

2. Students will develop broader awareness and comprehension of their professional role. Students will:
 - a. demonstrate increasing comfort while functioning in a physical therapy practice.
 - b. demonstrate rapport with professional and supportive personnel.
 - c. establish effective relationships with clinical instructors, patients, and family members.
 - d. conduct themselves according to the ethical and legal standards of the profession.
 - e. demonstrate an awareness of the professional environment's role in professional education.
 - f. incorporate an understanding of individual and cultural differences into physical therapy practice.

3. Students will develop beginning abilities in physical therapy examination, evaluation, and intervention. Students will demonstrate:
 - a. ability to perform activities safely.
 - b. beginning ability to use a medical record.
 - c. beginning skill in the application of learned physical therapy examination tools.
 - d. beginning ability to complete a physical therapy evaluation, including development of long and short term goals.
 - e. beginning ability to engage in the physical therapy diagnostic process, consistent with the policies and procedures of the practice setting.
 - f. beginning ability to determine patient prognosis.
 - g. beginning skills in interventions, especially functional mobility skills.
 - h. beginning ability to adjust interventions as patient condition warrants.
4. Students will demonstrate beginning abilities in effective written, verbal, and nonverbal communication. Students will demonstrate:
 - a. beginning abilities in effective written communication by formulating and completing documentation, following the guidelines and using the format required by the practice setting.
 - b. effective verbal and nonverbal communication.
 - c. beginning ability to assess the effectiveness of their communication and modify appropriately.
5. Students will integrate acquired academic knowledge with clinical practice. Students will demonstrate beginning abilities with:
 - a. comprehension of the signs and symptoms associated with pathological conditions seen in the clinic.
 - b. comprehension of effects of treatment on the patient.
 - c. knowledge of the scientific basis and effectiveness of physical therapy examination procedures and interventions.
 - d. ability to utilize professional literature when making clinical decisions.

Evaluation

Please refer to the information on page 2 regarding evaluation of clinical experiences. During Clinical Experience I, beginning abilities will be defined in the following manner based on the dimensions of performance included in the APTA *Physical Therapist Clinical Performance Instrument*.

Supervision/Guidance: Students require close supervision at all times and the clinical instructor provides moderate/maximal assistance with decision-making.

Quality of Care: Students will be able to effectively select and provide appropriate examination techniques and interventions, given educational preparation to date.

Consistency of Performance: By the completion of the experience, students will be consistently safe and effective with simple and familiar patients within the limits of examinations and interventions that have been covered in the curriculum. Students will be professional, safe, ethical, and legal at all times.

Complexity of Tasks/Environments: Students will require minimal supervision and guidance with simple and familiar patients. Students will require close, maximal supervision and clinical instructor guidance with complex patients and in new situations.

Efficiency of Performance: Improvement in efficiency and productivity is expected during the clinical experience. Consistency and quality of performance are emphasized over efficiency.

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CLINICAL EXPERIENCE II
Full-Time Clinical Experience
At the End of the Winter Trimester
(5 weeks)

PURPOSE:

Throughout Clinical Experience II (CE II), the student will integrate coursework with clinical experience, develop a context for courses to follow, contribute to effective facility management, and focus on the clinical decision making process. Given their academic preparation to date, students are expected to require supervision and assistance to make effective clinical decisions.

In addition to the skills listed under CE I, students have been prepared to do the following:

Examination/Evaluation: pain assessment; aerobic capacity, cardiac and pulmonary status; musculoskeletal examination for spine, trunk, and pelvis; muscle strength, length, and tone, abnormal synergy, balance/coordination, reflexes and sensation.

Intervention/Planning: therapeutic exercise for strength, muscular, and cardiovascular endurance, alignment, breathing, coughing; percussion and vibration, postural drainage; heat, cold, hydrotherapy, and ultrasound; electrical stimulation for muscle contraction/relaxation, pain, and inflammation; biofeedback for increasing/decreasing muscle activity, prosthetic donning/doffing and gait training; select and evaluate orthotics for spine problems; interventions for spine, trunk, and pelvis; selected soft tissue & joint mobilization techniques; and program development including needs and resource assessment, marketing, fiscal planning, and evaluation.

Research: Analyze and utilize relevant research to assist in problem-solving.

COURSE OBJECTIVES:

1. Students will demonstrate appropriate professional behaviors that instill confidence and inspire others to want to work with them, including:
 - a. acceptance of responsibility.
 - b. initiative.
 - c. sound judgment.
 - d. self-assessment and utilization of constructive criticism.
 - e. flexibility.
 - f. appropriate emotional responses.
 - g. interest in developing professional growth.

2. Students will demonstrate a developing ability to function within their professional role. Students will:
 - a. function with ease in a physical therapy practice.
 - b. establish effective interpersonal communications with patients and all persons associated with patient care.
 - c. conduct themselves in accordance with the ethical and legal standards of the profession.
 - d. collaborate with peers and professional colleagues to maximize patient outcomes.
 - e. develop an awareness of the professional environment's role in continuing professional development.
 - f. demonstrate developing abilities to serve as consultants to individuals, physical therapy colleagues, other health professionals, and the community.

3. Students will demonstrate developing skills in the physical therapy management of patients, within the limits of knowledge acquired in the classroom and previous clinical experience. Students will:
 - a. demonstrate proficiency in the use of the medical record.
 - b. continue to develop skill and accuracy in physical therapy patient screening, examination, diagnosis, and prognosis, within the limits of the practice setting.
 - c. demonstrate developing abilities to synthesize examination data to establish realistic, accurate physical therapy evaluations.
 - d. demonstrate ability to establish appropriate physical therapy treatment plans in collaboration with patients, families and care givers, and professional personnel.
 - e. continue to develop skills in direct physical therapy interventions and management of total patient care, including delegating appropriately to support personnel.
 - f. demonstrate the ability to modify treatment programs based on patient response.
 - g. plan for the continuation of therapeutic activities post-discharge through effective instruction of patient, families, and care givers.
 - h. consistently incorporate safety measures and precautions into daily treatment activities.
 - i. develop effective partnerships with patients and caregivers that facilitate achievement of the patient's goals.

4. Students will demonstrate effective written, verbal and non-verbal communication. Students will:
 - a. formulate clear, thorough, concise, accurate and legible physical therapy documentation, following the guidelines and using the format required by the practice setting.
 - b. demonstrate effective verbal and non-verbal communications with varied audiences.

Evaluation

Please refer to the information on page 2 regarding evaluation of clinical experiences. During Clinical Experience II, developing abilities will be defined in the following manner based on the dimensions of performance included in the APTA *Physical Therapist Clinical Performance Instrument*.

Supervision/Guidance: Students require clinical instructor (CI) supervision at all times.

Assistance provided by the CI for decision-making varies, dependent upon familiarity with and complexity of the task. More assistance is expected initially and with new or complex tasks. Students require less assistance with decision-making throughout the clinical experience.

Quality of Care: Students will be able to effectively select and provide appropriate examination techniques and interventions, given educational preparation to date.

Consistency of Performance: By the completion of the experience, students will be consistently safe and effective with familiar patients within the limits of examinations and interventions that have been covered in the curriculum. Students will be professional, safe, ethical, and legal at all times.

Complexity of Tasks/Environments: Students will require minimal supervision and guidance with simple and familiar patients and moderate supervision and clinical instructor guidance with complex patients and in new situations.

Efficiency of Performance: Improvement in efficiency and productivity is expected during the clinical experience. Consistency and quality of performance are emphasized over efficiency.

CLINICAL EXPERIENCES III AND IV
Two Full-Time Clinical Experiences
at the End of All Academic Course Work
(One Eleven-Week and One Twelve-Week Experience)

PURPOSE:

By the conclusion of these two full-time clinical experiences, the student will be a safe, effective, and independent physical therapist in a variety of settings across the health care continuum. The student will demonstrate entry-level competence and commitment to patients, ongoing self-development, and ability to assist with growth of the facility and development of the physical therapy profession. By the conclusion of CE IV, the student will:

COURSE OBJECTIVES:

1. Students will demonstrate entry-level practice as defined by the *Physical Therapist Clinical Performance Instrument*.
2. Students will demonstrate appropriate professional behaviors that instill confidence and inspire others to want to work with them, including:
 - a. accountability for professional decisions.
 - b. functioning effectively in various roles within the limits of their expertise, ie. clinician, consultant, teacher, supervisor, patient advocate, etc.
 - c. modifying their behavior based on the demands of a given role, practice setting, or audience.
 - d. conducting themselves in accordance with the ethical and legal standards of the profession.
 - e. utilizing the resources of the health care environment to assist in their professional development.
 - f. serving as consultants to individuals, physical therapy colleagues, other health professionals, and the community.
3. Students will demonstrate entry-level skills in the physical therapy management of patients or clients. Students will:
 - a. demonstrate proficiency with critical thinking, analysis, and problem-solving skills.
 - b. demonstrate proficiency in physical therapy patient screening, examination, diagnosis, and prognosis.
 - c. synthesize examination data to establish realistic, accurate physical therapy evaluations.
 - d. demonstrate ability to establish and implement realistic, feasible treatment plans in collaboration with patients, families, caregivers, and other professional and support personnel.
 - e. consistently incorporate safety measures and precautions into daily activities.
 - f. develop effective partnerships with a variety of patients and clients, recognizing them as individuals and adjusting their approach appropriately.
4. Students will demonstrate effective written, verbal and non-verbal communication, following accepted formats, utilizing appropriate technology, and making modifications as needed based on professional role and intended audience.

Evaluation

Please refer to the information on page 2 regarding evaluation of clinical experiences. During Clinical Experience III and IV, entry-level practice is defined in the following manner: A physical therapist clinician performing at entry-level utilizes critical thinking to make independent decisions concerning patient needs and provides quality care with simple or complex patients in a variety of clinical environments. The physical therapist clinician at the professional level needs no guidance or supervision except when addressing new or complex problems.

S: CE Documents.CE expectations - 2006