

Clinical Education Handbook

Academic Year
2024-2025



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Introduction

Clinical Education Program Philosophy

Clinical education is a key element in the professional education of physical therapists. Columbia University's Doctor of Physical Therapy (DPT) Program views clinical education as a collaborative process.

A partnership between the University and its clinical affiliates is essential in educating practitioners capable of responding effectively to patients' needs and the challenges of contemporary healthcare. The goal of integrating academic learning into clinical practice can only be accomplished by establishing a strong link between the faculty, students and clinical educators.

Our faculty believes that the opportunity to practice and develop skills in a direct patient care environment is a privilege and appreciates the commitment of time, resources and effort our clinical affiliates extend in guiding and mentoring our students. Clinical experiences are designed to give each student a broad base of clinical exposure and opportunity to acquire entry-level skills within a supportive environment. We recognize cultural and individual differences and encourage students to develop their own clinical "style" within the accepted parameters of ethical and legal clinical practice.

The purpose of this handbook is to serve as a resource, providing students with information about the policies and procedures for Columbia University's Doctor of Physical Therapy Clinical Education Program. The DPT Student Handbook contains additional information regarding academic policies and procedures.

Columbia DPT Program Goals and Expected Clinical Education Outcomes

Upon completion of the 3-year curriculum, students will have met the following objectives:

- Development of critical analysis and decision-making skills and the ability to integrate academic course work and clinical experience within an evidence-based framework.
- Development of clinical skills necessary to practice competently and effectively in a variety of settings.
- Capacity to continually refine practice skills, post-graduation, through continuing professional education and integration of new scientific information.
- Provision of life long learning skills necessary to anticipate future changes in the delivery of physical therapy in response to societal needs.
- Assume an active role in the development of their own critical inquiry, which ultimately facilitates initiating the process of specialization.

Additional information regarding the Columbia University DPT program and curriculum is available on the program website: <http://columbiaphysicaltherapy.org>.

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Clinical Education Team

The Director of Clinical Education (DCE)

The DCE holds a faculty (academic or clinical) appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. The DCE serves as a liaison between the physical therapy program and the clinical education site. The DCE, in cooperation with other academic faculty, establish clinical education site and facility standards, select and evaluate clinical education sites, and facilitate ongoing development of clinical education sites and clinical faculty. The DCE primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:

- Developing, monitoring, and refining the clinical education component of the curriculum including clinical education seminars and full-time clinical experiences
- Selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice
- Assigning students to clinical placements that are congruent with their learning needs
- Ensuring student readiness for the clinical setting by evaluating students' performance in cooperation with other faculty, and determining their ability to integrate didactic material and demonstrate safe practices
- Educating students, clinical and academic faculty about clinical education
- Maximizing available resources for the clinical education program
- Facilitating quality learning experiences for students during clinical education
- With the SCCEs, CI and student, problem solving and addressing conflict as needed and assisting in planning alternative, remedial, accommodative or challenging learning experiences as indicated
- Determining the grades for clinical education courses based on data from a variety of sources (CPI ratings, CPI summative comments, SCCE/CI subjective comments, incident reports, visit notes, action plans, completed assignments)
- Actively engaging core faculty in clinical education planning, implementation, and assessment
- Representing the academic program at local and national meetings

Clinical Education Coordinator

A primary role of the Clinical Education Coordinator is to manage the Clinical Education Database (Exxat) including contact information, placement details, and contract status for each clinical partner. The database also includes contact and compliance information for all Columbia DPT students. The Clinical Education Coordinator oversees all major mailings including the annual schedule request, site selection surveys, confirmation packets, and faculty site assessment schedules. The Clinical Education Coordinator manages data entry of student and instructor information into the APTA CPI 3.0.

Columbia University Core Faculty

Members of the core faculty include those individuals appointed to and employed primarily in the program. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs.

Responsibilities Include:

- Ensuring student readiness for the clinical setting by evaluating students' performance, in cooperation with the DCE team, to determine their ability to integrate didactic material and demonstrate safe practices
- Participating in site visitation and calls and submitting site visitation reports in Exxat in a timely fashion
- With the DCE team, assisting in planning alternative, remedial, or accommodative learning experiences as indicated
- Participating in regular discussion with clinical education faculty in meetings throughout the year

Site Coordinator of Clinical Education (SCCE)

The SCCE has specific qualifications and is responsible for coordinating the assignments and activities of students at the clinical education site. The SCCE is often a physical therapist or physical therapist assistant. In some cases non-physical therapist professionals who possess the skills to organize and maintain appropriate clinical education programs will serve as the SCCE. The SCCE should be experienced as a clinician and clinical educator, interested in working with students, possess good interpersonal communication and organizational skills, knowledgeable about the clinical site and its resources and serve as a consultant in the evaluative process. The SCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational

theory and issues in health care delivery. The SCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.

Responsibilities Include:

- Completing the schedule request form, delineating clinical placements available to Columbia DPT students for the following year.
- Updating the Clinical Site Information Form (CSIF) each year
- Communicating with the academic program regarding any pre-requisites or changes in facility policies that affect students
- Working with the clinical education team to execute and update clinical affiliation agreements
- Assigning and monitoring Clinical Instructors (CIs)
- With the DCEs, CI and student, problem solving and addressing conflict as needed and assisting in planning alternative, remedial, accommodative or challenging learning experiences as indicated

Clinical Instructor (CI)

The Clinical Instructor (CI) is the direct supervisor and mentor for students in the clinical environment. The CI demonstrates clinical competence and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy. One year of clinical experience is required as minimal criteria for serving as the CI, and they are evaluated on their ability to perform their responsibilities (see below) through student evaluations, evaluations by faculty at midterm site visits, and through communications with the Director(s) of Clinical Education. The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching. The CI holds a valid license as required by the state in which the individual provides physical therapy services. The CI provides physical therapy services that are consistent with the respective state practice act and interpretive rules and regulations. The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, ADA, and informed consent.

Responsibilities Include:

- Directly supervise and instruct the student during the clinical education experience.
- Alter learning experiences based on the student's level of competence and developmental needs or interests.
- Inform students of all pertinent policies and procedures specific to the facility to ensure compliance.

- Provide students with an appropriate level of supervision to ensure patient safety and high quality of care.
- Provide critical feedback in order to enhance the student's current level of competence.
- Provide a formal evaluation of the student's knowledge, skills, and behavior at mid-term and at the completion of the clinical experience using the APTA Clinical Performance Instrument (CPI 3.0).
- Communicate with the DCE to identify any student performance concerns prior to midterm.
- Discuss the student's performance with a member of the DCE team or a faculty member at a mutually agreed upon in-person site visit or phone/video conference.
- Demonstrate clinical competence, adhering to legal practice standards and demonstrate ethical behavior.

Rights and Responsibilities of Clinical Education Faculty

The rights, privileges and responsibilities of clinical education faculty and policies and procedures related to clinical education are delineated and communicated to all program faculty and are included in the placement mailings with each student assignment. Obligations of both the clinical faculty and university are outlined in the Memorandum of agreement established with each clinical site. Policies are also outlined below.

1. The Clinical Facility will afford learning opportunities through a program of clinical education experience in physical therapy to students in Columbia's Program in Physical Therapy. The clinical education objectives, the variety of clinical experiences, the method of supervision and student education, and the number of students to participate in the program shall all be determined by agreement between the University and the Clinical Facility.
2. The Clinical Facility will advise the students and the University of any policies and procedures (including professional behavior and dress code) of the Facility, which it will require the students to observe.
3. The Clinical Facility will complete the forms provided by the University relating to the clinical education of the students.
4. The Clinical Education faculty members have the right and responsibility to provide feedback to the department regarding the physical therapy program, curriculum and student performance. Sites are provided the opportunity to telephone the DCE at any time. Each site is contacted during a student rotation to solicit feedback re: student performance, academic preparation for the experience and curricular comments.

5. The Clinical Facility will advise the University at the earliest possible time of any deficit noted in an assigned student's ability to progress toward achievement of the stated objectives of the clinical placement. The Clinical Facility reserves the right to request withdrawal from the facility of any student whose performance proves unacceptable.
6. The affiliating sites have the right to require additional criteria to accept students. (i.e. additional malpractice insurance, an individual pre-placement interview, specific health requirements, criminal background checks, etc.) Prerequisites should be communicated with the school when placements are offered and will be shared with the student that is placed at the facility. It is the student's responsibility to ensure that all pre-requisites are completed in a timely fashion.
7. At the conclusion of each clinical education experience, the Clinical Education faculty will receive documentation from the program confirming the number of clinical instruction hours completed. Columbia University has been approved as an Authorized Provider by the New York State Board of Physical Therapy. New York CIs may claim .5 CEUs for every 2 weeks of an affiliation. Additional NY CEU information is found here: <http://www.op.nysed.gov/prof/pt/ptceapplicantinfo.htm>. New Jersey provides 1 credit for every 40 hours with a maximum of 4 CE's for every biennial registration period. Clinicians in states outside of New York and New Jersey should check the state-specific guidelines for claiming CEU credits.
8. The Clinical Education faculty has the right to bring a complaint against the program and/or DCE by contacting the program director who depending on the nature of the complaint can render a decision or if necessary, communicate the complaint to the Chair of the Department of Rehabilitation and Regenerative Medicine under whose administrative purview the program resides. Clinical education faculty can also contact Columbia University, Office of University Compliance.

Clinical Education faculty (SCCE's and CI's) do not have faculty status at this institution and therefore are not eligible for the rights and privileges afforded core faculty. This is consistent with other clinical departments at Columbia University.

Clinical Education in the Columbia DPT Curriculum

The clinical education component of the Doctor of Physical Therapy degree program includes three blocks of full-time clinical education of increasing length over three years. During these blocks of clinical practice, each student will have experiences with patients/clients across the lifespan in a variety of settings that encompass a range of conditions, from acute to chronic. Learning opportunities should address a wide range of patients, reflecting the practice patterns in the Guide to Physical Therapist Practice. As students progress through increasingly complex decision making during these courses, performance expectations increase from Advanced Beginner performance to Entry-Level performance or

beyond. Each student must have at least one clinical experience in an inpatient setting (adult or pediatric acute care, acute rehabilitation or sub-acute rehabilitation, skilled nursing or long-term care). Additional experiences should occur in available levels of patient care:

Primary care—Integrated, accessible health care by clinicians accountable for: 1) addressing a large majority of personal health care needs, 2) developing a sustained partnership with patients, and 3) practicing within the context of family and community. Examples include: acute trauma triage and examination, early intervention, a collaborative primary care team that addresses loss of physical function, community based organizations for patients with chronic disorders, occupational health services in the workplace.

Secondary care—Care of patients with musculoskeletal, neuromuscular, cardiopulmonary, or integumentary conditions initially treated by another health care practitioner and then referred to a physical therapist.

Tertiary care—Highly specialized, complex, and technology-based care (heart-lung transplants, burn units) or specialized services (spinal cord injury or closed head trauma).

Clinical Education Experiences

There are a total of thirty-six (36) weeks of full-time clinical education experiences in the curriculum.

	First Clinical Education Experience PHYT M8901	Intermediate Clinical Education Experience PHYT M8902	Terminal Clinical Education Experience(s) PHYT M9200
Dates for class of 2025	Oct. 30 – Dec. 22, 2023	May 20 – July 26, 2024	Jan. 6 – May 16, 2025
Dates for class of 2026	Oct. 28 – Dec 20, 2024	May 19 – July 25, 2025	Jan. 5 – May 15, 2026
Dates for class of 2027	Oct. 27 – Dec 19, 2025	May 26 – July 31, 2026	Jan. 4 – May 14, 2027
Time Frame	8 weeks	10 weeks	18 weeks or 9 weeks x 2
Performance Level Expected	Advanced Beginner	Intermediate	Advanced Intermediate by week 9; Entry-Level by week 18

**Clinical Education Experience dates are subject to change. Facilities may request an alternate start/end date or require an extension in order to accommodate a scheduled vacation period. Students may also require extensions in order to make-up for missed days or to meet specified objectives.*

First Clinical Education Experience – PHYT M8901

Students in good academic standing who have satisfactorily completed all prerequisite professional courses are assigned to a clinical center for an eight-week clinical education experience. This is the student's first opportunity to perform supervised practice of newly acquired clinical skills in a direct patient care environment on a full-time basis.

Intermediate Clinical Education Experience – PHYT M8902

Students in good academic standing who have satisfactorily completed all prerequisite professional courses are assigned to a clinical center for a ten-week full-time clinical education experience. This affiliation provides the student with an opportunity to further develop skills used in the First Clinical Education Experience and to practice new skills in a direct patient care environment.

Terminal Clinical Education Experience(s) – PHYT M9200

Students in good academic standing who have satisfactorily completed all prerequisite professional courses are assigned to a clinical site(s) for a total of eighteen-weeks of full-time clinical education. This final clinical education experience provides the student with an opportunity to further develop skills used in the First Clinical Education Experience and the Intermediate Clinical Education Experience and to

practice new skills in a direct patient care in preparation for entry-level practice. Students will be assigned to one or two clinical sites for a total of 18 weeks. Students may be placed in one or two different clinical practice areas, e.g. one pediatrics rotation for the length of the Terminal Clinical Education Experience vs. one pediatrics rotation followed by an orthopedics rotation.

Syllabi for all clinical education experience courses are posted on Exxat and are included in appendices A, B, & C.

Clinical Education Seminars

Clinical Education Seminar I – PHYT M8003 (Spring Year I)

This course includes an overview of the clinical education program, policies and procedures, and the site selection process. Students participate in training sessions required for the clinic including Health Insurance Portability and Accountability Act (HIPAA) and Blood-borne Pathogens/ Infection Control training. Students are introduced to the practice sites available for the First Clinical Education Experience and participate in the placement process.

Clinical Education Seminar II – PHYT M8004 (Fall Year II)

This course reviews more detailed expectations for the First Clinical Education Experience. Students set individualized goals and fulfill clinical site prerequisites. Students participate in training required for use of the Clinical Performance Instrument 3.0. Sessions will also address sharing and soliciting feedback and preparing a clinical in-service or project. Students are introduced to the practice sites available for their Intermediate Clinical Education Experience and prepare for the placement process.

Clinical Education Seminar III – PHYT M 8005 (Spring Year II)

This course offers an opportunity to reflect on the challenges and highlights of the first clinical education experience. Facilitated discussions address topics such as initiative, communication and problem solving in clinical scenarios. Expectations for the Intermediate Clinical Education Experience are discussed. Students set individualized goals and fulfill clinical site prerequisites. Specialized Terminal Clinical Education Experience opportunities are introduced and discussed. Students are also introduced to the practice sites available for Terminal Clinical Education Experiences and prepare for the placement process.

Clinical Education Seminar IV – PHYT M8006 (Fall Year III)

This course offers an opportunity to reflect on the challenges and highlights of the second clinical education experience. Expectations for the Terminal Clinical Education Experiences are discussed. Students set individualized goals and fulfill clinical site prerequisites. This final seminar also reviews resume writing, interviewing techniques, and an overview of the National Physical Therapy Examination (NPTE).

Affiliation Agreements with Clinical Facilities

Any facility providing physical therapy services may initiate the affiliation agreement process with the Columbia University Physical Therapy Program by contacting one of the Directors of Clinical Education (DCEs) and the Clinical Education Coordinator. The DCEs also may approach a facility to explore the possibility of an affiliation agreement with Columbia University. Every effort is made to ensure that the clinical center has the potential to meet DPT students' learning needs. These efforts may include:

- Direct communication with center staff
- Review of center mission, philosophy, and self-assessments
- Site visits to the center to gather first-hand impressions of the care provided

The following factors are given considerable consideration:

- Congruence with School Mission, Vision, and Educational Philosophy.
- Variety of learning experiences to be offered.
- Needs of the School for particular types of learning experiences.
- Experience in providing clinical experiences to other PT and PTA programs.
- Number of staff who have served as clinical instructors for students in other educational programs.
- Specialized programs and/or number of ABPTS specialists on staff.
- Potential for strong professional role models in the center.
- Evidence of continuing professional development by the staff.
- The facility's physical plant (cleanliness, equipment/space available, etc.).

Upon collection of this information the DCEs may take the following actions:

- Initiate an affiliation agreement.
- Consult with the Site Coordinator of Clinical Education (SCCE) to determine potential for improvement of weaknesses identified. The DCEs and SCCE must agree on a plan for improvement before proceeding with the affiliation agreement process.
- Determine that the center does not have potential to meet the criteria for learning opportunities. (In this case, the affiliation agreement process would not be initiated.)

If the DCEs decide to initiate an affiliation agreement, the potential clinical center will be provided with the following documents:

- A template of Columbia's Clinical Placement Agreement. (See Appendix D)

- A copy of the Columbia DPT curriculum (see Appendix E)
- A certificate of insurance for the current year (see Appendix F)
- An overview of the Columbia Clinical Education Program Policies and Procedures

Each clinical education affiliation site must complete a Memorandum of Agreement before a student may be assigned to the site for a clinical experience. The Memorandum of Agreement between a clinical facility and Columbia University is a signed legal contract detailing the terms of the relationship. The Site Coordinator of Clinical Education (SCCE) and the DCEs work with their respective legal representatives to agree upon contractual terms. The DCE and/or Clinical Education Coordinator remains in contact with the clinical facility throughout the legal process of affiliation: contract negotiations average six months, however can range from 1-12 months to complete. Some contract negotiations are unsuccessful for a variety reasons.

Establishing New Clinical Sites

A primary goal for the DCEs is to develop relationships with sites that demonstrate excellence in clinical care and provide quality-learning experiences. Students may also be interested in establishing relationships with clinical facilities that are not current Columbia University clinical affiliates. A student interested in a clinical placement at a facility that is not a Columbia affiliate should inform the DCEs as early as possible to allow adequate time to investigate opportunities and coordinate the experience. The DCEs receive many requests each year to establish clinical education relationships with new sites. In special circumstances, and only with the approval of the DCE, a student may be permitted to contact a facility to determine if they are able to accommodate students for a clinical experience. In these special circumstances, all communication must be pre-approved by and in consultation with a DCE.

If the SCCE agrees to accommodate a student from Columbia:

1. Complete the Clinical Education New Contact Report in its entirety (posted to Exxat & Appendix G).
2. Submit the new contact to the DCE(s) electronically.

The DCE will then contact the facility and follow the steps outlined under “Affiliation Agreements with Clinical Facilities.” If the facility meets the guidelines for clinical education sites, the DCE will take the necessary steps to establish a contract, which delineates the relationship with the facility. If the contract is successfully completed, the student who initiates this process will have priority for this placement. Note: There is no guarantee that Columbia University will be able to agree upon contractual terms with a new or current clinical education affiliate.

Clinical Site Selection Process

Columbia University has clinical education agreements with facilities across the United States. Students may have the opportunity to affiliate in a variety of clinical settings including: private practices, rehabilitation centers, acute care facilities, skilled nursing facilities, schools and children's hospitals, and home care. Rotations in these facilities may include inpatient or outpatient experiences in the following areas: orthopedics, sports medicine, neurological rehabilitation, medical/surgical, cardiopulmonary, oncology, dance/performing arts, and pediatrics. A list of all clinical sites currently affiliated with Columbia's Program in Physical Therapy can be found on the Exxat Database.

Students should NOT contact a current affiliate unless placed at that site or directed to do so by the Directors of Clinical Education (DCE).

Each year the DCEs send placement requests to all of Columbia University's clinical affiliates one year in advance of the coming clinical education year. After the responses to these requests are compiled, the DCEs will give students a list of all placement options ("wishlist") for the First Clinical Education Experience, the Intermediate Clinical Education Experience, or the Terminal Clinical Education Experience as appropriate. Students with geographic needs that are not met by the wishlist will work with the DCE team to find feasible placements and will be required to complete the Student Request for Clinical Site form (Appendix Q). During the selection process, students should review facility files provided on the Exxat Database and discuss potential selections with their assigned DCE. The APTA Physical Therapist Student Evaluation of the Clinical Experience and Clinical Instructor forms completed by students who have previously affiliated at the site are a good source of information. (Appendix H)

After reviewing the list and conducting research on clinical sites, students will complete a wishlist on the Exxat Database with a ranking of their top ten to fifteen choices (number to be determined by the DCE Team and may vary between clinical experience placements) along with rationales for their selections. The DCEs will review these wishlists, surveys (see Appendix I), students' academic records, professional behavior records, performance in practical exams and previous clinical experiences. The DCEs will consider a student's advanced specialty track when assigning final Terminal Clinical Education Experiences. The DCEs will also solicit feedback from faculty in assigning all placements. The following are examples of professional behaviors that will be considered in assigning placements:

- Attendance
- Punctuality
- Compliance with clinical education deadlines
- Communication skills
- Initiative

- Flexibility
- Ability to respond to constructive feedback
- Self-reflective practice
- Adherence to policies and procedures
- Helpfulness to other students/staff/faculty
- Positive attitude

The DCEs will be making every effort to ensure student/site compatibility and fairness in the selection process. Clinical education assignments are made without regard for race, color, marital status, gender, sexual orientation, religion, national origin or disability. Accommodations approved by the Office of Disability Services will be considered. Students must discuss their accommodations and unique circumstances with the DCEs prior to the site-selection process. Specific information concerning rotation(s), housing, parking, medical and background check requirements, clinical site contacts etc. will be provided after placement decisions are made.

It is the students' and DCE's responsibility to ensure that, wherever possible, redundancy does not occur in the clinical rotations. Similarly, it is not preferable for students to be placed in clinical sites where they have pre-established relationships through volunteering/shadowing, work history, or receipt of treatment services. All students must complete one inpatient clinical experience per Program requirements. The opportunity to affiliate in acute care, inpatient rehabilitation, skilled nursing and specialty settings is beneficial to give students the necessary skills, knowledge, and flexibility needed to secure entry-level employment. Students may have the opportunity to work in two different practice areas during a clinical assignment.

The competition for clinical placement sites is significant and the program cannot guarantee that all students will be placed in a facility in New York City for a given clinical experience. While many placement sites are local and accessible by public transportation, having use of a car during the First Clinical Education Experience, the Intermediate Clinical Education Experience, and the Terminal Clinical Education Experience will expand the number of clinical sites at which a student can be placed. **Note: students may need to travel up to 1.5 hours to reach their assigned clinical site.**

Students may also request or be asked to leave the metropolitan area for clinical placement(s). In some cases, a clinical site may offer housing (either free or for a fee) or assistance in locating housing. If this is not the case, it is the students' responsibility to arrange for housing in reasonable geographical proximity of the clinical site. All expenses incurred in travel, housing and parking are the sole responsibility of the student.

Terminal Clinical Education Experience Placements

A growing number of Terminal Clinical Education Experience placements have unique site requirements including the submission of a resume, applications, reference letters, and interview requirements. Clinical sites may begin this process a year in advance of the Terminal Clinical Education Experience start date. Some sites coordinate the interview schedules directly with the student, others are arranged through the Directors of Clinical Education. In these circumstances, students from a large number of physical therapy programs are competing for a small number of placements. Although the DCEs may recommend a student for a placement, the clinical site makes the final decision.

Unanticipated cancellations by clinical facility

In the case where the clinical site is unable to accommodate a student and must cancel their offer, the clinic will be removed from the list of available clinical facilities. If a student has been scheduled to go to that clinic, the DCE will call any unused sites for availability. If the DCE is unable to locate a clinic from the unused sites, he/she will contact clinics from the master list of contracted facilities. The DCE will make every attempt to place the student in a clinic in time for the official start date. In the event the student has a delayed start, additional days will be added to the end of the experience to ensure the student completes the required time.

International Clinical Education Placement Policy

Students with a cumulative GPA of at least a 3.5, history of success in prior clinical experiences, and who consistently meet professional behavior expectations are eligible to participate in an international clinical placement.

Students can do no more than 1 clinical experience outside the United States totaling no more than 18 weeks. This placement can only occur after the student has successfully completed the First Clinical Education Experience.

In countries where English is not the primary language, the host institution must be able to communicate in English or the student must be fluent in the language that is commonly spoken. The SCCE and/or the CI must also be able to communicate with the DCEs in English.

Eligibility for Clinical Education

Inherent to being in a clinical setting, students may be exposed to potential health risks. It is imperative that all students comply with required training modules and health clearance procedures in order to minimize risk and optimize student and patient safety. While the majority of the prerequisites listed below are required of all students for all clinical experiences, some sites have unique and specific prerequisites such as criminal background checks, drug screens, interviews, and/or specific health forms. Students should confirm all prerequisites with the Clinical Education Administrative Coordinator and/or SCCE before paying for extra tests.

Academic Standing

Students need to be in good academic standing with a minimum GPA of 3.00 and a satisfactory record of professional behavior to participate in the clinical education program.

Health Insurance Portability and Accountability Act (HIPAA)

Students are required to complete Columbia University Medical Center's HIPAA training for clinical personnel to be eligible to participate in the clinical education component of the curriculum. HIPAA guidelines for de-identification and compliance can be found in Appendix J.

Infection Control/Blood Borne Pathogens

Students must attend the infection control/blood borne pathogens training provided by the Columbia Student Health Services before participating in the clinical education component of the curriculum. Infection Control guidelines can be found in Appendix K.

Cardiopulmonary Resuscitation Certification (CPR)

Students are required to maintain active certification in Basic Life Support (BLS)/Cardiopulmonary Resuscitation for Healthcare Providers in order to participate in clinical experiences. Training courses must include an in-person skills component unless a public health emergency prevents in-person training.

Health Requirements

Students are required meet all Columbia University Student Health Service guidelines including, but not limited to, necessary tests and immunizations prior to all clinical education experiences. Student compliance with all health requirements is documented on the Columbia University Student Health form (Appendix L), which must be uploaded to Exxat prior to each clinical education experience. Students may also need to complete additional site-specific health clearances. Once a clinical assignment is confirmed, it is the student's responsibility to contact the designated staff at their assigned clinical site to obtain information concerning these requirements and to ensure that they are met prior to the start date of the

clinical experience. Facility-specific health forms may be completed by Columbia University's Student Health Service located at 60 Haven Avenue. It is the students' responsibility to ensure that all health requirements are met including, but not limited to, necessary tests and immunizations. Failure to provide a facility with requested health information may result in a delay or cancellation of a clinical experience.

Essential Functions

All students must sign the Essential Functions Document (see Appendix M). If a change occurs in a student's ability to meet these essential functions, it may impact clinical placement.

Health Insurance

Students are required to provide evidence of current major medical health insurance coverage upon request.

Professional Liability Insurance

Columbia University provides each student with professional liability insurance. The DCE will provide each clinical site with a copy of the insurance certificate prior to the start date of an affiliation. The SCCE and the student must report to the DCE, as soon as possible, any potential or actual legal action involving a student. (See Appendix F)

Personal Interview

A personal interview, conducted by the SCCE or department manager, may be required prior to being accepted for a clinical education experience.

Student Data Form

Students are required to complete the student data form with up-to-date contact information prior to each placement. (See Appendix N).

Drug Screening

In an effort to continue the Medical Center's commitment to providing the highest quality health care services to students and their patients, the clinical schools within Columbia University Irving Medical Center have a required drug testing policy prior to students beginning their first clinical education experience. This policy is intended to offer a proactive approach by providing early identification and intervention before the consequences of substance abuse adversely impact a student's health, care of patients, or employability. The policy emphasizes the importance of student confidentiality and employs intervention and treatment rather than formal disciplinary action, sanctioning, or documentation upon a student's academic record. The drug testing policy is implemented through the Student Health Service.

Students are tested in the spring or summer of Year I prior to the start of the First Clinical Education Experience in fall of Year II.

A complete description of the Pre-Clinical Drug Testing policy and procedures can be found on the Student Health Services website <http://www.cumc.columbia.edu/student/health> and is incorporated into the Student Handbook for each incoming class.

If the standard drug screening completed by Student Health does not meet the requirements for a clinical site, a re-screen may be available. If not, it is the student's responsibility to obtain the expanded drug screening at their own expense. Student Health Services can order drug screens and counsel students regarding the results.

Criminal Background Checks/Fingerprinting

Students may be required to submit to background checks including, but not limited to social security number traces, criminal background checks, Office of Inspector General (OIG) Sanctions List, and/or a violent sex offender and predator registry searches in order to participate in a clinical affiliation. It is the student's responsibility to inquire about finger printing, and/or criminal background check requirements at their assigned clinical site(s). Once these requirements have been identified, it is the student's responsibility to provide the necessary documentation of these checks to their assigned site in a timely manner. Typically, students will be referred to a third-party vendor to request the background check and are responsible for any associated expenses and paperwork. The student must complete the background check prior to the deadline established by their clinical site. If the assigned clinical site does not provide a deadline, the student is required to submit this documentation no later than two weeks prior to the affiliation start date.

Clinical affiliates have the right to establish criteria that may exclude a student from placement at their facility. Students found to have disqualifying criminal convictions or positive drug screens may be prohibited from affiliating at a particular site. Should a clinical affiliate refuse to place a student based on the outcome of either the background check or the drug screen, the program cannot guarantee alternate clinical placements.

Columbia has set up relationships with CastleBranch so that students may order Criminal Background Checks conveniently on-line. You may also order a criminal background check through your local police department. The process involves being finger printed, but may save you money.

New Jersey: http://www.nj.gov/njsp/about/serv_chrc.html#instruct

New York: <http://www.criminaljustice.ny.gov/ojis/recordreview.htm>

Students without U.S. Social Security Numbers

Some U.S.-based facilities require students to have a U.S. social security number in order to obtain clearance to participate in a clinical education experience. It is the student's responsibility to inform the Directors of Clinical Education (DCEs), prior to site selection, if they do not have a U.S. social security number. The DCEs will make every effort to advise students about sites that require a U.S. social security number, however there may be situations where facility policies change and an alternate placement needs to be identified.

Information Shared with Clinical Facility

The student-specific Compliance section of the Exxat database is used by the DCEs, the Clinical Education Coordinator, and students as the primary repository for information shared with clinical facilities. Students provide written permission for the DCEs and the Clinical Education Coordinator to access and review their Compliance documents in Exxat, and they manually activate a feature in Exxat allowing sites to access the same information.

While students provide permission for facilities to access this information, the process of sharing student information with clinical facilities is typically facility dependent as each facility has its own requirements for students and its own process for handling that information. Overall, in the absence of an attestation sent from the DCEs, it is the student's responsibility to ensure that all facility-specific required information be completed and/or sent to their respective facility for onboarding and for clearance in a timely manner to begin their full-time clinical experience on time. The method of delivering that information is facility-dependent and can include the use of student-to-site e-mail and in some cases secure onboarding portals.

All information and records pertaining to the students clinical or academic performance is kept confidential (p. 26 Confidentiality of Student Records), and all health-related information is shared with sites only with the permission of the student. If a site requires an attestation from the DCEs that the student complies with their site-specific requirements, the student is asked to store all pertinent documentation in Exxat in a section that is not shared with sites, but where the clinical education coordinators can access and produce the documentation in the event of an audit.

Student information typically shared with clinical sites includes some or all of the following:

1. Student Health Form/Health Assessment (either Columbia's Health Form which is an attestation completed by Columbia Student Health or a site-specific health form) which includes evidence that the student complies with current immunization requirements (Measles, Rubella, Varicella and Mumps), baseline QuantiFERON GOLD+ tuberculosis test or negative chest x-ray in the case of a positive test, immunity to Hepatitis B, proof of seasonal flu vaccine (by November 1 each year), documentation of baseline Hepatitis C antibody, 9-panel urine toxicology screening, and

respiratory clearance in preparation for N-95 respirator fit testing. Any site-specific requirements that differ (ex. requirement for a 10-panel urine toxicology v. 9-panel), and that have time-to-experience requirements (ex. tests within 60 days from the start of an experience) are obtained by the student in coordination with Columbia Student Health.

2. Proof of immunization history
3. N-95 respirator fit test results
4. An attestation by the clinical education coordinator that the student meets all site requirements (the attestation may include student information such as dates for required immunizations)
5. Evidence of current HIPAA training
6. Evidence of New York State-Approved Infection Control and Barrier Precautions training
7. Evidence of current AHA CPR/Basic Life Support training
8. Student Data Sheet which outlines the student's goals for the clinical education experience, their preferred learning style, their self-assessed areas of strength and areas where they feel they may need more guidance, courses completed to date, and their local contact information.
9. Criminal Background Check
10. Fingerprinting
11. Evidence of completion of site-specific on-boarding modules and/or training

On-Site Policies and Procedures

Travel

Students will be expected to travel up to 1.5 hours to reach their assigned clinical site. All expenses incurred in travel are the student's sole responsibility. Students should research and assure that they will be able to travel to any and all facilities listed on their site selection survey prior to confirmation of placements.

Students traveling to international clinical sites, once their itineraries are finalized, must register their travel plans with Columbia University's Global Travel Portal (International SOS) at <http://globaltravel.columbia.edu/>. Columbia University works with International SOS to assist students and faculty with relevant resources in the case of an emergency. Those resources include 24-hour worldwide emergency medical and evacuation services, and support in case of passport loss or theft. In addition, a copy of the student's itinerary and emergency contact information must be provided to the Directors of Clinical Education prior to departure. That information will be shared with the Program Director in order to keep track of students on learning assignments outside of the country.

Students traveling abroad are encouraged to review Columbia University's International Travel Planning Policy here:

<https://universitypolicies.columbia.edu/content/international-travel-planning-policy>

Housing/Parking

Students are responsible for securing their housing and parking when assigned to a clinical site. Some facilities offer free or reasonably priced housing or will assist in finding off-site housing. All housing and parking expenses incurred during a clinical education experience are the student's sole responsibility.

Attendance and Punctuality

Students are required to work a minimum of 35 hours per week and a maximum of 45 hours a week unless otherwise approved by DCE in all full-time clinical education experiences. All students follow the work schedule of their CI(s). This may include evenings, weekend days and holidays. It is the student's responsibility to notify the DCE if they cannot work a weekend day due to religious observance. In addition, it is the student's responsibility to notify the DCE, at least two (2) months prior to the start date of the clinical experience, to request time off for observance of religious holidays. The DCE will coordinate with the student to accommodate for any missed time. It is ultimately the student's responsibility to complete the designated time required for each clinical education experience.

Daily attendance and punctuality are mandatory in each clinical experience. It is recommended that students arrive at their assigned facility at least 30 minutes prior to start time to organize and prepare for

the day. A student, who cannot be present in clinic or anticipates being late, must notify the SCCE or the CI as early as possible. Students must submit “Time Off Requests” through Exxat for all clinic absences. All requests for personal days must be approved in advance (as able, unless in an unforeseen circumstance) by the DCE and SCCE. Students are permitted one (1) absence (illness or personal reason) that does not require make-up during 8-, 9-, & 10-week clinical experiences pending approval of both the SCCE and DCE team. During an 18-week clinical experience, students are permitted two (2) absences (illness or personal) not requiring make-up pending approval of both the SCCE and DCE team. Students may be required by their clinical site and/or DCE to submit supporting documentation for clinical absences. A student is required to make up time for any absence(s) that exceed the approved thresholds as described. If the clinical site is unable to add days to the clinical experience for purposes of making up time, or if there is a Columbia University Programs in Physical Therapy academic course conflict, the student will work with the DCE to develop a suitable make-up plan that fulfills program requirements.

Patients’ Rights

Students and clinical faculty will introduce all students working with patients as students. At no time shall this information be hidden from the patient. Patients have the right to refuse treatment by the student at any time. There will be no negative consequences to the patient or the student if the patient refuses to participate in any teaching activity or treatment.

Electronic Devices & Columbia Email

Portable music/media players and cellular phones may not be used during business hours. All electronic devices should be removed from the body and placed in a secure location prior to entering the clinical facility (even prior to official work hours). Personal calls should be made/received only during a scheduled break in non-clinical areas.

Note: All students are required to check your Columbia email address daily while out on their full-time clinical experiences. The Clinical Education Team will send time-sensitive information that requires an immediate response and will only use your Columbia email address.

Social Media

DPT program policies on professionalism, protection of confidential or proprietary information, use of computers or other University resources, and the prohibition on discrimination and harassment apply to all forms of communication including social media. Students shall not post any patient information, photographs of patients, or commentary about patients on social media site even if they think the information is “de-identified” or visible only to a restricted audience.

In rare circumstances, students may be asked to contribute to the official social media account(s) of their clinical affiliate. Students who participate in this official capacity must abide by all HIPAA and clinical affiliate guidelines, including the requirement for the patient's written authorization.

All electronic interaction with patients must comply with current CUIMC or other applicable privacy and data security policies, including the requirement for the patient's written authorization.

Generative Artificial Intelligence (“AI”)

The Program follows the guidance of [Columbia University's Generative AI policy](#). Students risk potential academic integrity violations and confidentiality/privacy violations with improper or unauthorized use of generative AI tools (such as OpenAI's Chat GPT, Google's Bard, and others). Two key attributes of these tools are the risk that an input could potentially become public, and the risk that the output may be biased, misleading, or inaccurate. As a result, the improper use of AI presents risks related to information security, data privacy, copyright, academic integrity, and bias.

Students should assume that the use of AI to produce academic work is forbidden unless it is explicitly permitted by expectations detailed in a course syllabus or in explicit assignment instructions. When AI is allowed for academic coursework, students must disclose that the work was based on or derives from the use of Generative AI, confirm that the output is accurate, and confirm that they are not plagiarizing or otherwise violating another party's intellectual property rights as specified in the [University policy](#).

Under no circumstances is AI permitted for use in clinical applications such as, but not limited to, completing clinical documentation. The Program acknowledges that there may be applications for the use of AI in clinical environments, but students will be responsible for adhering to clear, written institutional policies that govern how AI is used in that environment. In the absence of written policies, students are prohibited from using AI in clinical care without exception. If a student finds themselves in a situation where they are asked to use AI for clinical purposes in the absence of clear, written policies, they should refuse by stating that the Program forbids their using AI in the clinical environment. The student should report any such request to the Director(s) of Clinical Education to receive support and guidance from the Program.

Dress Code

Students work in close physical contact with patients, family members and staff. Therefore, good personal hygiene is essential as are neatness and modesty for the purpose of presenting a professional image. Students will follow the dress code of the clinical facility or, if the facility has no code, the requirements stated below. The student is not to assume that they are entitled to dress in the same manner as the staff members unless directed to do so by the SCCE. After one warning, unprofessional appearance is sufficient grounds for dismissal from the clinic.

General Requirements:

Clothing: Recommended acceptable attire includes collared shirts, slacks, blouses, and sweaters. Skirts are permitted as required by a student's religious or cultural beliefs. The following are not appropriate for the clinical environment: jeans, overalls, sweatshirts, sweatpants, shorts, leggings, halter or tank tops, non-collared tee shirts, workout clothes, caps, bandanas, and baseball hats.

Footwear: Supportive and protective low-heeled shoes with non-skid soles. Athletic shoes are acceptable when approved by the SCCE. Sandals or open-toed shoes are not acceptable.

Hair: Neat with long hair secured so it does not cover the face.

Fingernails: Clean and short. Nail polish, if worn, should be limited to pale colors.

Jewelry: Simple jewelry that does not dangle or impede patient care can be worn. A wristwatch with a second hand or a stopwatch feature is essential. Body or facial piercings (other than ears and those required by a student's religious or cultural beliefs) are not permitted.

Body Scents: Strongly scented perfumes/colognes/body sprays may not be used.

Laboratory Jacket: A short white laboratory jacket should be worn at all times with the name pin over left breast jacket pocket. If a white jacket is not a facility requirement, the student must wear the name pin affixed to the shirt.

Work-related Injuries

A student who is injured in the clinic must notify the CI, SCCE and DCE and complete an incident report (Appendix O). Students should keep a copy of the incident report and submit a copy to the DCE. Physician clearance must be obtained and a copy of this clearance submitted to both the DCE and SCCE prior to resuming clinical work. Students may be asked to complete a Physical Capacities Form (Appendix P). The student should have a clear understanding of their health insurance policy prior to starting their affiliation, as care rendered by the affiliating institution may not be covered by the policy.

Non-work-related Injuries

A student who is injured outside of the clinic must notify the CI, SCCE and DCE but does not need to complete an incident report. Physician clearance must be obtained and a copy of this clearance submitted to both the DCE and SCCE prior to resuming clinical work. As in work-related injuries, students may be asked to complete a Physical Capacities Form (Appendix P).

Pregnancy/Postpartum

Pregnancy may result in changes to a student's physical capacity. If a student becomes pregnant during their enrollment in the DPT program, it is advisable that they communicate their needs to Program faculty and routinely check with their physician to identify changes in their physical capacity. Please submit an

updated Physical Capacity Form (Appendix P) to the DPT Program Director if accommodation(s) need to be made.

The Program is in full compliance with Title IX. All requests for pregnancy accommodations must first be submitted to the University's Title IX Coordinator.

[Pregnancy Accommodations | Sexual Respect \(columbia.edu\)](#)

Unsafe Practices, Unprofessional Behaviors, and Mistreatment

The Programs in Physical Therapy have developed ongoing mechanisms to monitor & enhance student safety within the learning environment which includes all educational settings, both on & off the CUIMC campus. These environments include the classroom, laboratory and clinic.

Students who wish to report unsafe practices, unprofessional behavior or conduct of a clinical instructor (CI) or clinical site, and/or student or patient mistreatment in the clinic, may submit an anonymous report through the Programs in Physical Therapy [here](#), but are encouraged to contact the Directors of Clinical Education for direct reporting. Student reports of unsafe practices, unprofessional behaviors, and/or mistreatment in the clinic are maintained by the Program in the Exxat database.

In Case of Emergency

The following is a list of numbers students may call in the case of emergency:

Contact	Number
Police	911
Columbia University Health Sciences Security	212-305-8100
Student Health Service (line is answered 24/7)	212-305-3400
Dr. Jean Fitzpatrick	212-305-2814 (office) 845-304-2445 (cell)

Students should consult the Student Health Policy Statement for specifics regarding emergency care.

Clinical Site Visitation and Communication

Students are responsible for filling out their CI/Schedule Details on Exxat including the name of their CI, clinical schedule, and updated contact information (phone number and e-mail address) within the first 5 days of their clinical education experience. This communication is essential for early scheduling of clinical site visitation by the faculty. Students should review their e-mail daily during clinical education experiences to maintain adequate communication with the DCE Team and for program information.

The faculty believes that site visitation is an essential component of quality clinical education. The objective of a site visit is to meet with the affiliating student, their CI, and the SCCE. Visits are conducted by the DCEs and other faculty members. Patient treatment time is always a priority. Therefore, we make every attempt to schedule visits at a time that is convenient for the CI and SCCE. If in-person site visitation is not possible, a telephone or video conference will be conducted. Visits/calls are typically scheduled near students' midterm review. Meeting with staff and students can enrich the clinical experience for all involved. The DCE or faculty member can gain important information about student performance, facility programming, staffing and changes. During the site visit/call, program faculty and the DCEs may discuss potential learning opportunities and provide feedback to the student and clinical instructor in order to clarify expectations, promote communication and enhance the clinical experience. The facility staff can learn about the academic program including new developments in curriculum or faculty. This exchange of information helps foster and enhance the relationship between the clinical facility and the academic program thereby, creating a clinical education partnership.

It is the CI/SCCE's responsibility to inform the DCE of any and all student performance issues, which are adversely affecting patient care or successful completion of the clinical experience. It is the DCE's responsibility to serve as a mediator to rectify these issues and will meet with the clinical educators and student as needed to make recommendations to achieve acceptable resolution. In some cases, the DCE may develop an individualized learning contract for the student. The learning contract is a document that specifies goals to achieve a successful outcome for the remainder of the clinical experience and details consequences of not meeting those goals. The learning contract is reviewed and signed by the student, the CI, the SCCE, and the DCE to ensure all parties are aware of and agree on performance requirements in the document.

Evaluation of Student Performance

APTA Clinical Performance Instrument (CPI) 3.0

Evaluation of student performance is formative in nature rather than summative. This requires a commitment to the exchange of feedback, formal and informal, verbal and written, among the student, CI, SCCE, and DCE throughout the clinical experience. In the First Clinical Education Experience, the Intermediate Clinical Education Experience, and the Terminal Clinical Education Experience, the CI will complete both a midterm and final written performance evaluation, using the APTA Physical Therapist Clinical Performance Instrument (CPI) 3.0, and schedule meetings with the student to review and discuss the feedback contained in these evaluations. The student will also complete a written self-evaluation using the CPI 3.0 at both midterm and final, which will be reviewed by the CI and discussed during midterm and final reviews. A link to the CPI 3.0 site can be found on the Clinical Education Exxat Database website. All students must complete the APTA CPI 3.0 training module and submit the certificate of completion prior to the first clinical education experience. Clinical Instructors are also required to complete the APTA CPI 3.0 training prior to using this assessment tool.

APTA CPI 3.0 Training Site (Student): [American Physical Therapy Association: APTA CPI 3.0 – PT Student Training](#)

APTA CPI 3.0 Training Site (CI and SCCE): [American Physical Therapy Association: APTA CPI 3.0 – CI/SCCE Training](#)

APTA CPI 3.0 Site: [Home Page - CompetencyAI \(apta.org\)](#)

Grading Policy

All students participating in the First Clinical Education Experience, the Intermediate Clinical Education Experience, and the Terminal Clinical Education Experience will be evaluated by their clinical instructor(s) using the APTA's Physical Therapist Clinical Performance Instrument (CPI) 3.0. Students are expected to complete all assignments outlined on the course syllabi and meet specific performance criteria delineated in the grading policy section of the clinical education course syllabi (Appendices A-C) and based upon definitions from the CPI 3.0 Rating Scale (Appendices R & S).

The DCE(s) read all CPIs at the midterm and end of the clinical experience and it is their sole responsibility to assign the student a grade. Grades are assigned on a Pass/Fail (P/F) basis. To determine the grade in a clinical education course, the DCE reviews the clinical instructor's assessment of the student on the CPI 3.0 rating scale for each of the 12 performance criteria and all comments to verify that they meet or exceed the standards established for successful completion of the clinical experience. The DCE also reviews these areas in the student's CPI self-evaluation to confirm that there is consensus between clinical instructor and student ratings. The DCE initiates communication with the clinical instructor and/or student for clarification of any criteria that do not meet expectations or those that

demonstrate unacceptable variation between instructor and student ratings. The DCE may override a clinical instructor's assessment of a student's clinical performance if there is substantial evidence that the performance evaluation lacked objectivity or if the student did not have ample opportunity to practice and perform the task(s) within a specific performance criteria.

Unsatisfactory Student Performance

In the event that a clinical instructor feels that a student is not making adequate progress towards achieving the expected performance criteria, both the SCCE and DCEs should be notified right away. The DCE will discuss the concerns with the CI and student separately to gather information that will be used to develop a plan of action. Depending on the nature of the concerns, several options may be pursued:

For example:

1. The DCE may facilitate a conversation between the CI and student to clarify expectations.
2. The DCE may develop a learning contract in conjunction with the CI, student and SCCE that includes specific learning objectives to be addressed within a specified time frame of the clinical experience.
3. In addition to (#2) the DCEs may develop a remediation plan that requires consultation with the DCE and/or faculty outside of clinic time. [Meetings to discuss professional issues with the DCE; skill-based assignments/tutorials with faculty that have expertise in the content area]
4. If progress is being made, but more time is needed to achieve the stated objectives, the Clinical Education team may consider an additional 1-2 weeks of extended time in the clinic.

Clinical Education Extension/Remediation

In cases where sufficient progress is not being made and the student will not achieve the criteria for passing by the conclusion of a clinical education experience, a remediation and/or extension of clinical time may be offered at the discretion of the DCE, SCCE and CI. All students will begin a remediation and/or extension with a learning contract outlining the student's individualized goals. If the student is unable to meet the criteria for passing the clinical experience within the prescribed time frame, or if an additional 1-2 weeks would not be sufficient or logistically possible, a full-length remedial clinical experience may be assigned. The student will be given a grade of "Incomplete" for the course and will need to repeat the clinical experience. (Refer to Student Handbook for specifics regarding INC grades)

The DCE will share the recommendation for a clinical extension and/or remediation with members of the Academic Standards Committee. Students will be granted permission to continue with academic coursework and must remediate the experience at the next scheduled clinical education time period. Upon successful completion of the repeated clinical experience, the grade of incomplete (I) will be converted to a pass (P). Students who do not achieve the passing criteria by the end of the remedial

clinical experience will receive an F for the course. Students will not be given a second opportunity to extend or repeat ANY clinical experience. All clinical education experiences must be successfully completed before the DPT degree is awarded.

Early Termination of a Clinical Experience

The DCE reserves the right to remove a student from a clinical experience if there is evidence that the:

- Student is behaving in an unprofessional manner
- Student is clinically unsafe
- Student is clinically dishonest
- Instructor is not clinically competent
- Instructor practices in an unethical manner
- Professionalism

Behaviors that are considered unprofessional would be behaviors that do not adhere to the physical therapy core values of altruism, excellence, caring, ethics, respect, communication, and accountability. Professional behaviors are also exhibited by consistent attendance and prompt arrival, compliance with the facility dress code, coming prepared with necessary equipment, accepting constructive feedback, demonstrating initiative, exhibiting cultural sensitivity, and effective communication with all constituents. Additional information regarding the program's expectations of professionalism may be found in the DPT Student Handbook.

Clinically Unsafe Student

A clinical instructor, in consultation with the SCCE and the DCE, has the right and the obligation to dismiss any student who is judged to be clinically unsafe. Students should be given the opportunity to correct unsafe practice in a reasonable length of time, however, situations can arise when the level of unsafe practice is too extreme and dismissal is necessary to preserve patient safety.

Clinical Dishonesty

- Clinical dishonesty includes, but is not limited to:
- Falsification of client or institutional records.
- Concealing information or activities that affect the safety and well being of clients.
- Inappropriate violation of client confidentiality.
- Engaging in activities that are contrary to the Code of Ethics or Guide for Professional Conduct.

- Misrepresenting one's role as a student to an institution, client, or to the public so as to mislead them in their expectations of the student's competencies and limitations.

A student who is accused of clinical dishonesty may be removed from the clinic until all details of the situation are collected and a determination is made verifying or disconfirming the act(s).

In the event that there is a blatant disregard of policies and procedures, laws, or code of ethics, a student will be removed from the clinic and shall receive a failing grade for the clinical experience.

Instructor competence

A student who has a concern about the competence or ethical conduct of his/her clinical instructor should raise their concerns with the DCE. The DCE will investigate the concerns and intervene as appropriate. If a competent, ethical, licensed instructor is not available to serve as clinical instructor, the student may need to be removed from the clinical experience.

Maximum Semester Allowance

Any student in good academic standing, who takes a medical leave of absence during a clinical education experience or is withdrawn from a clinical education experience by one of the Directors of Clinical Education for not meeting established criteria for passing the affiliation, will be permitted to complete this requirement for receipt of the DPT degree in more than the required three-year sequence of eight semesters. A grade of incomplete will be given for the clinical education experience. Any student, under the above conditions, can continue for the equivalent of ten semesters.

Extended Clinical Education Fee

Candidates for the DPT degree who are permitted to complete requirements in more than the required three year sequence (8 semesters) shall be charged an Extended 3 Year Rate of \$500.00 for each semester while not part of the regular curriculum of the DPT program. This applies to any student who takes a medical leave of absence during a clinical education experience or is withdrawn from a clinical education experience by one of the Directors of Clinical Education for not meeting established criteria for passing the affiliation. During the Extended Curriculum semester(s), the student will also be charged for the student health service fee, medical insurance premium and CUIMC Network fee. Although clinical education is 0 credits, students are considered to have full-time status and are therefore eligible for financial aid in the form of federal direct loans.

Confidentiality of Student Records

All information and records pertaining to the student's clinical or academic performance is kept confidential. Student records are not shared with outside parties, including past or future clinical sites.

Evaluation of the Clinical Education Site

Students are required to complete the American Physical Therapy Association “Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction” for each clinical education experience. The instrument includes two sections. Section I and II are completed at the conclusion of the clinical education experience. The evaluations are available on the Exxat Database and are known as PTSE I and PTSE II. The PTSE I is viewable by future students but the PTSE II is private and only viewable to the DCEs.

Evaluation of the Directors of Clinical Education

Students are encouraged to complete anonymous evaluations of the Directors of Clinical Education. Student feedback will be incorporated with multiple evaluators (clinical partners and faculty) to enhance DCE performance and to refine the University’s clinical education program.

Limitations of Clinical Education Handbook

This handbook is intended to provide information for the guidance of Columbia University Physical Therapy students. While every effort has been made to ensure the accuracy of the information contained herein, accuracy cannot be absolutely guaranteed, and anyone who needs to rely on any particular matter is advised to verify it independently. The contents of this handbook are subject to change, and the Program reserves the right to depart without notice from any policy or procedure referred to in this handbook, or to revise and amend this handbook in whole or in part at anytime. This handbook is not intended to and should not be regarded as a contract between the University and any student or other person.

Clinical Education Handbook Acknowledgement

All students are asked to sign an acknowledgement form that verifies their responsibility to review this Clinical Education Handbook prior to the first clinical experience. Each student shall acknowledge that he/she is cognizant of the policies and procedures contained within the document.

Acknowledgement Form

Columbia University DPT Program

RECEIPT OF DOCUMENT

The undersigned indicates by his/her signature that he/she has received and read their copy of the: **Clinical Education Handbook.**

The undersigned further acknowledges that he/she is cognizant of the policies and procedures contained within this handbook and understands that he/she will be held responsible for compliance throughout his/her period of enrollment in Columbia University's Program in Physical Therapy.

Print Name

Signature

Date

Appendices

Appendix A: Syllabus – First Clinical Education Experience – PHYT M8901

**Columbia University
DPT Program
PHYT M8901: First Clinical Education Experience
Fall 2024, DPT II**

Course Coordinators:	<p>Mahlon K. Stewart, PT, DPT, PhD Board-Certified Geriatric Clinical Specialist Director of Clinical Education Assistant Professor of Rehabilitation and Regenerative Medicine ms2952@cumc.columbia.edu 212-305-9391 Office Hours: By Appointment</p> <p>Danielle Struble-Fitzsimmons, PT, DPT, PhD Certified Lymphedema Therapist-LANA Director of Clinical Education Assistant Professor of Rehabilitation and Regenerative Medicine dcs2191@cumc.columbia.edu 212-305-0565 Office Hours: By Appointment</p>
Instructors:	Multiple Clinical Instructors
Contact Hours:	Clinical Education - 320 hours (40 hrs/week x 8 weeks); 35 - 45 per week (varies by clinical site)
Credit Hours:	0 credits
Course Overview: This is the first in a series of three full-time clinical education experiences.	
Course Description: Students in good academic standing who have satisfactorily completed all prerequisite professional courses prior to Fall IIB of the DPT curriculum are assigned to a clinical center for an 8-week, full-time clinical education experience. This is the 1st opportunity to perform supervised practice of newly acquired clinical skills in a patient care setting. Students are required to give an in-service, case study, or project presentation in partial fulfillment of the requirements of this experience.	
Prerequisites: The curriculum is sequential. All courses build on required course content from previous semesters. See the Student Handbook for the <i>Course Sequence</i> .	
Course Objectives:	Upon completion of this course, the student will perform the following at the Advanced Beginner level as defined in the PT Clinical Performance Instrument 3.0 (APTA, 2023):
Cognitive:	1. Utilize effective clinical reasoning through strategically gathering, interpreting, and synthesizing information from multiple sources to make effective clinical judgments; applying current knowledge and clinical judgement leading to accurate and efficient evaluations including selection of examination

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	<p>techniques, diagnosis, prognosis, goals, and plan of care; ensuring patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presenting a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues). 7B, 7D9, 7D10, 7D11, 7D16, 7D20, 7D22, 7D23, 7D24, 7D26, 7D28, 7D30, 7D34, 7D35, 7D36, 7D37, 7D39, 7D40; C-A</p> <p>2. Implement a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapt a 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. 7B, 7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40; C-A</p>
Psychomotor:	<p>3. Display practices in accordance with the Code of Ethics for the Physical Therapist and demonstrate respect for self, the patient/client, and colleagues in all situations. 7B, 7D1, 7D2, 7D3, 7D4, 7D41; P-M</p> <p>4. Display practices in accordance with legal and professional standards, including all federal, state, and institutional regulations related to patient/client care, practice operations, and fiscal management. 7B, 7D1, 7D2, 7D3, 7D4, 7D41, 7D43; P-M</p> <p>5. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues) which may include adapting to diverse verbal and nonverbal communication styles during patient/client interactions; utilize communication resources (e.g., translators) as appropriate; incorporate appropriate strategies to engage in challenging encounters with patients/clients and others; facilitate ongoing communication with physical therapist assistants regarding patient/client care if appropriate. 7B, 7D7, 7D21; P-M</p> <p>6. Organize evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rule out other pathologies and refer/consult with other healthcare professionals as necessary to maintain patient safety; evaluate 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. 7B, 7D17, 7D18, 7D19a-w, 7D31, 7D35, 7D37, 7D38, 7D40; P-M</p> <p>7. Organize an appropriate physical therapy intervention plan (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that is evidence-based and completed in a competent and efficient manner; consult with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educate patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educate healthcare team on relevant topics by</p>

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	<p>taking an active role in activities (e.g., journal clubs) or in-service opportunities. 7B, 7D12, 7D27a-i, 7D34, 7D35; P-M</p> <p>8. Construct quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers. 7D32, 7D38; P-M</p> <p>9. Display knowledge/sensitivity for financial management and fiscal responsibility by identifying financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusting a plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understanding nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrating appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services. 7B, 7D35, 7D36, 7D38, 7D40, 7D41, 7D42; P-M</p> <p>10. Display the ability to guide and coordinate support staff by actively participating in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegate tasks to support staff as appropriate; identify patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist. 7B, 7D25, 7D29; P-M</p> <p>11. Display behaviors that maintain confidentiality of protected health information (PHI) in compliance with HIPAA guidelines. 7D1; P-M</p> <p>12. Display the ability to respond effectively to patient/client and environmental emergencies in accordance with site-specific policies and procedures. 7D33; P-M</p> <p>13. Display the ability to provide effective feedback to the Clinical Instructor and SCCCE regarding the clinical experience and teaching environment. 7D7, 7D38; P-M</p> <p>14. Create an in-service or clinical project that is based on current, evidence-based information and utilizes appropriate teaching and learning strategies. 7B, 7D12; P-O</p>
Affective:	<p>15. Demonstrate a commitment to learning by integrating feedback from stakeholders; participate in planning and/or self-assessment to improve clinical performance; contribute to the advancement of the clinical setting through educational opportunities; and seek out opportunities to improve knowledge and skills. 7D4, 7D5; A-O</p> <p>16. Value inclusivity by delivering 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, including providing equitable patient/client care that does not vary in</p>

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	<p>quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). 7A, 7D8; A-V</p> <p>17. Integrate self-assessment practices to improve clinical and professional performance, including completion of mid-term and final Clinical Performance Instrument (CPI). 7D4, 7D5; A-O</p> <p>18. Initiate communication with academic clinical education team when requiring assistance to navigate ambiguous clinical or ethical situations. 7B, 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7; A-V</p> <p>19. Demonstrate attitudes and behaviors that are consistent with the APTA Core Values of a) accountability b) altruism c) collaboration d) compassion & caring e) duty f) inclusion g) integrity and h) social responsibility. 7B, 7D5, 7D6, 7D7, 7D8; A-V</p>
<p>Teaching Methods and Learning Experiences:</p> <p>Format: The First Clinical Education Experience is an important transitional period in the student's education. It is an opportunity to integrate classroom-based learning into clinical practice. The student will work under the supervision and guidance of a clinical instructor who is a licensed physical therapist with a minimum of one year of clinical experience. Didactic preparation for this clinical experience consists of classroom and laboratory work from prior semesters.</p>	
<p>Textbook(s) and Other Learning Resources:</p> <p>Recommended Readings:</p> <ol style="list-style-type: none"> 1. Clinical Education Handbook 2. Guide to Physical Therapist Practice 4.0 (APTA, 2023) 3. Texts and articles from didactic courses that are pertinent for the First Clinical Education Experience 4. Readings assigned by the CI or SCCE 	
<p>Assignments:</p> <ol style="list-style-type: none"> 1. Conduct self-assessment using CPI 3.0 prior to midterm and final reviews. 2. Schedule a meeting with the CI and/or SCCE to review and discuss clinical instructor's CPI and student's self-assessment at midterm and final reviews. 3. Sign both self and clinical instructor CPI assessments at midterm and final. 4. Present an in-service, case study, or project to center staff. Note: The CI and/or SCCE must approve the topic. The approved topic cannot be one that has been presented in academic classes or in fulfillment of the capstone project. The length of the presentation should be at least 20-30 minutes or fulfill the expectations of your specific site. A copy of the presentation and/or deliverables must be uploaded to Exxat. 5. Contact Director of Clinical Education (DCE), as soon as possible, if any problems occur in the clinical education process. 6. Complete the Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction (PTSE I & II) in the Exxat Database at the conclusion of the clinical experience. 7. Meet with DCE to discuss self- and clinical instructor's evaluations if performance criteria were not met or if requested by DCE. 	
<p>Dress Code: Students work in close physical contact with patients, family members and staff. Therefore, good personal hygiene is essential as are neatness and modesty for the purpose of presenting a professional image. Students will follow the dress code of the clinical facility or, if the facility has no code, the</p>	

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requirements stated below. The student is not to assume that they are entitled to dress in the same manner as the staff members unless directed to do so by the SCCE. After one warning, unprofessional appearance is sufficient grounds for dismissal from the clinic.

General Requirements:

Clothing: Recommended acceptable attire includes collared shirts, slacks, blouses, and sweaters. Skirts are permitted as required by a student's religious or cultural beliefs. The following are not appropriate for the clinical environment: jeans, overalls, sweatshirts, sweatpants, shorts, leggings, halter or tank tops, non-collared tee shirts, workout clothes, caps, bandanas, and baseball hats.

Footwear: Supportive and protective low-heeled shoes with non-skid soles. Athletic shoes are acceptable when approved by the SCCE. Sandals or open-toed shoes are not acceptable.

Hair: Neat with long hair secured so it does not cover the face.

Fingernails: Clean and short. Nail polish, if worn, should be limited to pale colors.

Jewelry: Simple jewelry that does not dangle or impede patient care can be worn. A wristwatch with a second hand or a stopwatch feature is essential. Body or facial piercings (other than ears and those required by a student's religious or cultural beliefs) are not permitted.

Body Scents: Strongly scented perfumes/colognes/body sprays may not be used.

Laboratory Jacket: A short white laboratory jacket should be worn at all times with the name pin over left breast jacket pocket. If a white jacket is not a facility requirement, the student must wear the name pin affixed to the shirt.

Attendance Policy: Students are required to work a minimum of 35 hours per week and a maximum of 45 hours a week unless otherwise approved by DCE in all full-time clinical education experiences. All students follow the work schedule of their CI(s). This may include evenings, weekend days and holidays. It is the student's responsibility to notify the DCE if he/she/they cannot work a weekend day due to religious observance. In addition, it is the student's responsibility to notify the DCE, at least two (2) months prior to the start date of the clinical experience, to request time off for observance of religious holidays. The DCE will coordinate with the student to accommodate for any missed time. It is ultimately the student's responsibility to complete the designated time required for each clinical education experience.

Daily attendance and punctuality are mandatory in each clinical experience. It is recommended that students arrive at their assigned facility at least 30 minutes prior to start time to organize and prepare for the day. A student, who cannot be present in clinic or anticipates being late, must notify the SCCE or the CI as early as possible. Students must submit "Time Off Requests" through Exxat for all clinic absences. All requests for personal days must be approved in advance (as able, unless in an unforeseen circumstance) by the DCE and SCCE. Students are permitted one (1) absence (illness or personal reason) that does not require make-up during an 8-week clinical experience pending approval of both the SCCE and DCE team. Students may be required by their clinical site and/or DCE to submit supporting documentation for clinical absences. A student is required to make up time for any absence(s) that exceed the approved threshold as described. If the clinical site is unable to add days to the clinical experience for purposes of making up time, or if there is a Columbia University Programs in Physical Therapy academic course conflict, the student will work with the DCE to develop a suitable make-up plan that fulfills program requirements.

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<p>Gender-Based Misconduct Policy: For any issues or questions related to Gender-Based Misconduct and/or Sexual Respect, please refer to the <i>Student Handbook</i> for your graduating class.</p>
<p>Inclusive Learning Environment: The best learning environment-whether in the classroom or clinical setting-is one in which all members feel respected while being productively challenged. We are dedicated to fostering an inclusive atmosphere, in which all participants can contribute, explore, and challenge their own ideas as well as those of others. Every participant has an active responsibility to foster a climate of intellectual stimulation, openness, and respect for diverse perspectives, questions, personal backgrounds, abilities and experiences.</p>
<p>Academic Integrity: The intellectual venture in which we are all engaged requires of faculty and students alike the highest level of personal and academic integrity. As members of an academic community, each one of us bears the responsibility to participate in scholarly discourse and research in a manner characterized by intellectual honesty and scholarly integrity. Scholarship, by its very nature, is an iterative process, with ideas and insights building one upon the other. Collaborative scholarship requires the study of other scholars' work, the free discussion of such work, and the explicit acknowledgement of those ideas in any work that inform our own. This exchange of ideas relies upon a mutual trust that sources, opinions, facts, and insights will be properly noted and carefully credited. In practical terms, this means that, as students, you must be responsible for the full citations of others' ideas in all of your research papers and projects; you must be scrupulously honest when taking your examinations; you must always submit your own work and not that of another student, scholar, or internet agent. Any breach of this intellectual responsibility is a breach of faith with the rest of our academic community. It undermines our shared intellectual culture, and it cannot be tolerated. Students failing to meet these responsibilities should anticipate being asked to leave Columbia.</p>
<p>ADA Statement: The program is committed to serving the needs of students with disabilities. The Office of Disability Services coordinates services for students with permanent or temporary disabilities in order to assist students in realizing and maximizing their academic potential. Students seeking accommodation by the program need to contact Disability Services and register with this office before program accommodation can be offered.</p>
<p>Professional Behaviors: Students will be performing self-assessment of their professional abilities throughout the program. The faculty is committed to enabling students to become respected professionals. Therefore, a <i>Professional Development Report</i> is used by faculty in counseling students who consistently demonstrate behaviors that are unacceptable based on observation in the classroom, laboratory, or clinical situation. Refer to the <i>Student Handbook</i>.</p>
<p>Methods of Student Evaluation/Grading Breakdown:</p>
<p>Grading Scale-</p>
<p>This course is graded on a Pass/Fail basis.</p>
<p>The course grade will be determined as follows-</p>
<p>Grades are assigned by the Director of Clinical Education based on review of the Physical Therapist Clinical Performance Instrument (CPI) completed by the Clinical Instructor, student's self-assessment and other factors. The DCE will seek clarification of any and all scores and comments contained in student evaluations that are found to be unclear or lacking in objectivity. To receive a Pass ("P") for the course, students are expected to meet or exceed <i>Advanced Beginner Performance</i> by the end of the clinical experience, for all 12 performance criteria (see below) on the CPI.</p>

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Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations. Every performance criterion in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience. The clinical instructor and student must provide descriptive narrative comments for all performance criteria.

Definition of Advanced Beginner Performance: 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. (APTA, 2023)

Clinical Education Extension and Remediation Policy

In cases where sufficient progress is not being made and the student will not achieve the criteria for passing by the conclusion of a clinical education experience, a remediation and/or extension of clinical time may be offered at the discretion of the DCE, SCCE and CI. All students will begin a remediation and/or extension with a learning contract outlining the student's individualized goals. If the student is unable to meet the criteria for passing the clinical experience within the prescribed time frame, or if an additional 1-2 weeks would not be sufficient or logistically possible, a full-length remedial clinical experience may be assigned. The student will be given a grade of "Incomplete" for the course and will need to repeat the clinical experience. (Refer to Student Handbook for specifics regarding INC grades)

The DCE will share the recommendation for a clinical extension and/or remediation with members of the Academic Standards Committee. Students will be granted permission to continue with academic coursework and must remediate the experience at the next scheduled clinical education time period. Upon successful completion of the repeated clinical experience, the grade of incomplete (I) will be converted to a pass (P). Students who do not achieve the passing criteria by the end of the remedial clinical experience will receive an F for the course. Students will not be given a second opportunity to extend or repeat any clinical experience. All clinical education experiences must be successfully completed before the DPT degree is awarded.

Course Evaluation:

A program course evaluation will be completed at the end of the course and is available on the Exxat Database. Students are encouraged to provide written or oral feedback to Course Coordinator throughout the course.

Appendix B: Syllabus – Intermediate Clinical Education Experience – PHYT M8902

**Columbia University
DPT Program
PHYT M8902: Intermediate Clinical Education Experience
Summer 2024, DPT II**

Course Coordinators:	<p>Mahlon K. Stewart, PT, DPT, PhD Board-Certified Geriatric Clinical Specialist Director of Clinical Education Assistant Professor of Rehabilitation and Regenerative Medicine ms2952@cumc.columbia.edu 212-305-9391 Office Hours: By Appointment</p> <p>Danielle Struble-Fitzsimmons, PT, DPT, PhD Certified Lymphedema Therapist-LANA Director of Clinical Education Assistant Professor of Rehabilitation and Regenerative Medicine dc2191@cumc.columbia.edu 212-305-0565 Office Hours: By Appointment</p>
Instructors:	Multiple Clinical Instructors
Contact Hours:	Clinical Education - 400 hours (40 hrs/week x 10 weeks); 35 - 45 per week (varies by clinical site)
Credit Hours:	0 credits
Course Overview: This is the second in a series of three full-time clinical education experiences.	
Course Description: Students in good academic standing, who have satisfactorily completed all first and second year coursework are assigned to a clinical center for a 10-week full time clinical experience. This clinical experience provides students with an opportunity to further develop skills used in the First Clinical Education Experience and to practice new skills in a direct patient care environment. A diversity of clinical placement sites is available including more specialized types of practice settings. It is recommended that students give an in-service or case study presentation in partial fulfillment of the requirements of this experience.	
Prerequisites: The curriculum is sequential. All courses build on required course content from previous semesters. See the Student Handbook for the <i>Course Sequence</i> .	
Course Objectives:	Upon completion of this course, the student will perform the following at the Intermediate level as defined in the PT Clinical Performance Instrument 3.0 (APTA, 2023):
Cognitive:	1. Utilize effective clinical reasoning through strategically gathering, interpreting, and synthesizing information from multiple sources to make effective clinical judgments; applying current knowledge

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	<p>and clinical judgement leading to accurate and efficient evaluations including selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensuring patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presenting a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues). 7B, 7D9, 7D10, 7D11, 7D16, 7D20, 7D22, 7D23, 7D24, 7D26, 7D28, 7D30, 7D34, 7D35, 7D36, 7D37, 7D39, 7D40; C-A</p> <p>2. Implement a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapt a 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. 7B, 7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40; C-A</p>
Psychomotor:	<p>3. Display practices in accordance with the Code of Ethics for the Physical Therapist and demonstrate respect for self, the patient/client, and colleagues in all situations. 7B, 7D1, 7D2, 7D3, 7D4, 7D41; P-M</p> <p>4. Display practices in accordance with legal and professional standards, including all federal, state, and institutional regulations related to patient/client care, practice operations, and fiscal management. 7B, 7D1, 7D2, 7D3, 7D4, 7D41, 7D43; P-M</p> <p>5. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues) which may include adapting to diverse verbal and nonverbal communication styles during patient/client interactions; utilize communication resources (e.g., translators) as appropriate; incorporate appropriate strategies to engage in challenging encounters with patients/clients and others; facilitate ongoing communication with physical therapist assistants regarding patient/client care if appropriate. 7B, 7D7, 7D21; P-M</p> <p>6. Organize evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rule out other pathologies and refer/consult with other healthcare professionals as necessary to maintain patient safety; evaluate 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. 7B, 7D17, 7D18, 7D19a-w, 7D31, 7D35, 7D37, 7D38, 7D40; P-M</p> <p>7. Organize an appropriate physical therapy intervention plan (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that is</p>

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	<p>evidence-based and completed in a competent and efficient manner; consult with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educate patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educate healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities. 7B, 7D12, 7D27a-i, 7D34, 7D35; P-M</p> <p>8. Construct quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers. 7D32, 7D38; P-M</p> <p>9. Display knowledge/sensitivity for financial management and fiscal responsibility by identifying financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjust a plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understand nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriate bill patients/clients according to legal guidelines and insurance regulations; demonstrate appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services. 7B, 7D35, 7D36, 7D38, 7D40, 7D41, 7D42; P-M</p> <p>10. Display ability to guide and coordinate support staff by actively participating in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegate tasks to support staff as appropriate; identify patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist. 7B, 7D25, 7D29; P-M</p> <p>11. Display behaviors that maintain confidentiality of protected health information (PHI) in compliance with HIPAA guidelines. 7D1; P-M</p> <p>12. Display the ability to respond effectively to patient/client and environmental emergencies in accordance with site-specific policies and procedures. 7D33; P-M</p> <p>13. Display ability to provide effective feedback to the Clinical Instructor and SCCE regarding the clinical experience and teaching environment. 7D7, 7D38; P-M</p> <p>14. Create an in-service or clinical project that is based on current, evidence-based information and utilizes appropriate teaching and learning strategies. 7B, 7D12; P-O</p>
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Affective:	<p>15. Demonstrate a commitment to learning by integrating feedback from stakeholders; accept and be receptive to feedback; participate in planning and/or self-assessment to improve clinical performance; contribute to the advancement of the clinical setting through educational opportunities; and/or seek out opportunities to improve knowledge and skills. 7D4, 7D5; A-O</p> <p>16. Value inclusivity by delivering 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, including providing equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). 7A, 7D8; A-V</p> <p>17. Integrate self-assessment practices to improve clinical and professional performance, including completion of mid-term and final Clinical Performance Instrument (CPI). 7D4, 7D5; A-O</p> <p>18. Initiate communication with academic clinical education team when requiring assistance to navigate ambiguous clinical or ethical situations. 7B, 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7; A-V</p> <p>19. Demonstrate attitudes and behaviors that are consistent with the APTA Core Values of a) accountability b) altruism c) collaboration d) compassion & caring e) duty f) inclusion g) integrity and h) social responsibility. 7B, 7D5, 7D6, 7D7, 7D8; A-V</p>
<p>Teaching Methods and Learning Experiences:</p> <p>Format: The Intermediate Clinical Education Experience is designed to continue preparation of the student for entry into the profession. It emphasizes clinical problem solving and judgment. It encourages the student to assume a greater level of independence and responsibility in providing patient care. As a result, there is a process of professional and personal growth that occurs as the student becomes more competent and comfortable in his/her chosen profession. Didactic preparation for this clinical experience consists of classroom and laboratory work from Fall II and Spring II semesters as well as the First Clinical Education Experience.</p>	
<p>Textbook(s) and Other Learning Resources:</p> <p>Recommended Readings:</p> <ol style="list-style-type: none"> 1. Clinical Education Handbook 2. Guide to Physical Therapist Practice 4.0 (APTA, 2023) 3. Texts and articles from didactic courses that are pertinent for the Intermediate Clinical Education Experience 4. Readings assigned by the CI or SCCE 	
<p>Assignments:</p> <ol style="list-style-type: none"> 1. Conduct self-assessment using CPI 3.0 prior to midterm and final reviews. 	

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2. Schedule a meeting with the CI and/or SCCE to review and discuss clinical instructor's CPI and student's self-assessment at midterm and final reviews.
3. Sign both self and clinical instructor CPI assessments at midterm and final.
4. Present an in-service, case study, or project to center staff. Note: The CI and/or SCCE must approve the topic. The approved topic cannot be one that has been presented in academic classes or in fulfillment of the capstone project. The length of the presentation should be at least 20-30 minutes or fulfill the expectations of your specific site. A copy of the presentation and/or deliverables must be uploaded to Exxat.
5. Contact Director of Clinical Education (DCE), as soon as possible, if any problems occur in the clinical education process.
6. Complete the Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction (PTSE I & II) in the Exxat Database at the conclusion of the clinical experience.
7. Meet with DCE to discuss self- and clinical instructor's evaluations if performance criteria were not met or if requested by DCE.

Dress Code:

Students work in close physical contact with patients, family members and staff. Therefore, good personal hygiene is essential as are neatness and modesty for the purpose of presenting a professional image. Students will follow the dress code of the clinical facility or, if the facility has no code, the requirements stated below. The student is not to assume that they are entitled to dress in the same manner as the staff members unless directed to do so by the SCCE. After one warning, unprofessional appearance is sufficient grounds for dismissal from the clinic.

General Requirements:

Clothing: Recommended acceptable attire includes collared shirts, slacks, blouses, and sweaters. Skirts are permitted as required by a student's religious or cultural beliefs. The following are not appropriate for the clinical environment: jeans, overalls, sweatshirts, sweatpants, shorts, leggings, halter or tank tops, non-collared tee shirts, workout clothes, caps, bandanas, and baseball hats.

Footwear: Supportive and protective low-heeled shoes with non-skid soles. Athletic shoes are acceptable when approved by the SCCE. Sandals or open-toed shoes are not acceptable.

Hair: Neat with long hair secured so it does not cover the face.

Fingernails: Clean and short. Nail polish, if worn, should be limited to pale colors.

Jewelry: Simple jewelry that does not dangle or impede patient care can be worn. A wristwatch with a second hand or a stopwatch feature is essential. Body or facial piercings (other than ears and those required by a student's religious or cultural beliefs) are not permitted.

Body Scents: Strongly scented perfumes/colognes/body sprays may not be used.

Laboratory Jacket: A short white laboratory jacket should be worn at all times with the name pin over left breast jacket pocket. If a white jacket is not a facility requirement, the student must wear the name pin affixed to the shirt.

Attendance Policy: Students are required to work a minimum of 35 hours per week and a maximum of 45 hours a week unless otherwise approved by DCE in all full-time clinical education experiences. All students follow the work schedule of their CI(s). This may include evenings, weekend days and holidays. It is the student's responsibility to notify the DCE if he/she/they cannot work a weekend day due to religious observance. In addition, it is the student's responsibility to notify the DCE, at least two

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<p>(2) months prior to the start date of the clinical experience, to request time off for observance of religious holidays. The DCE will coordinate with the student to accommodate for any missed time. It is ultimately the student's responsibility to complete the designated time required for each clinical education experience.</p> <p>Daily attendance and punctuality are mandatory in each clinical experience. It is recommended that students arrive at their assigned facility at least 30 minutes prior to start time to organize and prepare for the day. A student, who cannot be present in clinic or anticipates being late, must notify the SCCE or the CI as early as possible. Students must submit "Time Off Requests" through Exxat for all clinic absences. All requests for personal days must be approved in advance (as able, unless in an unforeseen circumstance) by the DCE and SCCE. Students are permitted one (1) absence (illness or personal reason) that does not require make-up during a 10-week clinical experience pending approval of both the SCCE and DCE team. Students may be required by their clinical site and/or DCE to submit supporting documentation for clinical absences. A student is required to make up time for any absence(s) that exceed the approved threshold as described. If the clinical site is unable to add days to the clinical experience for purposes of making up time, or if there is a Columbia University Programs in Physical Therapy academic course conflict, the student will work with the DCE to develop a suitable make-up plan that fulfills program requirements.</p>
<p>Gender-Based Misconduct Policy: For any issues or questions related to Gender-Based Misconduct and/or Sexual Respect, please refer to the <i>Student Handbook</i> for your graduating class.</p>
<p>Inclusive Learning Environment: The best learning environment-whether in the classroom or clinical setting-is one in which all members feel respected while being productively challenged. We are dedicated to fostering an inclusive atmosphere, in which all participants can contribute, explore, and challenge their own ideas as well as those of others. Every participant has an active responsibility to foster a climate of intellectual stimulation, openness, and respect for diverse perspectives, questions, personal backgrounds, abilities and experiences.</p>
<p>Academic Integrity: The intellectual venture in which we are all engaged requires of faculty and students alike the highest level of personal and academic integrity. As members of an academic community, each one of us bears the responsibility to participate in scholarly discourse and research in a manner characterized by intellectual honesty and scholarly integrity.</p> <p>Scholarship, by its very nature, is an iterative process, with ideas and insights building one upon the other. Collaborative scholarship requires the study of other scholars' work, the free discussion of such work, and the explicit acknowledgement of those ideas in any work that inform our own. This exchange of ideas relies upon a mutual trust that sources, opinions, facts, and insights will be properly noted and carefully credited.</p> <p>In practical terms, this means that, as students, you must be responsible for the full citations of others' ideas in all of your research papers and projects; you must be scrupulously honest when taking your examinations; you must always submit your own work and not that of another student, scholar, or internet agent.</p> <p>Any breach of this intellectual responsibility is a breach of faith with the rest of our academic community. It undermines our shared intellectual culture, and it cannot be tolerated. Students failing to meet these responsibilities should anticipate being asked to leave Columbia.</p>
<p>ADA Statement: The program is committed to serving the needs of students with disabilities. The Office of Disability Services coordinates services for students with permanent or temporary disabilities in order to assist students in realizing and maximizing their academic potential. Students seeking</p>

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accommodation by the program need to contact Disability Services and register with this office before program accommodation can be offered.
Professional Behaviors: Students will be performing self-assessment of their professional abilities throughout the program. The faculty is committed to enabling students to become respected professionals. Therefore, a <i>Professional Development Report</i> is used by faculty in counseling students who consistently demonstrate behaviors that are unacceptable based on observation in the classroom, laboratory, or clinical situation. Refer to the <i>Student Handbook</i> .
Methods of Student Evaluation/Grading Breakdown:
Grading Scale-
This course is graded on a Pass/Fail basis.
The course grade will be determined as follows-
<p>Grades are assigned by the Director of Clinical Education based on review of the Physical Therapist Clinical Performance Instrument (CPI) completed by the Clinical Instructor. The DCE will seek clarification of any and all scores and comments contained in student evaluations that are found to be unclear or lacking in objectivity. To receive a Pass ("P") for the course, students are expected to meet or exceed Intermediate Performance by the end of the clinical experience, for all 12 performance criteria (see below) on the CPI.</p> <p>Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations. Every performance criterion in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience. The clinical instructor and student must provide descriptive narrative comments for all performance criteria.</p> <p>Definition of Intermediate Performance: 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. (APTA, 2023)</p>
Clinical Education Extension and Remediation Policy
<p>In cases where sufficient progress is not being made and the student will not achieve the criteria for passing by the conclusion of a clinical education experience, a remediation and/or extension of clinical time may be offered at the discretion of the DCE, SCCE and CI. All students will begin a remediation and/or extension with a learning contract outlining the student's individualized goals. If the student is unable to meet the criteria for passing the clinical experience within the prescribed time frame, or if an additional 1-2 weeks would not be sufficient or logistically possible, a full-length remedial clinical experience may be assigned. The student will be given a grade of "Incomplete" for the course and will need to repeat the clinical experience. (Refer to Student Handbook for specifics regarding INC grades)</p> <p>The DCE will share the recommendation for a clinical extension and/or remediation with members of the Academic Standards Committee. Students will be granted permission to continue with academic coursework and must remediate the experience at the next scheduled clinical education time period. Upon successful completion of the repeated clinical experience, the grade of incomplete (I) will be converted to a pass (P). Students who do not achieve the passing criteria by the end of the remedial</p>

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clinical experience will receive an F for the course. Students will not be given a second opportunity to extend or repeat any clinical experience. All clinical education experiences must be successfully completed before the DPT degree is awarded.
Course Evaluation: A program course evaluation, available on the Exxat Database, will be completed at the end of the course. Students are encouraged to provide written or oral feedback to Course Coordinator throughout the course.

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Appendix C: Syllabus – Terminal Clinical Education Experience(s) – PHYT M9200

**COLUMBIA UNIVERSITY
DPT PROGRAM
PHYT M9200: TERMINAL CLINICAL EDUCATION EXPERIENCE
SPRING 2024, DPT III**

Course Coordinators:	<p>Mahlon K. Stewart, PT, DPT, PhD Board-Certified Geriatric Clinical Specialist Director of Clinical Education Assistant Professor of Rehabilitation and Regenerative Medicine ms2952@cumc.columbia.edu 212-305-9391 Office Hours: By Appointment</p> <p>Danielle Struble-Fitzsimmons, PT, DPT, PhD Certified Lymphedema Therapist-LANA Director of Clinical Education Assistant Professor of Rehabilitation and Regenerative Medicine dcs2191@cumc.columbia.edu 212-305-0565 Office Hours: By Appointment</p>
Instructors:	Multiple Clinical Instructors
Contact Hours	Clinical Education - 720 hours (40 hrs/week x 18 weeks); 35 - 45 per week (varies by clinical site)
Credit Hours:	0 credits
Course Overview: This is the third and final full-time clinical education experience.	
Course Description: Students in good academic standing who have satisfactorily completed all prerequisite professional courses for a total of 18 weeks of full-time clinical education. Students may be placed in 1 or 2 different clinical practice areas depending on interests related to projected practice post-graduation. This final clinical education experience provides students with an opportunity to further develop skills used in Clinical Education I and II as well as practice new skills in conjunction with the advanced seminar course and electives taken in preparation for entry-level practice. Students are required to give an in-service or project presentation in partial fulfillment of the requirements of this experience.	
Prerequisites: The curriculum is sequential. All courses build on required course content from previous semesters. See the Student Handbook for the <i>Course Sequence</i> .	
Course Objectives:	Upon completion of this course, the student will perform the following at Entry Level as defined in the PT Clinical Performance Instrument 3.0 (APTA, 2023):
Cognitive:	1. Defend clinical reasoning through the strategic gathering, interpreting, and synthesizing of information from multiple sources to make effective clinical judgments; apply current knowledge and clinical judgement leading to accurate and efficient evaluations including selection of examination

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	<p>techniques, diagnosis, prognosis, goals, and plan of care; ensure patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; present a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues). 7B, 7D9, 7D10, 7D11, 7D16, 7D20, 7D22, 7D23, 7D24, 7D26, 7D28, 7D30, 7D34, 7D35, 7D36, 7D37, 7D39, 7D40; C-E</p> <p>2. Design a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapt a 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. 7B, 7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40; C-C</p>
Psychomotor:	<p>3. Initiate practices in accordance with the Code of Ethics for the Physical Therapist and demonstrates respect for self, the patient/client, and colleagues in all situations. 7B, 7D1, 7D2, 7D3, 7D4, 7D41; P-O</p> <p>4. Initiate practices in accordance with legal and professional standards, including all federal, state, and institutional regulations related to patient/client care, practice operations, and fiscal management. 7B, 7D1, 7D2, 7D3, 7D4, 7D41, 7D43; P-O</p> <p>5. Initiate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues) which may include adapting to diverse verbal and nonverbal communication styles during patient/client interactions; utilize communication resources (e.g., translators) as appropriate; incorporate appropriate strategies to engage in challenging encounters with patients/clients and others; facilitate ongoing communication with physical therapist assistants regarding patient/client care if appropriate. 7B, 7D7, 7D21; P-O</p> <p>6. Combine tests and measures to complete evidence-based initial and re-examinations that are relevant to the practice setting; rule out other pathologies and refer/consult with other healthcare professionals as necessary to maintain patient safety; evaluate 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. 7B, 7D17, 7D18, 7D19a-w, 7D31, 7D35, 7D38, 7D40; P-O</p> <p>7. Create an appropriate physical therapy intervention plan (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that is</p>

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	<p>evidence-based and completed in a competent and efficient manner; consult with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educate patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educate healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities. 7B, 7D12, 7D27a-i, 7D34, 7D35; P-O</p> <p>8. Compose quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers. 7D32, 7D38; P-O</p> <p>9. Combine knowledge/sensitivity of financial management and fiscal responsibility by identifying financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjust a plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understanding nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bill patients/clients according to legal guidelines and insurance regulations; demonstrate appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services. 7B, 7D35, 7D36, 7D38, 7D40, 7D41, 7D42; P-O</p> <p>10. Initiate the guidance and coordination of support staff by actively participating in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegate tasks to support staff as appropriate; identify patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist. 7B, 7D25, 7D29; P-O</p> <p>11. Arrange practices that maintain confidentiality of protected health information (PHI) in compliance with HIPAA guidelines. 7D1; P-O</p> <p>12. Initiate effective responses to patient/client and environmental emergencies in accordance with site-specific policies and procedures. 7D33; P-O</p> <p>13. Initiate communication with the Clinical Instructor and SCCE regarding the clinical experience and teaching environment. 7B, 7D7, 7D38; P-O</p>
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	14. Create an in-service or clinical project that is based on current, evidence-based information and utilizes appropriate teaching and learning strategies. 7B, 7D12; P-O
Affective:	<p>15. Display a commitment to learning by integrating feedback from stakeholders; participate in planning and/or self-assessment to improve clinical performance; contribute to the advancement of the clinical setting through educational opportunities; and/or seek out opportunities to improve knowledge and skills. 7D4, 7D5; A-I</p> <p>16. Display inclusivity by delivering 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, including providing equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). 7A, 7D8; A-I</p> <p>17. Display self-assessment practices to improve clinical and professional performance, including completion of mid-term and final Clinical Performance Instrument (CPI). 7D4, 7D5; A-I</p> <p>18. Solve ambiguous clinical or ethical situations with consultation from the academic clinical education team. 7B, 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7; A-I</p> <p>19. Display attitudes and behaviors that are consistent with the APTA Core Values of a) accountability b) altruism c) collaboration d) compassion & caring e) duty f) inclusion g) integrity and h) social responsibility. 7B, 7D5, 7D6, 7D7, 7D8; A-I</p>
Teaching Methods and Learning Experiences: Format: The Terminal Clinical Education Experience is designed as the final clinical education component of the curriculum to prepare the student for entry into the profession. Emphasis is on clinical problem solving and judgment. Students are encouraged to gain entry-level independence and responsibility in providing patient care. As a result, there is a process of professional and personal growth that occurs as the student becomes more competent and comfortable in his/her chosen profession. All didactic preparation is complete prior to this final clinical experience.	
Textbook(s) and Other Learning Resources: Recommended Readings: <ol style="list-style-type: none"> 1. Clinical Education Handbook 2. Guide to Physical Therapist Practice 4.0 (APTA, 2023) 3. Texts and articles from didactic courses that are pertinent for the Terminal Clinical Education Experience 4. Readings assigned by the CI or SCCE 	

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Assignments:

1. Conduct self-assessment using CPI 3.0 prior to midterm and final reviews.
2. Schedule a meeting with the CI and/or SCCE to review and discuss clinical instructor's CPI and student's self-assessment at midterm and final reviews.
3. Sign both self and clinical instructor CPI assessments at midterm and final.
4. Present an in-service, case study, or project to center staff. Note: The CI and/or SCCE must approve the topic. The approved topic cannot be one that has been presented in academic classes or in fulfillment of the capstone project. The length of the presentation should be at least 20-30 minutes or fulfill the expectations of your specific site. A copy of the presentation and/or deliverables must be uploaded to Exxat.
5. Contact Director of Clinical Education (DCE), as soon as possible, if any problems occur in the clinical education process.
6. Complete the Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction (PTSE I & II) in the Exxat Database at the conclusion of the clinical experience.
7. Meet with DCE to discuss self- and clinical instructor's evaluations if performance criteria were not met or if requested by DCE.

Dress Code:

Students work in close physical contact with patients, family members and staff. Therefore, good personal hygiene is essential as are neatness and modesty for the purpose of presenting a professional image. Students will follow the dress code of the clinical facility or, if the facility has no code, the requirements stated below. The student is not to assume that they are entitled to dress in the same manner as the staff members unless directed to do so by the SCCE. After one warning, unprofessional appearance is sufficient grounds for dismissal from the clinic.

General Requirements:

Clothing: Recommended acceptable attire includes collared shirts, slacks, blouses, and sweaters. Skirts are permitted as required by a student's religious or cultural beliefs. The following are not appropriate for the clinical environment: jeans, overalls, sweatshirts, sweatpants, shorts, leggings, halter or tank tops, non-collared tee shirts, workout clothes, caps, bandanas, and baseball hats.

Footwear: Supportive and protective low-heeled shoes with non-skid soles. Athletic shoes are acceptable when approved by the SCCE. Sandals or open-toed shoes are not acceptable.

Hair: Neat with long hair secured so it does not cover the face.

Fingernails: Clean and short. Nail polish, if worn, should be limited to pale colors.

Jewelry: Simple jewelry that does not dangle or impede patient care can be worn. A wristwatch with a second hand or a stopwatch feature is essential. Body or facial piercings (other than ears and those required by a student's religious or cultural beliefs) are not permitted.

Body Scents: Strongly scented perfumes/colognes/body sprays may not be used.

Laboratory Jacket: A short white laboratory jacket should be worn at all times with the name pin over left breast jacket pocket. If a white jacket is not a facility requirement, the student must wear the name pin affixed to the shirt.

Attendance Policy: Students are required to work a minimum of 35 hours per week and a maximum of 45 hours a week unless otherwise approved by DCE in all full-time clinical education experiences. All students follow the work schedule of their CI(s). This may include evenings,

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<p>weekend days and holidays. It is the student's responsibility to notify the DCE if he/she/they cannot work a weekend day due to religious observance. In addition, it is the student's responsibility to notify the DCE, at least two (2) months prior to the start date of the clinical experience, to request time off for observance of religious holidays. The DCE will coordinate with the student to accommodate for any missed time. It is ultimately the student's responsibility to complete the designated time required for each clinical education experience.</p> <p>Daily attendance and punctuality are mandatory in each clinical experience. It is recommended that students arrive at their assigned facility approximately 30 minutes prior to start time to organize and prepare for the day. A student, who cannot be present in clinic or anticipates being late, must notify the SCCE or the CI as early as possible. Students must submit "Time Off" requests through Exxat for all clinic absences. All requests for personal days must be approved in advance (as able, unless in an unforeseen circumstance) by the DCE and SCCE. Students are permitted one (1) absence (illness or personal reason) that does not require make-up during a 9-week clinical experience pending approval of both the SCCE and DCE team. During an 18-week clinical experience, students are permitted two (2) absences (illness or personal) not requiring make-up pending approval of both the SCCE and DCE team. Students may be required by their clinical site and/or DCE to submit supporting documentation for clinical absences. A student is required to make up time for any absence(s) that exceed the approved thresholds as described. If the clinical site is unable to add days to the clinical experience for purposes of making up time, or if there is a Columbia University Programs in Physical Therapy academic course conflict, the student will work with the DCE to develop a suitable make-up plan that fulfills program requirements.</p>
<p>Gender-Based Misconduct Policy: For any issues or questions related to Gender-Based Misconduct and/or Sexual Respect, please refer to the <i>Student Handbook</i> for your graduating class.</p>
<p>Inclusive Learning Environment: The best learning environment-whether in the classroom or clinical setting-is one in which all members feel respected while being productively challenged. We are dedicated to fostering an inclusive atmosphere, in which all participants can contribute, explore, and challenge their own ideas as well as those of others. Every participant has an active responsibility to foster a climate of intellectual stimulation, openness, and respect for diverse perspectives, questions, personal backgrounds, abilities and experiences.</p>
<p>Academic Integrity: The intellectual venture in which we are all engaged requires of faculty and students alike the highest level of personal and academic integrity. As members of an academic community, each one of us bears the responsibility to participate in scholarly discourse and research in a manner characterized by intellectual honesty and scholarly integrity. Scholarship, by its very nature, is an iterative process, with ideas and insights building one upon the other. Collaborative scholarship requires the study of other scholars' work, the free discussion of such work, and the explicit acknowledgement of those ideas in any work that inform our own. This exchange of ideas relies upon a mutual trust that sources, opinions, facts, and insights will be properly noted and carefully credited.</p> <p>In practical terms, this means that, as students, you must be responsible for the full citations of others' ideas in all of your research papers and projects; you must be scrupulously honest when taking your examinations; you must always submit your own work and not that of another student, scholar, or internet agent.</p> <p>Any breach of this intellectual responsibility is a breach of faith with the rest of our academic community. It undermines our shared intellectual culture, and it cannot be tolerated. Students failing to meet these responsibilities should anticipate being asked to leave Columbia.</p>

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<p>ADA Statement: The program is committed to serving the needs of students with disabilities. The Office of Disability Services coordinates services for students with permanent or temporary disabilities in order to assist students in realizing and maximizing their academic potential. Students seeking accommodation by the program need to contact Disability Services and register with this office before program accommodation can be offered.</p>
<p>Professional Behaviors: Students should perform self-assessments of their professional abilities throughout the program. The faculty is committed to enabling students to become respected professionals. Therefore, a <i>Professional Development Report</i> can be used by faculty in counseling students who demonstrate unacceptable behaviors. Refer to the <i>Student Handbook</i>.</p>
<p>Methods of Student Evaluation/Grading Breakdown:</p>
<p>Grading Scale-</p>
<p>This course is graded on a Pass/Fail basis.</p>
<p>The course grade will be determined as follows-</p>
<p>Grades are assigned by the Director of Clinical Education based on review of the Physical Therapist Clinical Performance Instrument (CPI) completed by the Clinical Instructor. The DCE will seek clarification of any and all scores and comments contained in student evaluations that are found to be unclear or lacking in objectivity. <i>To receive a Pass (“P”) for the course, students are expected to be at Advanced Intermediate by the end of the first 9 weeks and at Entry-Level by the end of the 18th week for all 12 CPI performance criteria.</i></p> <p>Each performance criterion includes a list of sample behaviors, a section for midterm and final comments for each performance dimension, a rating scale consisting of a line with 6 defined anchors, and a significant concerns box for midterm and final evaluations. Every performance criterion in this instrument is important to the overall assessment of clinical competence, and all criteria are observable in every clinical experience. The clinical instructor and student must provide descriptive narrative comments for all performance criteria.</p> <p>Definition of Advanced Intermediate Performance: 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. (APTA, 2023)</p> <p>Definition of Entry-Level Performance: 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. (APTA, 2023)</p>
<p>Clinical Education Extension and Remediation Policy</p>
<p>In cases where sufficient progress is not being made and the student will not achieve the criteria for passing by the conclusion of a clinical education experience, a remediation and/or extension of clinical time may be offered at the discretion of the DCE, SCCE and CI. All students will begin a remediation and/or extension with a learning contract outlining the student’s individualized goals. If the student is unable to meet the criteria for passing the clinical experience within the prescribed time frame, or if an additional 1-2 weeks would not be sufficient or logistically possible, a full-</p>

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<p>length remedial clinical experience may be assigned. The student will be given a grade of “Incomplete” for the course and will need to repeat the clinical experience. (Refer to Student Handbook for specifics regarding INC grades)</p> <p>The DCE will share the recommendation for a clinical extension and/or remediation with members of the Academic Standards Committee. Students will be granted permission to continue with academic coursework and must remediate the experience at the next scheduled clinical education time period. Upon successful completion of the repeated clinical experience, the grade of incomplete (I) will be converted to a pass (P). Students who do not achieve the passing criteria by the end of the remedial clinical experience will receive an F for the course. Students will not be given a second opportunity to extend or repeat any clinical experience. All clinical education experiences must be successfully completed before the DPT degree is awarded.</p>
<p>Course Evaluation: A program course evaluation, available on Exxat, will be completed at the end of the course. Students are encouraged to provide written or oral feedback to Course Coordinator throughout the course.</p>

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Course Schedule of Assignments

9-Week Terminal Experience		
Assignment	Responsible Party	Week Due
Complete CI Details & Schedule/Location Details (Exxat)	·Student	Week 1
CPI Mid-Term	·Student ·CI	Week 4-6
In-service/Project (Complete at Site and Upload to Exxat)	·Student	Week 7-9
CPI Final	·Student ·CI	Week 8-9
PTSE I & II (Exxat)	·Student	Week 8-9
DCE & Course Evaluations (Exxat)	·Student	Week 8-9

18-Week Terminal Experience		
Assignment	Responsible Party	Week Due
Complete CI Details & Schedule/Location Details (Exxat)	·Student	Week 1
CPI Mid-Term	·Student ·CI	Week 8-10
In-service/Project (Complete at Site and Upload to Exxat)	·Student	Week 16-18
CPI Final	·Student ·CI	Week 17-18
PTSE I & II (Exxat)	·Student	Week 17-18
DCE & Course Evaluations (Exxat)	·Student	Week 17-18

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Appendix D: Clinical Placement Agreement

CLINICAL PLACEMENT AGREEMENT

Between

THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

And

Clinical Facility Name

AGREEMENT, dated as of 6/14/23 between _____, (the "Clinical Facility") and The Trustees of Columbia University in the City of New York on behalf of its Programs in Physical Therapy and Occupational Therapy located at 617 West 168th Street, 3rd Floor New York, NY 10032 (the "University").

1. Clinical Experience for Students; Mutual Obligations

(a) The Clinical Facility will afford learning opportunities through a program of clinical education experience in physical therapy or occupational therapy to students in the University's Program in Physical Therapy and Programs in Occupational Therapy. The clinical education objectives, the variety of clinical experiences, the method of supervision and student education, and the number of students to participate in the program shall all be determined by agreement between the University and the Clinical Facility from time to time.

(b) The Clinical Facility will advise the University at the earliest possible time of any deficit noted in an assigned student's ability to progress toward achievement of the stated objectives of the clinical placement. The Clinical Facility reserves the right to request withdrawal from the facility of any student whose performance proves unacceptable.

(c) The University and the Clinical Facility will inform each other of changes in the curriculum or staff which will affect clinical education.

(d) The University and the Clinical Facility will provide for exchange visits and clinical supervisor's meetings when appropriate or necessary.

(e) No employee or student of the University shall, by reason of participation in the Program, be considered an employee or agent of the Clinical Facility. No employee or student of the Clinical Facility shall, by reason of being an employee or student of the Clinical Facility, be considered an employee or agent of the University.

2. University Obligations

(a) In accordance with University policy, the University shall provide adequate general liability insurance. Additionally, the University shall provide appropriate professional liability insurance for its students in the amount of \$1,000,000 per claim with a total of \$3,000,000 in any one year. Proof of such coverage shall be provided upon request.

(b) After consultation with each student, the University will provide the Clinical Facility with various data concerning the students participating in the program, including academic background and pertinent work experience.

(c) The University will provide opportunities for the Clinical Facility's representatives to participate with University representatives in the planning and evaluation of the clinical experiences afforded the students. The University will (i) furnish the Clinical Facility with forms relating to clinical education to be completed by the Clinical Facility, (ii) consider input into its curriculum from the Clinical

Facility and (iii) provide the Clinical Facility with feedback from the students' evaluations of their clinical experiences.

3. Clinical Facility Obligations

(a) The Clinical Facility will provide clinical experience and practice for the students participating in the program and will participate and cooperate in the educational guidance of such students.

(b) At least two weeks prior to the students' arrival at the Clinical Facility, the Clinical Facility will advise the students and the University of any policies and procedures (including professional behavior and dress code) of the Facility which it will require the students to observe.

(c) The Clinical Facility will complete the forms provided by the University relating to the clinical education of the students.

4. Term

This Agreement shall continue in effect from year to year unless and until modified or terminated by the parties. The Agreement may be terminated by either party effective at the end of any semester by written notice given by either party to the other not later than the beginning of such semester.

5. Prohibition on Use of Name

Clinical Facility and University agree not to use the name of the other party or any physician, faculty member, employee or student of the other party without receiving the prior written approval of the Clinical Facility or University, as the case may be.

IN WITNESS WHEREOF, we have hereunto set our hands the day and year first above written.

SIGNED FOR THE CLINICAL FACILITY:

SIGNED FOR THE UNIVERSITY:

Joel Stein, MD
Chairman, Department of Rehabilitation
& Regenerative Medicine

Jean Fitzpatrick (Timmerberg) PT, DPT
Director, Programs in Physical Therapy

(Date)


(Date)

Appendix E: DPT Curriculum

Columbia University

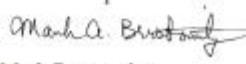
Doctor of Physical Therapy Curriculum

The DPT program is 33 consecutive months consisting of Fall, Spring and Summer sessions over Years I and II and Fall and Spring semesters in Year III.

 COLUMBIA UNIVERSITY MEDICAL CENTER PROGRAM IN PHYSICAL THERAPY		
Courses Taken Prior to First Clinical Education Experience	Courses Taken Prior to Intermediate Clinical Education Experience	Courses Taken Prior to Terminal Clinical Education Experience(s)
YEAR I FALL Gross Anatomy Applied Physiology Kinesiology & Biomechanics I Examination and Evaluation Evidence Based Practice I Professional Leadership and Practice I YEAR I SPRING Kinesiology & Biomechanics II Concepts in Therapeutic Exercise Neuroscience Medical Screening I PT Management of Ortho Conditions I PT Procedures Movement Science Evidence Based Practice II Clinical Education Seminar I Integrated Clinical Experiences Professional Leadership & Practice II YEAR I SUMMER Soft Tissue Mobilization Clinical Geriatrics Evidence Based Practice III Physical Modalities Medical Screening II PT Management of Ortho Conditions II YEAR II FALL PT Management of Cardiopulmonary Conditions I PT Management of the Adult w/ Neuro Conditions I PT Management of Ortho Conditions III Clinical Education Seminar II Orthotics Integrated Clinical Experiences Elective: Research Practicum I	YEAR II SPRING PT Management of the Adult w/ Neuro Conditions II A) Spinal Cord Injuries B) Complex Neuro Patients PT Management of Ortho Conditions IV PT Management of Pediatric Conditions Management of Cardiopulmonary Conditions II Professional Leadership & Practice III PT Management of Integumentary Impairments Clinical Education Seminar III Integrated Clinical Experiences Prosthetics Electives: Research Practicum II Plus all courses completed prior to First Clinical Education Experience	YEAR III FALL PT Management of Cardiopulmonary Conditions II Evidence Based Practice III Medical Screening III Professional Leadership & Practice IV Clinical Education Seminar IV Complex Medical Conditions ADVANCED TRACKS (Students select one): Advanced Seminars in Orthopedics Advanced Seminars in Neurology Advanced Seminars in Pediatrics ELECTIVES: Research Practicum Teaching Practicum: Lab Anatomy lab and/or Kinesiology & Biomechanics I Team Teaching Practicum: Kinesiology & Biomechanics Pelvic Health Issues Performing Arts In Physical Therapy Diagnostic Imaging Craniofacial Pain of Cervicogenic Origin: Headaches & Temporomandibular Disorders Sports Rehabilitation Hand Rehabilitation Foot & Ankle Rehabilitation Vestibular Rehabilitation Spinal Cord Mobility Management of the Running Athlete Topics in Cardiopulmonary Independent Study: CancerFIT Perspectives on Practice Students have completed all of the didactic coursework prior to the their Terminal Clinical Education Experience(s)

Appendix F: Certificate of Insurance

Client # 824321

MEMORANDUM OF INSURANCE				Date Issued September 6, 2022	
Producer Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P.O. Box 14576 Des Moines, IA 50306-3576 www.proliability.com			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.		
Insured The Students of Columbia University Physical Therapy Program 3rd Floor 617 West 168th Street New York, NY 10032			Company Affording Coverage Liberty Insurance Underwriters Inc.		
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability	AHV-102834011	09/01/2022	09/01/2023	Per Occurrence	\$2,000,000
				Aggregate	\$4,000,000
General Liability				Per Occurrence	
				Aggregate	
Evidence of Insurance					
Memorandum Holder: The Students of Columbia University Physical Therapy Program 3rd Floor 617 West 168th Street New York, NY 10032			Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
			Authorized Representative  Mark Brostowitz Principal		

CA License #0G39709, In CA d/b/a Mercer Health & Benefits Insurance Services LLC

Appendix G: New Contact Form



Student Name (year):
Student e-mail address:

Clinical Education - New Contact Report

Please fill out this form if you have initiated contact with a facility regarding establishing a Clinical Affiliation Contract with Columbia.

Facility	
Address	
Website	
Contact Person/CCCE	
Contact phone # and fax #	
Contact e-mail	
Rotation Available	
Dates Available	
Summary of what has been discussed	
Description of facility (typical case load; number of therapists on staff; variety of diagnoses; experience with clinical education, etc.):	
I have forwarded the above information to the DCE:	<input type="checkbox"/> Dr. Stewart <input type="checkbox"/> Dr. Struble (please check)

Appendix H: APTA Student Evaluation of the Clinic and CI (PTSE I & II)

PHYSICAL THERAPIST STUDENT EVALUATION: CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003



**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools

already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (SCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned _____ Degree area _____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI Yes No
Other CI Credential State Yes No
Professional organization memberships APTA Other

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned _____ Degree area _____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI Yes No
Other CI Credential State Yes No
Professional organization memberships APTA Other

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site
Address City State
2. Clinical Experience Number
3. Specify the number of weeks for each applicable clinical experience/rotation.

Acute Care/Inpatient Hospital Facility
Ambulatory Care/Outpatient
ECF/Nursing Home/SNF
Federal/State/County Health
Industrial/Occupational Health Facility

Private Practice
Rehabilitation/Sub-acute Rehabilitation
School/Preschool Program
Wellness/Prevention/Fitness Program
Other

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1= Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the Guide to Physical Therapist Practice. Rate all items in the shaded columns using the above 4-point scale.

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	

Evaluation	
------------	--

9. During this experience, how frequently did staff (i.e., CI, SCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (e.g., Medicare, HIPAA, informed consent, APTA Code of Ethics, etc.).	
Being sensitive to individual differences (i.e., race, age, ethnicity, etc.).	
Using evidence to support clinical practice.	
Being involved in professional development (e.g., degree and non-degree continuing education, in-services, journal clubs, etc.).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

Physical therapist students

Physical therapist assistant students

Students from other disciplines or service departments (Please specify)

12. Identify the ratio of students to CIs for your clinical experience:

1 student to 1 CI

1 student to greater than 1 CI

1 CI to greater than 1 student; Describe

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

Attended in-services/educational programs

Presented an in-service

Attended special clinics

Attended team meetings/conferences/grand rounds

Directed and supervised physical therapist assistants and other support personnel

Observed surgery

Participated in administrative and business practice management

Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)

Participated in opportunities to provide consultation

Participated in service learning

Participated in wellness/health promotion/screening programs

Performed systematic data collection as part of an investigative study

Other; Please specify

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)

- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
- Time well spent; would recommend this clinical education site to another student.
- Some good learning experiences; student program needs further development.
- Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience?

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		

The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation: Yes No Final Evaluation: Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation:

Final Evaluation:

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments:

Final Comments:

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments:

Final Comments:

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

Appendix I: Site Selection Sample Survey (Example)

Name: _____

Clinical Education DPT I Survey

Dear DPT I Students,

In order to better meet the needs of your class, we would like you to complete this survey at your earliest convenience. Please answer all questions and submit by Dec. 18th.

Part 1

1. Name (First, Last):
2. Local Address:
3. Preferred phone number:
4. Columbia Uni:
5. Do you have access to a car during the First Clinical Education Experience?
6. Areas of the country that you would be willing to go for the First Clinical Education Experience:
7. Have you discussed out-of-state placements with a DCE yet? If so, which DCE and what location?
8. Is there a particular experience that you are hoping for at some point during your time at Columbia?
9. Are you currently trying to identify a new affiliate for Columbia? Describe. (Identify the Name and location of facility and if you have spoken to your DCE about this location.)
10. Additional comments:

Appendix J: HIPAA De-Identification & Compliance Guidelines

The Privacy Rule

“The HIPAA Privacy Rule establishes national standards to protect individuals’ medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.”

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html>

The HIPAA privacy regulations cover any health information that is identifiable.

All student case studies/assignments must be de-identified in compliance with HIPAA guidelines.

The following identifiers of the individual or of relatives, employers, or household members of the individual, must be removed:

- (A) Names
- (B) All geographic subdivisions smaller than a State, (street address, city, county, precinct, zip code)
- (C) All elements of dates (except year) directly related to an individual, (birth date, admission date, discharge date, date of death; and all ages over 89 should be aggregated into a single category of age 90 or older)
- (D) Telephone numbers
- (E) Fax numbers
- (F) Electronic mail addresses
- (G) Social security numbers
- (H) Medical record numbers
- (I) Health plan beneficiary numbers
- (J) Account numbers
- (K) Certificate/license numbers
- (L) Vehicle identifiers and serial numbers, license plate numbers
- (M) Device identifiers and serial numbers
- (N) Web Universal Resource Locators (URLs)
- (O) Internet Protocol (IP) address numbers
- (P) Biometric identifiers, including finger and voice prints
- (Q) Full face photographic images and any comparable images

Appendix K: Infection Control Guidelines

Excerpts from CDC GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS:

Minimum Expectations for Safe Care:

[https://www.premierinc.com/quality-safety/tools-](https://www.premierinc.com/quality-safety/tools-services/safety/topics/guidelines/downloads/CDC_standards_ambulatory-care-July-2011.pdf)

[services/safety/topics/guidelines/downloads/CDC_standards_ambulatory-care-July-2011.pdf](https://www.premierinc.com/quality-safety/tools-services/safety/topics/guidelines/downloads/CDC_standards_ambulatory-care-July-2011.pdf)

Adhere to Standard Precautions

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These practices are designed to both protect Health Care Professionals (HCP) and prevent HCP from spreading infections among patients. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, masks), 3) safe injection practices, 4) safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5) respiratory hygiene/cough etiquette.

1. Key situations where hand hygiene should be performed include:
 - a. Before touching a patient, even if gloves will be worn
 - b. Before exiting patient's care area after touching the patient or the patient's immediate environment
 - c. After contact with blood, body fluids or excretions, or wound dressings
 - d. Prior to performing an aseptic task (e.g., placing an IV, preparing an injection)
 - e. If hands will be moving from a contaminated-body site to a clean- body site during patient care
 - f. After glove removal
2. Use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus). Otherwise, the preferred method of hand decontamination is with an alcohol-based hand rub.
3. Assure that sufficient and appropriate Personal Protective Equipment (PPE) is available and readily accessible.
 - a. Remove and discard PPE before leaving the patient's room or area
 - b. Wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment
 - i. Do not wear the same pair of gloves for the care of more than one patient
 - ii. Do not wash gloves for the purpose of reuse
 - iii. Perform hand hygiene immediately after removing gloves
 - c. Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated
 - d. Do not wear the same gown for the care of more than one patient
 - e. Wear mouth, nose and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids
 - f. Wear a surgical mask when placing a catheter or injecting material into epidural or subdural space.
4. Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in healthcare for cleaning and disinfection of environmental surfaces
 - a. Follow manufacturer's recommendations for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, and disposal)

- b. Reusable medical equipment must be cleaned and reprocessed (disinfection or sterilization) and maintained according to the manufacturer's instructions.
- 5. Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing throughout the duration of the visit.
 - a. Post signs at entrances with instructions to patients with symptoms of respiratory infection to:
 - i. Cover their mouths/noses when coughing or sneezing
 - ii. Use and dispose of tissues
 - iii. Perform hand hygiene after hands have been in contact with respiratory secretions

Additional information related to Transmission-Based Precautions (contact precautions, droplet precautions and airborne precautions) can be found in the 2007 Guideline for Isolation Precautions (available at: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>).

Recommendations regarding management of multidrug-resistant organisms can be found in the Guideline for the Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006 available at: http://www.cdc.gov/hicpac/mdro/mdro_toc.html.

Appendix L: Student Health Form

COLUMBIA UNIVERSITY
PROGRAM IN PHYSICAL THERAPY
STUDENT HEALTH FORM
617 WEST 168TH STREET, 3rd
FLOOR NEW YORK, NY 10032

STUDENT _____

We attest that the following documentation for the above-named individual is on file with our institution:

1. An Annual Health Assessment (found on the Student Health portal) within the last 12 months granting fitness for duty in a health care facility
2. Documentation of immunity to Measles, Rubella, Varicella and Mumps
3. Record of a baseline IGRA Tuberculosis Test (QuantiFERON Gold, or T-spot) and annual screening questionnaire with follow-up testing if required thereafter
 - Record of negative chest x-ray in the case of a positive Tuberculosis test
4. Documentation of immunity to Hepatitis B
5. Proof of seasonal flu vaccine or approved exemption (by November 1 of each year)
6. Documentation of baseline Hepatitis C antibody
7. A 9-panel urine toxicology screening
8. Respiratory clearance in preparation for N-95 fit testing

Health Status: The student's records have been reviewed and the student has been found to be in good general health and free from contagious diseases. They have no physical problems that would interfere with patient contact or assignments of a physical therapy student.

MD/PA/NP's signature	Date
Print Name	License Number
Office Stamp	

Appendix M: Essential Functions

Essential Functions

Introduction

Columbia University's Program in Physical Therapy is dedicated to the education of students who will serve at the forefront of health care in an empathetic and effective manner. Successful completion of the program requires acquisition of didactic knowledge, skills, and professional behaviors. The purpose of this document is to delineate the cognitive, affective and psychomotor functions that the student must demonstrate in order to complete this program. These functions are necessary to enable the individual to perform as a competent physical therapist in general practice.

All students must act in compliance with standards set forth by the American Physical Therapy Association's Code of Ethics and Standards of Practice. In addition, each student must be able to demonstrate the following essential functions with or without reasonable accommodations. These essential functions must be performed safely, consistently and efficiently in order to enter the program, continue studies and graduate.

Students must possess aptitudes, abilities, and skills in five areas:

Intellectual/Conceptual, Integrative, and Qualitative Skills

Students must have the ability to measure, calculate, reason, analyze, and synthesize information in a timely manner. Problem solving and diagnosis, including obtaining, interpreting, and documenting data are critical skills. These skills allow the student to make proper assessments and sound judgments, and appropriately prioritize therapeutic interventions to measure and record patient outcomes. In addition, students must be able to comprehend three-dimensional spatial relationships of anatomic structures.

Communication Skills

Students must have the ability to complete reading assignments, search and evaluate the literature, complete written assignments and maintain written records. They must be able to communicate in oral and written English effectively, efficiently, and sensitively. They must be able to communicate clearly in order to provide and elicit information, describe accurately changes in mood, activity and posture, and understand verbal as well as nonverbal communication. These skills must be performed in clinical settings as well as in the classroom. For example, students must be able to communicate rapidly and clearly during interdisciplinary meetings, elicit a thorough history from patients, and communicate complex findings in appropriate terms to patients, family and various members of the health care team.

Behavioral/Social Skills and Professionalism

Students must demonstrate attributes of empathy, integrity, concern, interest and motivation. They must possess the emotional health required for full use of their intellectual abilities, the exercise of sound judgment, the prompt completion of all responsibilities attendant to patient care, and the development of mature, sensitive, and effective relationships with patients. They must be able to adapt to ever-changing environments, display flexibility, and learn to function in the face of uncertainties and stresses which are inherent in the educational and patient-care processes.

Students must be able to identify and communicate the limits of their physical, emotional, and cognitive abilities to others and implement appropriate solutions.

Students must maintain a professional demeanor. They must possess adequate endurance to tolerate physically demanding workloads and to function effectively under stress. They are expected to accept appropriate suggestions and criticism and respond with suitable action.

Motor Skills

Students must have adequate motor skills to provide general care and emergency treatment to patients. They must have ample motor function to elicit information from patients by palpation, auscultation, percussion, and other evaluative procedures. Students must have the ability to demonstrate and practice classroom activities, to perform cardiopulmonary resuscitation, and to lift, guard and transfer patients safely.

Physical therapy interventions require the coordination of gross and fine movements, balance, and functional use of the senses. Students must have the manual dexterity and the ability to safely engage and modulate procedures involving grasping, fingering, pushing, pulling oscillating, holding, extending and rotating.

Sensory/Observation Skills

Students must be able to obtain information from lectures, laboratory dissections and demonstrations in laboratories and lectures. They must be able to monitor digital and waveform readings and graphic images to determine patient conditions. They must be able to supervise a patient accurately at a distance and close at hand.

A student who discloses a properly certified disability in a timely manner and follows the written procedures of Columbia University's Office of Disability Services will receive reasonable accommodation. An applicant with a disability or a degree candidate with a disability shall not, on the basis of his or her disability, be excluded from admission to or participation in the program.

I understand that I need to possess the skills identified in this document and believe that I do:

Signature

Name (Print)

Date

Appendix N: Student Data Form

STUDENT DATA FORM: (PLEASE CHECK EXPERIENCE)

- ☐ First Clinical Education Experience
- ☐ Intermediate Clinical Education Experience
- ☐ Terminal Clinical Education Experience A
- ☐ Terminal Clinical Education Experience B
- ☐ Terminal Clinical Education Experience 18-weeks

Columbia University
Doctor of Physical Therapy Program
617 West 168th Street, 3rd floor
New York, NY 10032
(212) 305-3781 Tel. (212) 305-4569 Fax

Name: _____

Local Address	Address where you will be living during your affiliation
Street	
City, State, Zip	
Email:	
Telephone #:	

Emergency Contact:

Name: _____ Relationship: _____ Tel. #: _____

Medical or Physical Limitations: No ___ Yes ___

If yes, please describe: _____

Previous Higher Education: School _____

Degree _____ Year _____

Major _____ Minor _____

Prerequisites Completed in preparation for this experience:

Based on your experience and academic course work, in which areas of clinical practice do you feel most prepared? _____

Based on your experience and academic course work, in which areas of clinical practice do you anticipate needing the most guidance/supervision? _____

What are your goals/objectives for this affiliation? (Be specific) _____

Describe your preferred style of receiving feedback/supervision? _____

Please list any specific information you would like the facility to know about you that has not been previously addressed: _____

Appendix O: Incident Report

Columbia University Programs in Physical Therapy Incident Report

Individual Involved in the Incident:

Name: _____ Title: _____

Telephone Number: _____

Reporter Information: Complete if different from above.

Name: _____ Title: _____

Reporter's Role (Direct Observer, Indirect Observer): _____

Telephone Number: _____

Describe the events involving the Incident:

Date & Time: _____ Location: _____

Witnesses: _____

Activity: Description of Incident and Resulting Injury(ies): Please identify the person(s) describing the incident.

Who was notified? Check all that apply.

☐ Program Staff: _____ ☐ Faculty Member: _____

Name

Name

☐ Program Director (Required) _____ Date & Time: _____

Follow-up (e.g., Health Services, Emergency Room): _____

Signatures:

Individual Involved in the Incident: _____

Reporter: _____

Individual Completing Form: _____

Appendix P: Physical Capacities Form

COLUMBIA UNIVERSITY PROGRAM IN PHYSICAL THERAPY PHYSICAL CAPACITIES FORM

Your assistance in completing this form is vital to our efforts in determining the potential of the physical therapy student to safely participate in classroom (including laboratory) and clinical activities. Thank you for your cooperation.

This is to certify that _____ can return to participation in the Columbia University Program in Physical Therapy as follows, as of (date): _____.

Instructions: Please complete all questions below and sign/date the form.

1) In an 8-12 hr class day, student can stand/walk:

No restrictions	(Hours at one time)	(Total hours during day)
<input type="checkbox"/>	0-2 2-4 4-6 6-8	0-2 2-4 4-6 6-8
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2) In an 8-12 hr class day, student can sit:

No restrictions	(Hours at one time)	(Total hours during day)
<input type="checkbox"/>	0-2 2-4 4-6 6-8	0-2 2-4 4-6 6-8
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3) Student can lift/carry:

A) No restrictions ☐

B) Maximum lbs.: 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 or above

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

4) Student can use hands for repetitive:

A. Sample Grasping	B. Pushing & Pulling	C. Fine manipulation
Yes / No	Yes / No	Yes / No
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

5) Student is able to:

	Frequently	Occasionally	Not at all
A. Bend	_____	_____	_____
B. Squat	_____	_____	_____
C. Kneel	_____	_____	_____
D. Climb	_____	_____	_____
E. Reach	_____	_____	_____

6) Is the student restricted by environmental factors, such as heat/ cold, dust, dampness, height, etc.?

A) No restrictions ☐

B) Yes - Please explain:

7) Is the student involved with treatment and/ or medication that might affect his/ her ability to work?

A) No restrictions ☐

B) Yes - Please explain:

8) Will the student be required to use any assistive devices or braces?

A) No restrictions ☐

B) Yes - Please explain:

8) The student can participate in classroom, lab and clinical activities, including activities such as transferring patients, gait training with assistive devices, assessing range of motion, strength manual muscle test, soft tissue massage, and spinal mobilization.

A) No restrictions ☐

B) Yes - Please explain:

Light Duty _____

Full Duty _____

Physician's name (please print) _____

Address: _____

Phone: _____

Physician's Signature: _____ Date: _____

Appendix Q: Student Request for Clinical Site Form

Student Request for Clinical Site: Current Columbia Clinical Partners

I, _____, have requested that the Columbia Clinical Education team contact a clinical site on my behalf for a potential clinical education experience. The details are as follows:

Site Name (if known) or Location Area (be specific): _____

Type of Placement (inpatient or outpatient): _____

Clinical Education Experience (First, Intermediate, Terminal): _____

I understand that by completing and signing this form, should the Clinical Education team procure a slot on my behalf, I will accept the placement by listing this offering as my first choice on the related placement Wishlist.

Student Signature: _____

Student Name: _____

Date: _____

Appendix R: CPI 3.0 Performance Ratings



Final PT CPI BARS¹

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or “anchors” that describe the six performance levels (**Beginning Performance, Advanced Beginner, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry-Level Performance**), (3) percentage ranges for the student’s level of required clinical supervision and caseload (except for the ‘Professionalism’ domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. **It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.**

When making your ratings, think about all aspects of the student’s clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student’s typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. **Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors** representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where **(a) the student’s level of supervision and caseload falls on the rating scale** and **(b) the majority of the behaviors that best represent the student’s performance fall on the rating scale**. If the student’s clinical performance spans multiple performance levels, **consider where there is a preponderance of evidence and make your rating at that level.**

Finally, when making your ratings, it is important to remember the following:

- **Do not compare the student you are rating to other students.** Each student’s effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and **not** by comparing them to others. In other words, you should make **absolute** rating judgments (e.g., comparing students to a specific, common standard), not **relative** rating judgments (i.e., comparing students to each other).
- **Do not allow your general impression of a student to influence your ratings of the separate performance criteria.** Rather, you should focus on one performance criterion at a time, not letting the student’s overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.
- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student’s strengths and less effective clinical behaviors, as appropriate.

¹ While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.

Appendix S: Sample CPI 3.0 Performance Item



Interpersonal: Communication						
Description: <i>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.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	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.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Introduces self and the role of PT to the patient/client. Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. Demonstrates basic proficiency in communicating appropriately with other healthcare providers. Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. Accesses and begins using translation services with assistance. Discusses patient/client status with other healthcare providers. Differentiates between technical and layman terminology. Typically exhibits active listening for improved understanding. 		<ul style="list-style-type: none"> Distinguishes between effective and ineffective verbal and non-verbal communication with the patient/client. Uses appropriate translation services as needed (e.g., interpreter, sign language). Typically refrains from using technical jargon with the patient/client. Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient's/client's responses. 		<ul style="list-style-type: none"> Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. Recognizes when communication is ineffective and seeks external assistance for mediation as needed. Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient's/client's goals. Establishes rapport and trust with patient/client and caregiver(s) through effective communication. Facilitates ongoing communication with physical therapist assistants and the intra/interprofessional teams regarding patient/client care. Provides constructive feedback to others on effective verbal and non-verbal communication, when appropriate. Diffuses or redirects situations of potential conflict. 	

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