

Clinical Education Handbook

Academic Year
2022-2023



Discover. Educate. Care. Lead.

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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 Program in Physical Therapy 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 Student Handbook and Columbia University Bulletin of the Program in Physical Therapy contain 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 Administrative Coordinator (Fieldwork Coordinator)

A primary role of the Administrative 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 Administrative Coordinator oversees all major mailings including the annual schedule request, site selection surveys,

confirmation packets, and faculty site assessment schedules. The Administrative Coordinator manages data entry of student and instructor information into the Web CPI.

Columbia University Core Faculty

Members of the core faculty include those individuals appointed to and employed primarily in the program, including the program administrator, the Director(s) of Clinical Education (DCE) and other faculty who report to the program administrator. 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 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 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. Individuals should also be evaluated on their abilities to perform CI responsibilities including providing effective instruction and the ability to provide feedback and assess student performance. 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 Web CPI (Clinical Performance Instrument).
- Call the DCE to identify any of the "red flag" items in the CPI prior to midterm.
- Discuss the student's performance with a member of the DCE team or a faculty member at a mutually agreed upon site visit or phone 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. The Clinical Education faculty has the privilege of receiving .25 continuing education hours granted by the New York State Department of Education for every 2 weeks of full-time clinical instruction. A CEU certificate will be sent to each instructor at the end of the clinical experience.
8. The Clinical Education faculty has the privilege of participating in an annual continuing education course offered by the academic program at a reduced rate.
9. The Clinical Education faculty has the privilege of participating in selected advanced topic courses for continuing education credit at no expense to the attendees. Space is limited for these courses

and will be offered on a first-come-first-serve basis. Courses that may be eligible to Clinical Education faculty include: Women's Health, Diagnostic Imaging, selected lectures in Sports Medicine; selected lectures in Performing Arts Physical Therapy; selected lectures in Advanced Topics in Orthopedics, Advanced Topics in Neurological Rehabilitation and Advanced Topics in Pediatric Rehabilitation. Registration for these experiences must be confirmed in advance and will be made available on a rotating basis.

10. 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). 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.

	Clinical Education Experience I PHYT M8901	Intermediate Clinical Education Experience PHYT M8902	Terminal Clinical Education Experience(s) PHYT M9200
Dates for class of 2023	Oct. 25 – Dec. 17, 2021	May 23 – July 29, 2022	Jan. 3 – May 12, 2023
Dates for class of 2024	Oct. 24 – Dec. 16, 2022	May 22 – July 28, 2023	Jan. 8 – May 17, 2024
Dates for class of 2025	Oct. 23 – Dec. 15, 2023	May 28 – Aug. 2, 2024	Jan. 6 – May 16, 2025
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.*

Clinical Education Experience I – 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 courses will be 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 sessions required for use of the Clinical Performance Instrument. 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 they participate in 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 final Terminal Clinical Education Experiences and participate in 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 final, more specialized 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 Administrative 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 for Columbia's Memorandum of 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 Administrative 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.

1. If the SCCE agrees to accommodate a student from Columbia:
 - a. Complete the Clinical Education New Contact Report in its entirety (posted to Exxat & Appendix G).
 - b. 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 approximately 700 clinical affiliates. 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, home care and occupational/industrial rehabilitation facilities. Rotations in these facilities may include inpatient or outpatient experiences in the following areas: orthopedics, sports medicine, neurological rehabilitation, medical/surgical, cardiopulmonary, vascular, burns/wound care, industrial rehabilitation/work hardening 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 DCE's 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 for the First Clinical Education Experience, the Intermediate

Clinical Education Experience, or the Terminal Clinical Education Experience as appropriate. 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 G)

After reviewing the list and conducting research on clinical sites, students will complete a Wish List on the Exxat Database (see appendix I) 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 surveys, 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 and current GPA above 3.3, history of success in prior clinical affiliations, and demonstrated professional behavior are eligible to participate in an international clinical placement.

Students can do no more than 1 clinical affiliation 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 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.

Australian Placements: The Program in Physical Therapy has established clinical affiliations with several sites in Australia. These sites will be the primary sites to which we send students. Exceptions to this policy include a student interested in an affiliation in another part of the country or a unique setting that is not offered by current clinical affiliates.

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 Status

Students are required to submit current documentation of their health status, using the appropriate health forms, to their assigned clinical site. Once a clinical assignment is confirmed, it is the student's responsibility to contact the appropriate 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. Health forms may be completed by Columbia University's Student Health Service located at 60 Haven Avenue. Prior to the

start of a clinical experience, student will be assigned a week when they are eligible to make an appointment with Student Health Services. This is to avoid overwhelming Student Services and ensuring each student can get an appointment in advance of the start of the clinical experience. Students will use the Columbia University Student Health Form (see Appendix L) unless there is a facility-specific form. The clinical education administrative assistant will provide students with the necessary facility-specific health forms where applicable. Note: It is the students' responsibility to ensure that all health requirements are met including necessary tests and immunizations. Failure to provide a facility with requested health information may delay the start of the 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.

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 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 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 and 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.

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 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.

If you wish to report unsafe practices, student mistreatment in the classroom, laboratory or clinic or patient mistreatment, please contact the faculty in the Programs in Physical Therapy responsible for that learning environment.

In Case of Emergency

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

Police	911
Columbia University Health Sciences Security	212-305-8100
Student Health Service (line is answered 24/7)	212-305-3400
Dr. Debra Clayton-Krasinski	212-305-6907 914-907-5017

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 Details on EXXAT including the name of their CI, clinical schedule, and updated contact information (phone number and e-mail address) by Friday of their first week in their clinical education experience. This communication is essential for early scheduling of clinical site visitation by the faculty. Students should regularly review their e-mail 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, his/her/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. Visits are typically scheduled near students' midterm review. Meeting with staff and students can enrich the clinical experience for all involved.

The academic visitor can gain important information about student performance, facility programming, staffing and changes. During the site visit, 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.

If a site visitation is not possible, a telephone conference will be conducted between the CI and DCE or faculty member to review the student's progress. Students are responsible for e-mailing the Clinical Education administrative coordinator with the name of their CI, clinical schedule and updated contact information (phone number and/or e-mail address) by Friday of their first week. Students should review their e-mail regularly during clinical education experiences to maintain adequate communication with the DCE and for program information.

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

Clinical Performance Instrument

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 Web-based Physical Therapist Clinical Performance Instrument (CPI), and schedule meetings with the student to review and discuss the feedback contained in these evaluations (See a sample page from the CPI in Appendix Q) The student will also complete a written self-evaluation using the CPI at both midterm and final, which will be reviewed by the CI and discussed during midterm and final reviews. A link to the web-based CPI site can be found on the Clinical Education Exxat Database website. All students must complete the Web CPI training modules and submit the certificate of completion prior to the first clinical education experience. Clinical Instructors are also required to complete the web CPI training prior to using this performance instrument. Instructions for the Web CPI training can be found in Appendix R.

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 web-based Physical Therapist Clinical Performance Instrument (CPI). 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 Performance Dimensions and Rating Scale Anchors (Appendix 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 rating scale for each of the 18 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 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 now 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 2022, DPT II**

Course Coordinators:	<p>Mahlon K. Stewart, PT, DPT Geriatric Certified 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, CLT-LANA Assistant 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 be able to:
Cognitive:	<ol style="list-style-type: none"> 1. Apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management at the advanced beginner level. 7D9, 7D10, 7D11, 7D34, 7D36, 7D40; C-A 2. Determine with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional at the advanced beginner level. 7D16, 7D34, 7D35; C-A

	<ol style="list-style-type: none"> 3. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments at the advanced beginner level. 7D20, 7D35, 7D40; C-A 4. Determine a diagnosis and prognosis that guides future patient management at the advanced beginner level. 7D22, 7D23, 7D35, 7D40; C-A 5. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based at the advanced beginner level. 7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40; C-A
Psychomotor:	<ol style="list-style-type: none"> 1. Practice in a safe manner that minimizes the risk to patient, self, and others at the advanced beginner level. 7D33, 7D37; P-GR 2. Practice in a manner consistent with established legal and professional standards and ethical guidelines at the advanced beginner level. 7D1, 7D2, 7D3, 7D4, 7D41; P-GR 3. Display behaviors that maintain confidentiality of protected health information (PHI) in compliance with HIPAA guidelines. 7D1; P-COR 4. Communicate in ways that are congruent with situational needs at the advanced beginner level. 7D7, 7D21; P-GR 5. Perform a physical therapy patient examination using evidence-based tests and measures at the advanced beginner level. 7D17, 7D18, 7D19a-w, 7D35; P-GR 6. Perform physical therapy interventions in a competent manner at the advanced beginner level. 7D27a-i, 7D34, 7D35; P-GR 7. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods at the advanced beginner level. 7D12, 7D34, 7D35; P-GR 8. Produce quality documentation in a timely manner to support the delivery of physical therapy services at the advanced beginner level. 7D32, 7D38; P-GR 9. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes at the advanced beginner level. 7D31, 7D38, 7D40; P-GR 10. Participate in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines at the advanced beginner level. 7D35, 7D36, 7D38, 7D40, 7D41, 7D42; P-GR 11. Direct and supervise personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines at the advanced beginner level. 7D25, 7D29; P-GR 12. Provide effective feedback to the Clinical Instructor and SCCE regarding the clinical experience and teaching environment. 7D7, 7D38; P-M 13. Present an in-service to clinical site staff or complete a clinical-site approved project that is based on current, evidence-based information and utilizes appropriate teaching and learning strategies. 7D12; P-O
Affective:	<ol style="list-style-type: none"> 1. Demonstrate professional behaviors in all situations at the advanced beginner level. 7D1, 7D4, 7D5, 7D6, 7D14; A-Rp 2. Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs at the advanced beginner level. 7D8; A-Rp

	<ol style="list-style-type: none"> 3. Seek feedback from CI and/or SCCE and utilize constructive criticism to develop realistic goals and improve clinical performance. 7D5; A-I 4. 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 5. Initiate communication with academic clinical education team when requiring assistance to navigate ambiguous clinical or ethical situations. 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7; A-V 6. Comply with the APTA Core Values of a) accountability b) altruism c) collaboration d) compassion & caring e) duty f) inclusion g) integrity and f) social responsibility. 7D5, 7D6, 7D7, 7D8; A-Rp
<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 3.0 (APTA, 2014) 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 Web CPI 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 20-30 minutes. Presentation and/or deliverables must be uploaded to Exxat in PDF format. 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>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.</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 “Leave 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.</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>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>

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 Advanced Beginner Performance in all 18 CPI performance criteria by the end of the First Clinical Education Experience.**

Each of the CPI performance criteria include 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. The definitions for the rating scale anchors and performance dimensions can be found in Appendix C of the CPI document. Every performance criterion in this instrument is important in 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 18 performance criteria.

Definition of Advanced Beginner Performance: A student who requires clinical supervision 75-90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. At this level the student demonstrates consistency in developing proficiency with simple tasks (e.g. medical record review, goniometry, MMT, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor. (APTA, 2006)

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.

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 2023, DPT II**

Course Coordinators:	<p>Mahlon K. Stewart, PT, DPT Geriatric Certified 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, CLT-LANA Assistant 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 - 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 be able to:
Cognitive:	1. Apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management at the intermediate level. 7D9, 7D10, 7D11, 7D34, 7D36, 7D40; C-AN

	<ol style="list-style-type: none"> 2. Determine with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional at the intermediate level. 7D16, 7D34, 7D35; C-AN 3. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments at the intermediate level. 7D20, 7D35, 7D40; C-AN 4. Determine a diagnosis and prognosis that guides future patient management at the intermediate level. 7D22, 7D23, 7D35, 7D40; C-AN 5. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based at the intermediate level. 7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40; C-AN
<p>Psychomotor:</p>	<ol style="list-style-type: none"> 1. Practice in a safe manner that minimizes the risk to patient, self, and others at the intermediate level. 7D33, 7D37; P-M 2. Practice in a manner consistent with established legal and professional standards and ethical guidelines at the intermediate level. 7D1, 7D2, 7D3, 7D4, 7D41; P-M 3. Display behaviors that maintain confidentiality of protected health information (PHI) in compliance with HIPAA guidelines. 7D1; P-COR 4. Communicate in ways that are congruent with situational needs at the intermediate level. 7D7, 7D21; P-M 5. Perform a physical therapy patient examination using evidence-based tests and measures at the intermediate level. 7D17, 7D18, 7D19a-w, 7D35; P-M 6. Perform physical therapy interventions in a competent manner at the intermediate level. 7D27a-i, 7D34, 7D35; P-M 7. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods at the intermediate level. 7D12, 7D34, 7D35; P-M 8. Produce quality documentation in a timely manner to support the delivery of physical therapy services at the intermediate level. 7D32, 7D38; P-M 9. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes at the intermediate level. 7D31, 7D38, 7D40; P-M 10. Participate in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines at the intermediate level. 7D35, 7D36, 7D38, 7D40, 7D41, 7D42; P-M 11. Direct and supervise personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines at the intermediate level. 7D25, 7D29; P-M 12. Provide effective feedback to the Clinical Instructor and SCCE regarding the clinical experience and teaching environment. 7D7, 7D38; P-M

	<p>13. Present an in-service to clinical site staff or complete a clinical-site approved project that is based on current, evidence-based information and utilizes appropriate teaching and learning strategies. 7D12; P-O</p>
<p>Affective:</p>	<p>1. Demonstrate professional behaviors in all situations at the intermediate level. 7D1, 7D4, 7D5, 7D6, 7D14; A-V 2. Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs at the intermediate level. 7D8; A-V 3. Seek feedback from CI and/or SCCE and utilizes constructive criticism to develop realistic goals and improve clinical performance. 7D5; A-I 4. 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 5. Initiate communication with academic clinical education team when requiring assistance to navigate ambiguous clinical or ethical situations. 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7; A-V 6. 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 f) social responsibility. 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 3.0 (APTA, 2014) 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"> 8. Conduct self-assessment using Web CPI prior to midterm and final reviews. 9. 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. 10. Sign both self and clinical instructor CPI assessments at midterm and final. 11. 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 	

<p>should be 20-30 minutes. Presentation and/or deliverables must be uploaded to Exxat in PDF format.</p> <ol style="list-style-type: none">12. Contact Director of Clinical Education (DCE), as soon as possible, if any problems occur in the clinical education process.13. 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.14. Meet with DCE to discuss self- and clinical instructor's evaluations if performance criteria were not met or if requested by DCE.
<p>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.</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 "Leave 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>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. 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 18-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. The definitions for the rating scale anchors and performance dimensions can be found in Appendix C of the CPI document. 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 with simple conditions, and 75% of the time managing patients with complex conditions. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 50% of a full-time physical therapist’s caseload. (APTA, 2006)</p>
<p>Dress Code:</p> <p>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.</p> <p>General Requirements:</p> <p>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.</p>

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.

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.

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

**Columbia University
DPT Program
PHYT M9200: Terminal Clinical Education Experience(s)
Spring 2023, DPT III**

Course Coordinators:	<p>Mahlon K. Stewart, PT, DPT Geriatric Certified 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, CLT-LANA Assistant 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, 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 be able to:
Cognitive:	<ol style="list-style-type: none"> 1. Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management at the entry-level. 7D9, 7D10, 7D11, 7D34, 7D36, 7D40; C-C 2. Determine with each patient encounter the patient's need for further examination or consultation by a physical therapist

	<p>or referral to another health care professional at the entry-level. 7D16, 7D34, 7D35; C-C</p> <p>3. Evaluate data from the patient examination (history, systems review, and tests and measures) to make entry-level clinical judgments. 7D20, 7D35, 7D40; C-C</p> <p>4. Determine an entry-level diagnosis and prognosis that guides future patient management. 7D22, 7D23, 7D35, 7D40; C-C</p> <p>5. Establish an entry-level physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. 7D24, 7D26, 7D28, 7D30, 7D35, 7D36, 7D39, 7D40; C-C</p>
<p>Psychomotor:</p>	<ol style="list-style-type: none"> 1. Practice in a safe manner that minimizes the risk to patient, self, and others at the entry-level. 7D33, 7D37; P-O 2. Practice in a manner consistent with established legal and professional standards and ethical guidelines at the entry-level. 7D1, 7D2, 7D3, 7D4, 7D41; P-O 3. Display behaviors that maintain confidentiality of protected health information (PHI) in compliance with HIPAA guidelines. 7D1; P-COR 4. Communicate in ways that are congruent with situational needs at the entry-level. 7D7, 7D21; P-O 5. Perform an entry-level physical therapy patient examination using evidence-based tests and measures. 7D17, 7D18, 7D19a-w, 7D35; P-O 6. Perform physical therapy interventions in a competent manner at the entry-level. 7D27a-i, 7D34, 7D35; P-O 7. Educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods at the entry-level. 7D12, 7D34, 7D35; P-O 8. Produce entry-level quality documentation in a timely manner to support the delivery of physical therapy services. 7D32, 7D38; P-O 9. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes at the entry-level. 7D31, 7D38, 7D40; P-O 10. Participate in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines at the entry-level. 7D35, 7D36, 7D38, 7D40, 7D41, 7D42; P-O 11. Direct and supervise personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines at the entry-level. 7D25, 7D29; P-O 12. Provide effective feedback to the Clinical Instructor and SCCE regarding the clinical experience and teaching environment. 7D7, 7D38; P-M

	<p>13. Present an in-service to clinical site staff or complete a clinical-site approved project that is based on current, evidence-based information and utilizes appropriate teaching and learning strategies. 7D12; P-O</p>
<p>Affective:</p>	<ol style="list-style-type: none"> 1. Demonstrate professional behaviors in all situations at the entry-level. 7D1, 7D4, 7D5, 7D6, 7D14; A-I 2. Adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs at the entry-level. 7D8; A-I 3. Seek feedback from CI and/or SCCE and utilizes constructive criticism to develop realistic goals and improve clinical performance. 7D5; A-I 4. 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 5. Initiate communication with academic clinical education team when requiring assistance to navigate ambiguous clinical or ethical situations. 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7; A-V 6. 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 f) social responsibility. 7D5, 7D6, 7D7, 7D8; A-I
<p>Teaching Methods and Learning Experiences:</p> <p>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.</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 3.0 (APTA, 2014) 3. Texts and articles from didactic courses that are pertinent for the Terminal Clinical Education Experience 4. Readings assigned by the CI or SCCE 	
<p>Assignments:</p> <ol style="list-style-type: none"> 15. Conduct self-assessment using Web CPI prior to midterm and final reviews. 16. 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. 17. Sign both self and clinical instructor CPI assessments at midterm and final. 	

18. 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 20-30 minutes. Presentation and/or deliverables must be uploaded to Exxat in PDF format.
19. Contact Director of Clinical Education (DCE), as soon as possible, if any problems occur in the clinical education process.
20. 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.
21. Meet with DCE to discuss self- and clinical instructor's evaluations if performance criteria were not met or if requested by DCE.

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 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 "Leave 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.

Gender-Based Misconduct Policy:

For any issues or questions related to Gender-Based Misconduct and/or Sexual Respect, please refer to the *Student Handbook* for your graduating class.

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>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. 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 be at <i>Advanced Intermediate</i> by the end of the first 9 weeks and at <i>Entry-Level or Beyond Entry-Level</i> by the end of the 18th week for all 18 performance criteria listed below.</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. The definitions for the rating scale anchors and performance dimensions can be found in Appendix C of the CPI document. 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 Entry-Level Performance: A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. Consults with others and resolves unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost-effective manner. (APTA, 2006)</p>
<p>Dress Code:</p> <p>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.</p>

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.

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.

Appendix D: Memorandum of Agreement

MEMORANDUM OF AGREEMENT

between

THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

And

Facility Name
Facility Address

AGREEMENT, dated as of _____ 2021, between Facility Name (the "Clinical Facility") and The Program in Physical Therapy, the Faculty of Medicine of Columbia University, 617 West 168th Street, New York, New York 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 to students in the University'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 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 supervisors' 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 for the students. Additionally, the University shall provide appropriate professional liability insurance for its students in the amount of \$2,000,000 per claim with a total of \$4,000,000 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 part or any physician, faculty member, employee or student of the other party without receiving the prior written approval of the Clinical Facility of 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
Chair, Department of Rehabilitation and
Regenerative Medicine

Date _____

Debra Clayton-Krasinski, PT, PhD, MS
Director, Programs in Physical Therapy

Date: _____

Appendix E: DPT Curriculum

Columbia University

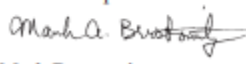
Doctor of Physical Therapy Curriculum

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)
<p>YEAR I FALL Gross Anatomy Applied Physiology Kinesiology & Biomechanics I Examination and Evaluation Evidence Based Practice I Professional Leadership and Practice I</p> <p>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</p> <p>Elective: Service Learning (trip to Guatemala)</p> <p>YEAR I SUMMER Soft Tissue Mobilization Clinical Geriatrics Evidence Based Practice III Physical Modalities Medical Screening II Elective: Medical Spanish PT Management of Ortho Conditions II</p> <p>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</p>	<p>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 II PT Management of Integumentary Impairments Clinical Education Seminar III Integrated Clinical Experiences Prosthetics</p> <p>Electives: Research Practicum II Service Learning (trip to Guatemala) Plus all courses completed prior to First Clinical Education Experience</p>	<p>YEAR III FALL Clinical Case Management Evidence Based Practice III Medical Screening III Professional Leadership & Practice III Clinical Education Seminar IV Complex Medical Conditions</p> <p>ADVANCED TRACKS (Students select one): Advanced Seminars in Orthopedics Advanced Seminars in Neurology Advanced Seminars in Pediatrics</p> <p>ELECTIVES: Research Practicum Teaching Practicum: Applied Physiology, Anatomy Anatomy lab and/or Kinesiology & Biomechanics I Team Teaching Practicum: Kinesiology & Biomechanics I Women's Health Issues Performing Arts In Physical Therapy Integrated Therapies Craniofacial Pain of Cervicogenic Origin: Headaches & Temporomandibular Disorders Sports Rehabilitation Hand Rehabilitation Foot & Ankle Rehabilitation Vestibular Rehabilitation Elder Interdisciplinary Program Spinal Cord Mobility Management of the Running Athlete Topics in Cardiopulmonary</p> <p>Students have completed all of the didactic coursework prior to their Terminal Clinical Education Experience(s)</p>

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, not withstanding 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.

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

Acute Care/Inpatient Hospital Facility	Private Practice
Ambulatory Care/Outpatient	Rehabilitation/Sub-acute Rehabilitation
ECF/Nursing Home/SNF	School/Preschool Program
Federal/State/County Health	Wellness/Prevention/Fitness Program
Industrial/Occupational Health Facility	Other

Orientation

- Did you receive information from the clinical facility prior to your arrival? Yes No
- Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
- 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

- 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)
 - Participation 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 – Fall 2018?
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-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 fact 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: _____

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: Sample Completed CPI Page

APPENDIX A EXAMPLE: COMPLETED ITEM FOR FINAL EXPERIENCE (Not Competent)

EXAMINATION*

9. Performs a physical therapy patient examination* using evidenced-based* tests and measures.

SAMPLE BEHAVIORS

- e) Obtains a history from patients and other sources as part of the examination.
- f) Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
- g) Performs systems review.
- h) Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.
 Tests and measures (listed alphabetically) include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices*, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) Integumentary integrity, k) joint integrity and mobility, l) motor function*, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q) posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
- i) Conducts tests and measures accurately and proficiently.
- k) Sequences tests and measures in a logical manner to optimize efficiency*.
- l) Adjusts tests and measures according to patient's response.
- m) Performs regular re-examinations of patient status.
- n) Performs an examination using evidence based test and measures.

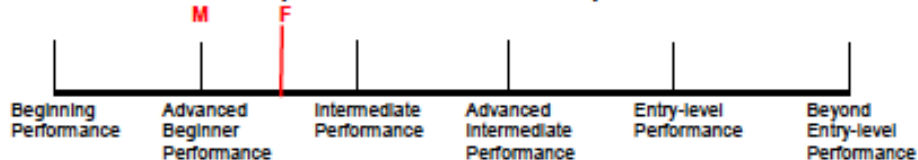
MIDTERM COMMENTS: (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency**)

This student requires guidance 75% of the time to select relevant tests and measures and does not ask relevant background questions to identify tests and measures needed. Tests and measures selected are inappropriate for the patient's diagnosis and condition. When questioned, he is unable to explain why specific tests and measures were selected. He is not accurate in performing examination techniques (eg, fails to correctly align the goniometer, places patients in uncomfortable examination positions) and requires assistance when completing exams on all patients with complex conditions and with 75% of patients with simple conditions. He is unable to complete 60% of the exams in the time allotted and demonstrates difficulty across all performance dimensions for the final clinical experience.

FINAL COMMENTS: (Provide comments based on the performance dimensions including *supervision/guidance, quality, complexity, consistency, and efficiency**)

This student requires guidance 50% of the time to select relevant tests and measures. He selects tests and measures that are appropriate for patients with simple conditions 50% of the time, however 50% of the time is unable to explain the tests and measures selected. Likewise, 50% of the time, he selects tests and measures that are inappropriate for the patient's diagnosis. He demonstrates 50% accuracy in performing the required examination techniques, including goniometry and requires assistance to complete examinations on 95% of patients with complex conditions and 50% of patients with simple conditions. He is unable to complete 50% of the exams in the time allotted. Although some limited improvement has been shown, performance across all performance dimensions for the final clinical experience is still in the advanced beginner performance interval, which is below expected performance of entry-level on this criterion for a final clinical experience.

Rate this student's clinical performance based on the sample behaviors and comments above:



Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm Final

Appendix R: Web CPI Training Instructions

Getting Started With the APTA Learning Center For PT CPI Course Participants

APTA Members/Current or Former APTA Customers

1. Login to www.apta.org

Enter your username and password and select "click here to continue:" (<https://www.apta.org/APTALogin.aspx>)

Under <https://www.apta.org/apta/profile/MyProfile.aspx> make note of the email address associated with your apta.org account you will need to use the same address to verify your training completion in PT CPI Web.

2. **Important!** It is essential that you do not purchase or register for courses in the APTA Learning Center using more than one account number. If you've forgotten your password or were at one time an APTA member, go to <http://www.apta.org/APTA/ForgotMyPassword/ForgotMyPasswordGetEmail.aspx> to have it emailed to you OR contact 800/999-2782, ext. 3395 for assistance.

3. Set up your computer

Enable pop-ups for <http://www.apta.org> and <http://learningcenter.apta.org>. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: <http://learningcenter.apta.org/oht.aspx#q1>).

4. "Purchase" the free PT CPI online course

To access the PT CPI online course, go to: http://learningcenter.apta.org/free_membercourses.aspx (this is the "Free Member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

5. Take the PT CPI online course

After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

6. Print CEU certificate

Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

7. Access the PT CPI Web site

To access PT CPI Web 2.0, please click: <https://cpi2.amsapps.com>.

The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the "I forgot or do not have a password" link to establish a password. The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.

Appendix S: CPI Performance Dimensions

APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
Quality	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
Efficiency	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i>Rating Scale Anchors</i>	
Beginning performance	<ul style="list-style-type: none"> A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. Performance reflects little or no experience. The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 50% of a full-time physical therapist's caseload.
Advanced intermediate performance	<ul style="list-style-type: none"> A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 75% of a full-time physical therapist's caseload.
Entry-level performance	<ul style="list-style-type: none"> A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. Consults with others and resolves unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.
Beyond entry-level performance	<ul style="list-style-type: none"> A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others. The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. The student is capable of supervising others. The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.