



School of Physical Therapy Clinical Faculty Resource Manual

We value and thank you for your partnership in providing effective clinical experiences for the future leaders within the physical therapy profession. This manual will provide you with information to enhance your clinical education (CE) program and our partnership such as guidelines regarding clinical experience descriptions, clinical teaching resources and policies that guide the clinical education program at Regis University.

We hope this manual will be helpful in facilitating communication and uniting the efforts of the clinical facility, the students and the School of Physical Therapy (PT) to create a superior clinical experience that is rewarding for all individuals involved. To support our clinical faculty members professional development, we want to remind you about our Regis Clinical Education Scholar Program that includes 24/7 library access and other educational benefits. Information about the CESP can be found in this manual as well as our webpage.

Thank you again for mentoring tomorrow's DPT leaders!

The Regis CE Team

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I. Regis School of Physical Therapy

Mission

We are a progressive, value-centered team transforming leaders who optimize health, wellness, and function through evidence-based and reflective Jesuit education.

Vision

Our inclusive, collaborative programs will transform society by advancing human participation and performance, wellness, and social justice

II. Regis CE Program Stakeholders

Clinical Education Site Liaisons: To best partner with our clinical faculty and to provide the best student experiences possible each clinical site has a designated CE Team member who is their liaison and builds strong individual clinical partnerships.

Clinical Education Advisors: Each Regis DPT student is assigned a Clinical Advisor. The Clinical Advisor is available to help each student determine which potential clinical sites best fit their educational goals and works with the clinical instructor(s) and student to maximize all aspects of the learning experience.

Regis Clinical Education Scholar Program: Our Clinical Instructors (CIs) can utilize our **Clinical Educator Scholar Program (CESP)** for benefits of being a Regis CE partner. Clinical Faculty that mentor a minimum of one or two students a year can qualify for a range of benefits from library access, APTA CI Credentialing Courses and to tuition credit in the Regis Fellowship in Orthopedic Manual Physical Therapy program. The CESP program allows us to foster a close relationship with our clinical faculty to provide learning experiences for students that are aligned with our curriculum and mission.

Site Coordinator of Clinical Education (SCCE): A professional who administers, manages and coordinates CE assignments and student learning activities during the experience. They also determine the readiness for PTs to serve as CIs, supervises CI in the delivery of CE experiences, communicates with academic program regarding student performance and provides essential information to academic programs.

Clinical Instructor (CI): The physical therapist is responsible for PT student by directly orientating, instructing, guiding, supervising and formally assessing the student during the CE experience. The CI will provide student assessment with ongoing formative feedback and summative feedback at midterm and final. The CI must have a licensed PT with a minimum of one year of full time (or equivalent) clinical experience.

III. Regis University Professional Doctor of Physical Therapy Curriculum

Yr	SEMESTER I (Fall)		SEMESTER II (Spring)		SEMESTER III (Summer)		
	COURSE	SEM HRS	COURSE	SEM HRS	COURSE	SEM HRS	
I	DPT 701 Human Anatomy and Histology	6	DPT 704 Neuroscience	4	DPT 707 Kinesiology II	4	
	DPT 703 Biomechanics/Kinesiology-Extremities	3	DPT 705 Biomechanics/Kinesiology-Spine	2	DPT 714 Psychosocial Aspects of Healthcare	3	
	DPT 708 Management Applications of Physiology: MAP I	3	DPT 706 Movement Science	2	DPT 719 Exercise Foundations		
	DPT 770 Professional Issues/Case Management I	1	DPT 710A Pharmacology	1	DPT 733 Musculoskeletal Management I	1	
	DPT 776 Critical Inquiry	3	DPT 730 PT Examination	3	DPT 771 Professional Issues/Case Management II	3	
				DPT 732 Management Applications of Physiology: MAP I	4	DPT 790 EBP 1	2
							2
	Total	16	Total	16	Total	15	
Yr	SEMESTER IV (Fall)		SEMESTER V (Spring)		SEMESTER VI (Summer)		
II	DPT 710B Pharmacology	1	DPT 735 Musculoskeletal Management III	3	DPT 715 Health Care Policy	2	
	DPT 712 Diagnostic Imaging and Procedures	2	DPT 737 Neurological Management II	5	DPT 731 Differential Diagnosis	2	
	DPT 734 Musculoskeletal Management II	3	DPT 738 Management Applications of Physiology: MAP III	5	DPT 739 Exercise Application	2	
	DPT 736 Neurological Management I	3	DPT 773 Professional Issues/Case Management IV	1	DPT 751 Clinical Education II	4	
	DPT 750 Clinical Education I	2	DPT 791 EBP II		DPT 774 Professional Issues/Case Management V	1	
	DPT 772 Professional Issues/Case & Practice Management III	2	HCE 709 Health Care Ethics for Physical Therapists/IHCE 709 Interdisciplinary Ethics	1			
				3			
	Total	13	Total	18	Total	11	
Yr	SEMESTER VII (Fall)		SEMESTER VIII (Spring)				
III	DPT 716 Business Management	2	DPT 753 Clinical Education IV	6			
	DPT 740 PT Management across the lifespan	2	DPT 793 EBP IV	1			
	DPT 752 Clinical Education III	5	DPT 796 Physical Therapy Capstone	1			
	DPT 775 Professional Issues/Case Management VI	1					
	DPT 780E-W Topics in Physical Therapy	1					
	DPT 781E-W Topics in Physical Therapy	1					
	DPT 792 EBP III	1					
	DPT 799 Comprehensive Exam	0					
	Total	13	Total	8	TOTAL	110	

	Fall Semester 16 weeks		Spring Semester 16 weeks	Summer Semester 13 weeks
Year 1	On Campus			
Year 2	6 weeks CE I			8 weeks CE II
Year 3		11 weeks CE III	13 weeks CE IV	

IV. Clinical Education Experience Descriptions and Expectations

Clinical Education I (6 weeks from late August to early October)

Students have completed one year of academic preparation and are able to perform; subjective histories, complete documentation, manual muscle tests, goniometry skills, transfer and gait training with assistive devices, and posture and gait analysis. In addition, their coursework has included, initiation of therapeutic exercise strategies, cardiopulmonary management, utilization of modalities, lower extremity management and motor control/motor learning.

For this experience we will use **CE I Student Assessment Tool** instead of the CPI. The tool is designed to help you and the student focus on the basic skill acquisition that is fundamental to this first clinical experience such as subjective exam, basic examination, gait and movement analysis, mobility training and beginner clinical reasoning and evaluation skills. At the end of this experience, the expectation is for the student to meet expectations.

Clinical Education II (8 weeks throughout May and June)

Students have completed two years of academic preparation that includes all patient management courses across all practice settings. At the end of this experience, the expectation is for the student to be capable of managing 50% of the patient caseload. Depending on patient complexity and the uniqueness of the clinic setting, students generally will require CI supervision 50%-75% of the time at the Intermediate Level on the CPI.

Clinical Education III (11 weeks from mid-October through December)

Students have successfully completed the didactic portion of our program. By the end of this 12-week experience, students should be capable of maintaining 75% or greater of a full-time entry level physical therapist's caseload at your facility at the Advanced Intermediate Level on the CPI.

Clinical Education IV (13 weeks from mid-January to early April)

These students have successfully completed the didactic portion of our program. By the end of this final 12-week terminal internship, the student should be **capable of** maintaining a full-time entry level physical therapist's caseload at your facility at the Entry Level Performance on the CPI.

Combined Clinical Education III and IV (6 months from mid-October to early April with a 3-week break within internship)

The 6-month terminal internship combines the goals of CE III and IV. During this longer experience students can participate more fully in aspects of site management in addition to patient care. Examples of additional experiences might include: assisting in mentoring early experience students, completion of special projects for business management or peer review, gaining exposure to selected patient management skills beyond entry level CPI criteria.

V. The Clinical Experience Selection Process

Description of Clinical Experience Types and Experiences

Each student will complete four clinical experiences unless the last experience is a 6-month, combined CE III/IV experience. Students will complete a minimum of one rural and one out of state experience. During CE II, III and IV or combined CE III/IV, students must complete experiences in one inpatient and one outpatient clinical setting.

Alternative Experiences

As part of completing DPT 752 (Clinical Education III) and DPT 753 (Clinical Education IV), students may participate in one alternative experience that ranges in duration from 2 to 3 weeks. Examples of these alternative experiences include but are not limited to: clinical experiences in international global health, or advocacy work at the APTA National headquarters in Alexandria, VA. If your student has been accepted to one of these alternative experiences, the clinical education team will contact you.

VI. Clinical Education Course Policies

Compliance

Prior to each CE experience, the clinical sites will receive an attestation letter stating each student is compliant in all immunizations (unless medical or religious exemptions have been approved by the university), TB testing, CPR certification, OSHA and HIPAA training. A background check and drug screen is conducted upon admission of the program. If your site has additional requirements not noted in the affiliation agreement, **please communicate those to us and the process/forms you use to meet your institution's requirements so we can better assist you.** All Clinical Sites must adhere to HIPAA guidelines and not share student health records.

Dress Code

Students are to comply with the dress code of their assigned clinical facility.

Clinical Attendance

Students are expected to follow the schedule of their Clinical Instructor including weekends and/or holidays. *Any clinical absence may jeopardize a student's ability to successfully meet clinical objectives as well as inconvenience the clinical site.* If a student will be absent from the clinic during any portion of a clinical experience, for any reason, they must first discuss the absence with their clinical advisor, receive pre-approval, and discuss arrangements to make up missed days prior to asking permission from their clinical instructor. In the case of emergencies or illness, both the clinical site/CI and Regis clinical advisor must be contacted immediately. Clinical and academic faculty reserve the right to require students to make up any missed clinical times. Students required to make up a clinical absence(s) are required to do so based on clinical faculty availability and convenience.

Independent Learning Plan:

Any student that must miss 5 or more days of clinical time related to illness or injury will be placed on an Independent Learning Plan which tracks hours of time in the clinic as well as independent learning opportunities such as APTA clinical courses or special projects assigned by Regis University.

If a student would like to attend an **American Physical Therapy Association sponsored meeting** (e.g., Annual Meeting or Combined Sections Meeting), a State Chapter meeting, National Student Conclave, or any other type of conference or continuing education event, they must first receive permission from their clinical advisor and must then seek permission of the clinical facility's Site Coordinator of Clinical Education (SCCE) and Clinical Instructor(s) *before* making travel arrangements. Students should always be prepared to make up any missed clinical days. Students must also be aware that some clinical facilities may not approve days off for these types of events and plan accordingly.

Incident Reports: Students are required to report immediately any errors of omission or commission (incidents) involving a patient to the Clinical Instructor and Clinical Advisor. A patient de-identified Regis University incident report must be filled out and sent to the clinical advisor within 24 hours.

Medicare A and Medicare B Guidelines for student supervision: In order for a PT facility to bill Medicare for physical therapy treatments there are strict guidelines in regards to supervision of student physical therapists. Please refer to the **APTA website** for the most up to date and specific material regarding Medicare reimbursement of student physical therapy services. Please contact us with any questions.

Dry Needling:

Students are able to participate in **dry needling (DN)** interventions on patients under the direct supervision of their clinical instructor (CI) in specific state jurisdictions which allow licensed physical therapists to perform this intervention. The decision to allow students to participate in this intervention technique is at the discretion of those CIs. For students to provide DN they are required to meet the individual state requirements such as the Colorado requirement to have completed at least 30 hours in DN education (no more than 10 theoretical), which may be completed during the physical therapists entry level education.

Particular reference is made to the current PT Practice Act and Rules:

Colorado 732-1-1.5 Section 1.5 J (PT Rules)

To be deemed competent to perform dry needling, a physical therapist must successfully complete a formalized course of study provided by a qualified licensed healthcare provider that:

- a. Includes a minimum of fifty hours of education of which forty hours must be in-person education. The education may be broken up into more than one part. A physical therapist is permitted the limited practice of dry needling once the physical therapist has completed thirty hours, as long as such practice is confined to the scope of the education already successfully completed. All parts of this education must be successfully completed within four years.
- b. Includes specific knowledge and psychomotor objectives;
- c. Includes clinical decision-making;
- d. Includes written and psychomotor assessment of knowledge and skills.

The formalized course of study set forth in section (4) of this Rule may be completed during the physical therapist's entry level education. To apply this education to the requirements in section (4) of this Rule, the remaining parts of the education must be successfully completed within four years of the date of original licensure.

Dry needling shall not be delegated and must be directly performed by a qualified, physical therapist including needle removal and post treatment assessment.

Student Injury: Any student injury should be reported immediately to the CI, SCCE and clinical advisor and addressed according to the Regis University Workers Compensation policy. Students are required to complete the *Employer's First Report of Injury* and submit it to Regis University Human Resource Department within 24 hours of the incident.

Physical Abuse: Students should discuss any suspected physical abuse of children or elders of patients/clients to their CI. If abuse is suspected physical therapists are required to report it under most state laws including Colorado.

VII. General Principles of Student Evaluation

Student clinical performance evaluation should be used as a mechanism for determining strengths and weaknesses of the student, both at midterm and final, as well as assessing the effectiveness of the academic and clinical phases of the curriculum.

Ratings should be made on the basis of:

- systematic and specific observations of the student's performance that is typically observed rather than on isolated instances
- a summary of regular feedback given to the student throughout the clinical experience

- performance as judged by the stated objectives and the criteria given for each item performed.

VIII. Clinical Evaluation Tools

Clinical Evaluation Tools applicable to each student experience will be sent to the SCCE and Cis prior to the student's arrival.

Student Reflection and Feedback Form: Near the beginning of the experience the students will be asked to complete this form reflecting on their accomplishments, goals and experience at that point and share it with their CI. We invite the CI to add their brief comments at the end before the student submission.

Regis Clinical Education I Student Assessment Tool: This tool will be utilized during DPT 750 CE I to assess and guide student learning based on the didactic knowledge they have gained to date.

Clinical Performance Instrument (CPI): The APTA Clinical Performance Instrument (CPI) Web will be utilized to evaluate the student's performance in the clinic for DPT 751 CE II, DPT 752 CE III and DPT 753 CEIV. The CI and student are expected to document the student's performance using the PT CPI Web at Midterm and Final separately and then discuss the student's performance and upcoming goals together. APTA training on the CPI tool is required by all clinical instructors and students.

Inservice/Project Student Feedback Form: In CE II, CE III and CE IV, students are required to complete either a project or an in-service of the clinic's choice. CI's are asked to provide feedback on the objectives of the in-service/project on the Inservice/project Feedback form that is sent to the CIs prior to the student's arrival.

Final Grading

All clinical education experiences will be graded on a Pass/Fail basis. The expectations for satisfactory performance on the Regis CEI Student Assessment Tool and CPI are specifically outlined in each clinical education syllabus. Please evaluate/document the student's performance objectively. Academic faculty will determine the final course grade (pass/fail) based upon the CPI and other required work.

Students Feedback to Clinical Site and Clinical Instructor: Students are encouraged to give ongoing constructive feedback to their clinical instructors in order to maximize their learning experience while meeting the needs of the clinical instructor and clinical site. Early in the experience students will provide feedback to their CI regarding CI feedback they are receiving and on the level of supervision in the **Student Reflection and Feedback Form**. At the end of the each experience the student assess their clinical experience by providing feedback for the clinical site and clinical instructor. Students are required to discuss this feedback with the CI during the student's final assessment meeting with the CI.

IX. Planning Your Student's Clinical Experience

Successful clinical experiences occur with planning. Pre-planning and open communication are critical elements. In addition to the overview below, refer to appendices for specific techniques/ideas to support your clinical teaching.

Pre-arrival: 4-6 weeks prior to start of experience
<ul style="list-style-type: none"> • Communicate with the student and Regis regarding additional onboarding or other requirements not covered in the affiliation agreement
<ul style="list-style-type: none"> • First day “need to know” information to student: dress code, hours, parking, meals, housing, typical caseload/diagnoses, CI/SCCE contact information
<ul style="list-style-type: none"> • Regis students will contact their SCCE/CI 4-6 weeks prior to the experience and provide information about their goals for the clinical experience
Day 1 of Clinical Experience
<ul style="list-style-type: none"> • Orient student to site including policies and procedures and learning opportunities unique to the clinical setting
<ul style="list-style-type: none"> • Discuss expectations for clinical experience
<ul style="list-style-type: none"> • Review student learning styles and goals for the clinical experience
<ul style="list-style-type: none"> • Review communication styles and methods and timing for providing feedback
Ongoing
<ul style="list-style-type: none"> • Schedule times to meet weekly to review student progress and weekly goals
<ul style="list-style-type: none"> • Engage and maintain an open, collegial environment
<ul style="list-style-type: none"> • Facilitate clinical decision making
<ul style="list-style-type: none"> • Adapt experiences to the student’s level of performance
<ul style="list-style-type: none"> • Role model importance of ongoing professional development/lifelong learning
<ul style="list-style-type: none"> • Provide interprofessional opportunities to foster collegial relationships with other providers

The clinical education team is here to assist you in developing your clinical curriculum, mentoring clinical instructors and in facilitating a successful student experience.

Clinical Teaching Tools

Our CE Team is always willing to answer your questions and provide ideas and resources to enhance your clinical teaching and leadership training. Please see our **Regis Clinical Education Webpage** for up to date clinical teaching tools to facilitate your student’s learning.

<https://www.regis.edu/academics/colleges-and-schools/rueckert-hartman/physical-therapy/clinical-education>

Collaborative (2 Students: 1 CI) Model

Based on Evidence and clinical Instructor satisfaction, Regis University supports collaborative models in clinical education and has had significant success with the 2:1 model. The 2:1 model is defined as 2 students learning together under the supervision of a primary clinical instructor. Regis along with two other universities has developed a collaborative model toolkit resource. Please contact Dr. Stacy Carmel scarmel@regis.edu for more information and a copy of the toolkit.

X. Additional Clinical Education Resources:

APTA Credentialed Clinical Instructor Program: The APTA offers Level I and Level II Clinical Instructor credentialing. Course are offered in Denver and nationwide multiple times a year. For more information contact a Regis CE team member and/or visit APTA.org.

[APTA Academy of Education Clinical Education Special Interest Group \(SIG\)](#): Clinical and Academic Clinical faculty for PT and PTA programs interested in the coordination, implementation and evaluation of clinical education.

[Academy Council of Academic Physical Therapy \(ACAPT\) National Consortium of Clinical Educators \(NCCE\)](#): A consortium in ACAPT that engages academic and clinical educatory through partnerships to advance excellence and innovation in PT education.

[Colorado APTA Chapter Clinical Education Special Interest Group](#): A group of clinical educators active in providing ongoing professional development and collaboration efforts throughout the year.

Regis.edu/Clinical Education