Clinical Education

Handbook

Academic Year 2013/2014
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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 provision 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://www.cumc.columbia.edu/dept/pt/
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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 CCCEs, 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, CCCE/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 Assistant
A primary role of the Administrative Assistant is to manage the Clinical Education Database including contact information, placement details, contract status and updated Clinical Site Information Form (CSIF) documents for each clinical affiliate. The database also includes contact information for all Columbia DPT students. The Administrative Assistant oversees all major
mailings including the annual schedule request, site selection surveys, confirmation packets, and faculty site visitation forms. The Administrative Assistant 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

**Center Coordinator of Clinical Education (CCCE)**

The CCCE has specific qualifications and is responsible for coordinating the assignments and activities of students at the clinical education site. The CCCE 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 CCCE. The CCCE 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 CCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory and issues in health care delivery. The CCCE 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 polices 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 5 “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 of 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 privilege of requesting temporary library access (6 months) during the year serving as a clinical instructor. To be eligible, individuals must serve as an instructor for a minimum of 4 full-time weeks as a clinical instructor to a Columbia student or as CCCE.

11. Clinical education faculty have 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 (CCCE’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 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.

Clinical Education II – 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 Clinical Education I and to practice new skills in a direct patient care environment.

Clinical Internship – 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 experience. This final clinical education experience provides the student with an opportunity to further develop skills used in Clinical Education I and II 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 internship vs. one pediatrics rotation followed by an orthopedics rotation.

Syllabi for all clinical education courses will be posted on CourseWorks and are included in appendices A, B, & C.

Clinical Education Seminars

Clinical Education Seminar I - PHYTM 8003 (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
(HIPPA) and Blood-borne Pathogens/ Infection Control training. Students are introduced to the practice sites available for Clinical Education I and participate in the placement process.

Clinical Education Seminar II - PHYTM 8004 (Fall Year 2)
This course reviews more detailed expectations for the Clinical Education I 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.

Clinical Education Seminar III - PHYTM 8005 (Spring Year 2)
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 Clinical Education II experience are discussed. Students are introduced to the practice sites available for Clinical Education II and participate in the placement process. Students set individualized goals and fulfill clinical site prerequisites. Specialized Internship opportunities are introduced and discussed.

Clinical Education Seminar IV - PHYTM 8006 (Fall Year 3)
This course offers an opportunity to reflect on the challenges and highlights of the second clinical education experience. Expectations for the final, more specialized internship experiences are discussed. Students are introduced to the practice sites available for final internships and participate in the placement process. 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 (DCE)s. The School 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 DCE may take the following actions:

• Initiate an affiliation agreement.

• Consult with the Center Coordinator of Clinical Education (CCCE) to determine potential for improvement of weaknesses identified. The DCE and CCCE 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 DCE decides 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/intern 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 Center Coordinator of Clinical Education (CCCE) and the Director of Clinical Education (DCE) work with their respective legal representatives to agree upon contractual terms. The DCE and/or Clinical Education Administrative Assistant 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.

The School also requests that the clinical facility provide an APTA Clinical Site Information Form (CSIF) to the School. [http://www.apta.org/CSIF/](http://www.apta.org/CSIF/)

**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. Consequently, with the approval of the DCE, students will follow the following steps:

1. Contact the Center Coordinator of Clinical Education (CCCE) at the facility to determine if they are able to accommodate students for a clinical experience. (You may first ask to speak to the Director of the PT Department in order to figure out who coordinates the student program.)

   a. Let them know that you are a DPT student at Columbia University, and explain why you would be interested in doing one of your clinical experiences at their facility.
b. Specify the dates of the clinical experience.

c. Inform the CCCE that this will be a full-time ____ week clinical experience.

d. Ask about their student program and whether or not they have relationships with other schools.

e. Discuss the type of patients, level of care and rotations they would have available.

2. If the CCCE agrees to accommodate a student from Columbia:

   a. Complete the Clinical Education New Contact Report in its entirety (posted to Course Works & 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 500 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 Clinical Education CourseWorks site: https://newcourseworks.columbia.edu/portal/site/653fc6d2-de6e-4ead-00e3-e55fe3e2ac48/page/5ab65dd5-ee71-4add-80f6-172e84032353 under “Files and Resources.” More information about each site including available CSIF forms and student evaluations are posted on the PT Clinical Education Wiki: http://ptclinmed.wikispaces.columbia.edu/

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 Clinical Education I, II, or Internship as appropriate. During the selection process, students should review facility files provided on the Clinical Education CourseWorks website and Wiki and discuss potential selections with their assigned DCE. The Clinical Site Information Form (CSIF) in each facility file is a good source of information as are the APTA Physical Therapist Student Evaluation of the Clinical Experience and Clinical Instructor forms completed by students who have previously affiliated at the site. (Appendix G)

After reviewing the list and conducting research on clinical sites, students will complete a survey (see appendix I) with a ranking of their top ten choices 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 internships. 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
- 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. Exposure to both inpatient and outpatient settings is important. The opportunity to affiliate in acute care, 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 Clinical Education I and II and the Clinical Internship will expand the number of clinical sites at which a student can be placed. Note: students may need to travel up to 2 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.

**Internship Placements**

A growing number of internship 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 internship 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 recommend a student for a placement, the final decision is made by the clinical site.
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 Clinical Education I.

In countries that English is not the primary language, the student must be fluent in the language that is commonly spoken. The CCCE 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 that we send students to. 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 Assistant and/or CCCE 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. HIPPA 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 Basic Life Support Cardiopulmonary Resuscitation certification in order to participate in clinical experiences.

**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 or by a private physician. 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 CCCE 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 CCCE 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 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 in partnership with Sterling Infosystems, Inc., who is also responsible for all pre-employment drug testing for Columbia University Medical Center employees. Students are tested in the spring or summer of Year I prior to the start of Clinical Education I in fall of Year II.

A completed 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](http://www.cumc.columbia.edu/student/health) and is incorporated into the Student Handbook for each incoming class.

If the drug screening completed by the Medical center does not meet the requirements for a clinical site it is the students responsibility to obtain a 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 fingerprinting, 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 CertifiedBackground.com and Verified Credentials Inc. 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](http://www.nj.gov/njsp/about/serv_chrc.html#instruct)


**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 US social security number. The DCEs will make every effort to advise students about sites that require a US 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 2 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.

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 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 20 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 CCCE or the CI as early as possible. The student must notify the DCE of clinic absences that exceed one day. A student is permitted one absence due to illness in each clinical experience; a student may be asked to submit a physician’s note as verification. A student is expected to make up time for any additional absences. If the clinical site is unable to add days to the clinical experience for purposes of making up time, or if there is an academic course conflict, compensating time will be added to a future clinical experience. All requests for personal days must be approved by the DCE and CCCE.

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 students if the patient refuses to participate in any teaching activity or treatment.

Electronic Devices
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.

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 he/she is entitled to dress in the same manner as the staff members unless directed to do so by the CCCE. After one warning, unprofessional appearance is sufficient grounds for dismissal from the clinic.

General Requirements:
Men: A tailored or polo-type shirt and non-denim slacks. Shorts are not acceptable. Socks must be worn.

Women: A tailored or polo-type shirt with non-denim slacks or skirts, at or below knee length, with stockings or socks. Shorts, leggings and halter-tops are not acceptable.

Footwear: Supportive and protective low-heeled shoes with non-skid soles. Athletic shoes are acceptable when approved by the CCCE. 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 second hand is essential. Visible body piercing jewelry is not permitted, except earrings.

Perfume: Strongly scented perfume 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, CCCE and DCE and complete an incident report. 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 CCCE prior to resuming clinical work. Students may be asked to complete a Physical Capacities Form. (See Appendix O) 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, CCCE 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 CCCE prior to resuming clinical work. As in work-related injuries, students may be asked to complete a Physical Capacities Form. (See Appendix O)

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Health Service</td>
<td>212-795-4181</td>
</tr>
<tr>
<td>Emergency Physician on call (CUMC)</td>
<td>212-305-5549</td>
</tr>
<tr>
<td>Police</td>
<td>911</td>
</tr>
<tr>
<td>Columbia University Health Sciences Security</td>
<td>212-305-8100</td>
</tr>
<tr>
<td>Dr. Risa Granick</td>
<td>212-305-6907 (Office)</td>
</tr>
</tbody>
</table>
Students should consult the Student Health Policy Statement for specifics regarding emergency care.

**Clinical Site Visitation and Communication**

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 CI, and the CCCE. Visits are conducted by the DCE 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 CCCE. 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 assistant 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/CCCE’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 a learning contract to delineate an individualized plan to remediate.

**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, CCCE, and DCE throughout the clinical experience. In Clinical Education I and II and the Clinical Internship, 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 P) 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 CourseWorks website. All students must complete the Web CPI training modules and submit the certificate of completion prior to the first clinical 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 Q.

Web CPI Training Site: [http://learningcenter.apta.org/free_membercourses.aspx](http://learningcenter.apta.org/free_membercourses.aspx)

Web CPI site: [https://cpi2.amsapps.com/user_session/new](https://cpi2.amsapps.com/user_session/new)
Grading Policy

All students participating in Clinical Education I, II and the Internship 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 (case studies, in-services, evidence-based reviews) 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 R).

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 CCCE 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 CCCE 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, CCCE and CI. All students will begin a remediation/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 CCCE 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 CUMC 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 is completed at the conclusion of the clinical education experience. The evaluation of the CI, section II, is completed at both midterm and final. A copy of the APTA Student Evaluation form is included on the Clinical Education CourseWorks website and is included in appendix H.

**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, Class of 2015.

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

________________________________
Print Name

________________________________
Signature

________________________________
Date
**Appendices**

**Appendix A: Syllabus - Clinical Education I – PHYT M8901**

Columbia University
DPT Program

**PHYT M8901: Clinical Education I**
Fall II

<table>
<thead>
<tr>
<th>Course Directors:</th>
<th>Laurel Daniels Abbruzzese, PT, EdD</th>
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<tbody>
<tr>
<td></td>
<td><a href="mailto:la110@columbia.edu">la110@columbia.edu</a></td>
</tr>
<tr>
<td></td>
<td>212-305-3916</td>
</tr>
<tr>
<td></td>
<td>Office Hours: By Appointment</td>
</tr>
<tr>
<td></td>
<td>Laura Hagan, PT, DPT, MS, OCS</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:lh2621@columbia.edu">lh2621@columbia.edu</a></td>
</tr>
<tr>
<td></td>
<td>212-342-2989</td>
</tr>
<tr>
<td></td>
<td>Jean F. Timmerberg, PT, PhD, OCS</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:jt2634@columbia.edu">jt2634@columbia.edu</a></td>
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<td>212-305-2814</td>
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<th>Clinical Instructors:</th>
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<table>
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</table>

<table>
<thead>
<tr>
<th>Contact Hours per Week:</th>
<th>35 - 45 (varies by clinical site)</th>
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<table>
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<tr>
<th>Course Hours:</th>
<th>320 (40 hrs/week x 8 weeks)</th>
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**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 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.

**Course Objectives:** Upon completion of this course, the student will be able to:

**Cognitive:**

1. Identify and apply ways to maintain safety for self and others taking into consideration the environment, patient/client status, contraindications, need for additional assistance and body mechanics with clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
2. Identify and discuss the potential for ethical dilemmas and discuss strategies to manage them.

3. Identifies the need to provide culturally competent care, taking into consideration differences in race, religion, national origin, gender, age, disability, sexual orientation and how this might impact patient outcomes.

4. Develop clinical reasoning skills by Examining current research, identifying patient/client's needs and seeking feedback from the clinical staff in order to develop the most effective and safe plan of care.

5. Participate in patient screenings utilizing the appropriate test and measures and interpreting the findings to determine the need for further PT interventions and/or referral to appropriate health care provider with minimal supervision in 75% of simple cases and 100% of complex cases.

6. Synthesize and evaluate clinical findings to determine physical therapy diagnosis, prognosis, functional impairments, rehabilitation potential and goals with minimal supervision in 75% of simple cases, and 100% of complex cases.

7. Based on data from the patient's history, systems review and test and measures, determine a physical therapy diagnosis that will guide the plan of care with minimal supervision in 75% of simple cases, and 100% of complex cases.

8. Establish a plan of care that is patient-centered, realistic, time-sensitive and culturally competent, including short and long-term goals and individualized physical therapy interventions that are guided by the best evidence and consistent with the practice setting and reimbursement constraints with minimal supervision in 75% of simple cases, and 100% of complex cases.

9. Identify preventive services and resources that may be used to enhance the patient/client's understanding of the problem being addressed in PT and opportunities for improved health and wellness.

10. Identify outcome measures that are valid, reliable, and appropriate for the setting and patient population.

11. Discuss the impact of economic factors on the delivery of physical therapy and other rehabilitation services.

12. Determine physical therapy-related tasks that can be legally and ethically delegated to physical therapist assistants and other supportive personnel.

Psychomotor:

13. Engage in patient/caregiver education/instruction and identify when to adapt communication based on patient’s needs. This includes taking into consideration the patient’s spoken language, level of education, cognitive impairments and culture.

14. Communicate by verbal and nonverbal means in a professional timely and appropriate manner that is consistent with the intended message.

15. Maintain confidentiality of all protected health information (PHI) and identify and correct situations where PHI may be at
risk. If correction is not within the student’s authority, discuss the situation with the CI and CCCE.

16. Participate in the history taking, systems review and objective assessments within a patient/client evaluation including postural evaluations, range of motion, strength and motor function assessment, reflex integrity, aerobic capacity, arousal, attention & cognition, sensory integrity and integration, integumentary integrity, joint integrity and mobility, body mechanics, pain, gait, locomotion and balance, and ADL & IADL assessment with minimal supervision in 75% of simple cases, and 100% of complex cases.

17. Treat patients with appropriate physical therapy interventions including therapeutic exercise, functional training, manual techniques, neuromuscular reeducation, modalities, prescription of adaptive equipment and assistive devices and airway clearance techniques in accordance with preferred practice patterns in order to achieve patient goals and outcomes.

18. Modify the plan of care and/or interventions according to the patient’s tolerance and response with minimal supervision in 75% of simple cases, and 100% of complex cases.

19. Provide culturally competent instructions in therapeutic exercises and therapeutic activities in accordance with the identified patient goals and plan of care with minimal assistance.

20. Complete the documentation for 50% of a typical caseload following established facility guidelines with minimal supervision.

21. Demonstrate the ability to schedule patients, identify billing codes, request modifications of prescription and order appropriate durable medical equipment in accordance with payer source with minimal assistance.

22. Present an in-service to staff based on current, evidence based information using appropriate teaching and learning strategies.

22a. Provide effective feedback to the student Clinical Instructor and CCCE’s regarding the clinical experience and teaching environment.

Affective:

1. Realize the clinical importance of displaying empathy, caring and compassion for patient/client’s and their situations and making efforts to involve them in the treatment process.

2. Identify and value the importance of putting the patient/client’s needs above the physical therapist’s needs.

3. Self assess clinical performance using the CPI at the midterm and the final identifying areas of strength and limitations in clinical performance in order to improve clinical practice.

4. Seeks feedback from CI and/or CCCE and utilize constructive criticism to develop realistic goals and improve clinical performance.

5. Develop professional behaviors and attitude that reflect the Core Values through respectful and safe interactions with patients/clients, families/caregivers, CI’s and other members of the health care community.
**Teaching Methods and Learning Experiences:**

Format: Clinical Education I 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.

**Course Materials:**

**Required Texts and Readings:**

Clinical Education Manual
Guide to Physical Therapist Practice (APTA, 2003)
Texts from didactic courses that are pertinent for the assigned clinical setting
Readings assigned by the CI or CCCE

**Assignments:**

1. Complete the web based *Physical Therapist Clinical Performance Instrument (CPI) for Students: Self Guided Training Course*. Print and submit certificate of completion to DCE one month prior to the start of the clinical experience.
2. Contact the Center Coordinator of Clinical Education (CCCE) and/or Clinical Instructor (CI) at your assigned clinical site a minimum of two weeks prior to beginning Clinical Education I to:
   a. Introduce self.
   b. Verify that all paperwork is in order and facility requirements have been met.
   c. Obtain information regarding where and whom to report to on day one of the clinical experience.
   d. Inquire into readings or other preparation for the clinical experience.
   e. Determine the attire that is appropriate at the clinical site.
3. Complete and return Student Health Form, along with any other requested information, to the clinical site a minimum of two weeks prior to beginning Clinical Education I.
4. Perform self-assessment, on the Web CPI, based on CI feedback, student peer assessments, and patient/client assessments at midterm and final reviews.
5. Schedule a meeting with the CI and/or CCCE to review and discuss self and center CPI evaluations at midterm and final.
6. Sign both self and clinical instructor assessments at midterm and final.
7. Present an in-service or case study to center staff. The CI and/or CCCE must approve the topic or case.
8. Contact Director of Clinical Education (DCE) as soon as possible if any problems occur in the clinical education process.
9. Complete and review *Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction* with Clinical Instructor and submit electronically to DCE at the conclusion of the clinical experience.
10. 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 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 20 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 CCCE or the CI as early as possible. The student must notify the DCE of clinic absences that exceed one day. A student is permitted one absence due to illness in each clinical experience; a student may be asked to submit a physician’s note as verification. A student is expected to make up time for any additional absences. If the clinical site is unable to add days to the clinical experience for purposes of making up time, or if there is an academic course conflict, compensating time will be added to a future clinical experience. All requests for personal days must be approved by the DCE and CCCE.

**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.

**Grading Policy:**
This course is graded on a Pass/Fail basis. 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 Advanced Beginner Performance by the end of the clinical experience, for all 18-performance criteria (see below) on the CPI.

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.

The course grade will be determined as follows:

**Interval Scale**

<table>
<thead>
<tr>
<th>Beginning Performance</th>
<th>Advanced Beginner Performance</th>
<th>Intermediate Performance</th>
<th>Advanced Intermediate Performance</th>
<th>Entry-level Performance</th>
<th>Beyond Entry-level Performance</th>
</tr>
</thead>
</table>

The 18 performance criteria describe the essential aspects of professional practice of a physical therapist clinician performing at entry-level. The performance criteria are grouped by the aspects of practice that they represent. Items 1-6 are related to professional practice, items 7-15 and items 16-18 address practice management.
| 1.  | Safety                          |
| 2.  | Professional Behavior          |
| 3.  | Accountability                |
| 4.  | Communication                 |
| 5.  | Cultural Competence            |
| 6.  | Professional Development      |
| 7.  | Clinical Reasoning            |
| 8.  | Screening                     |
| 9.  | Examination                   |
| 10. | Evaluation                    |
| 11. | Diagnosis and Prognosis       |
| 12. | Plan of Care                  |
| 13. | Procedural Interventions      |
| 14. | Educational Interventions     |
| 15. | Documentation                 |
| 16. | Outcomes Assessment           |
| 17. | Financial Resources           |
| 18. | Direction and Supervision of Personnel |

**Course Evaluation:** A program course evaluation will be completed at the end of the course and is available on CourseWorks. Students are encouraged to provide written or oral feedback to Course Director throughout the course.

**Appendix B: Syllabus - Clinical Education II - PHYT M8902**

Columbia University  
DPT Program  

**PHYT M8902: Clinical Education II**  
**Summer II**

**Course Directors:**  
Laurel Daniels Abbruzzese, PT, EdD  
la110@columbia.edu  
212-305-3916  
Office Hours: By Appointment

Laura Hagan, PT, DPT, MS, OCS  
lh2621@columbia.edu  
212-342-2989

Jean F. Timmerberg, PT, PhD, OCS  
jt2634@columbia.edu  
212-305-2814

**Clinical Instructors:**  
Multiple Clinical Instructors
Course Credits: 0

Contact Hours per Week: 35 - 45 (varies by clinical site)

Course Hours: 400 (40 hrs/week x 10 weeks)

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 prerequisite courses in the 1st two (2) years of study, are assigned to a clinical center for a 10-week full time clinical experience. This affiliation provides students with an opportunity to further develop skills used in Clinical Education I 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. Students are required to 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.

Course Objectives: Upon completion of this course, the student will be able to:

| Cognitive: | 1. Identify and discuss the potential for ethical dilemmas. Examine ethical dilemmas and with the assistance of the CI, CCCE and/or other appropriate personnel, manage the situation by utilizing the code of ethics, state, federal and institutional laws and guidelines. |
| | 2. Values the need to provide culturally competent care, understands its implication on patient outcomes and takes into consideration differences in race, religion, national origin, gender, age, disability, sexual orientation. |
| | 3. Develop clinical reasoning skills by examining current research, identifying patient/client's needs and seeking feedback from the clinical staff in order to develop the most effective and safe plan of care. |
| | 4. Participate in patient screenings utilizing the appropriate test and measures and interpreting the findings to determine the need for further PT interventions and/or referral to appropriate health care provider with minimal supervision of 50% of simple cases and 75% of complex cases. |
| | 5. Synthesize and evaluate clinical findings to determine physical therapy diagnosis, prognosis, functional impairments, rehabilitation potential and goals with minimal supervision in 50% of simple cases, and 75% of complex cases. |
| | 6. Based on data from the patient's history, systems review and test and measures, determine a physical therapy diagnosis that will guide the plan of care with minimal supervision in 50% of simple cases, and 75% of complex cases. |
| | 7. Establish a plan of care that is patient-centered, realistic, time-sensitive and culturally competent, including short and long-term goals and individualized physical therapy interventions that are guided by the best evidence and consistent with the practice setting. |
and reimbursement constraints with minimal supervision in 50% of simple cases, and 75% of complex cases.

8. Describe preventive services information and resources that may be used to enhance the patient/client's understanding of the problem being addressed in PT and for improved health and wellness.

9. Use data from valid and reliable outcome measures to evaluate treatment effectiveness and to guide plan of care and discharge plans.

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 with minimal supervision.

<table>
<thead>
<tr>
<th>Psychomotor:</th>
</tr>
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<tbody>
<tr>
<td>11. Maintain safety for self and others taking into consideration the environment, patient/client status, contraindications, need for additional assistance and body mechanic requiring clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.</td>
</tr>
<tr>
<td>12. Maintain confidentiality of all protected health information (PHI) and identify and correct situations where PHI may be at risk. If correction is not within the student’s authority, discuss the situation with the CI and CCCE.</td>
</tr>
<tr>
<td>13. Engage in patient/caregiver education/instruction and adapt communication based on patient’s needs. This includes taking into consideration the patient’s spoken language, level of education, cognitive impairments and culture.</td>
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<tr>
<td>14. Communicate by verbal and nonverbal means in a professional, timely and appropriate manner and adjust communication based on target audience.</td>
</tr>
<tr>
<td>15. Examine patients/clients by taking the history, performing a systems review, and administering appropriate objective tests and measures including postural evaluations, range of motion, strength and motor function assessment, reflex integrity, aerobic capacity, arousal, attention &amp; cognition, sensory integrity and integration, integumentary integrity, joint integrity and mobility, body mechanics, pain, gait, locomotion and balance, prosthetic requirements, ventilation and respiration/gas exchange, cranial and peripheral nerve integrity, and ADLs &amp; IADLs with minimal supervision in 50% of simple cases, and 75% of complex cases.</td>
</tr>
<tr>
<td>16. Treat patients with appropriate physical therapy interventions including therapeutic exercise, functional training, manual techniques, neuromuscular reeducation, modalities, prescription of adaptive equipment and assistive devices and airway clearance techniques in accordance with preferred practice patterns in order to achieve patient goals and outcomes.</td>
</tr>
<tr>
<td>17. Modify the plan of care and/or interventions according to the patient’s tolerance and response with minimal supervision in 50% of simple cases, and 75% of complex cases.</td>
</tr>
<tr>
<td>18. Provide culturally competent instructions in therapeutic exercises and therapeutic activities in accordance with the identified patient goals and plan of care with minimal supervision.</td>
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</tbody>
</table>
19. Demonstrate effective means of educating patients, their families, caregivers and clinical staff that reflects and understanding of learning needs & communication preferences.
20. Complete the documentation for 50-75% of a typical caseload following established facility guidelines with minimal supervision.
21. Present an in-service to staff based on current, evidence based information using appropriate teaching and learning strategies
21a. Provide effective feedback to the student Clinical Instructor and CCCE’s regarding the clinical experience and teaching environment.
22. Delegate and supervise physical therapy-related tasks to physical therapist assistants and other supportive personnel in congruence with legal standards and patient needs with minimal supervision.

Affective:

23. Display Empathy, caring and compassion for patients/clients and their situations and involve them in the treatment process.
24. Demonstrate actions that put the patient/client’s needs above the physical therapist’s needs.
25. Self assess clinical performance using the CPI at the midterm and the final identifying areas of strength and areas needing attention in clinical performance in order to improve clinical practice.
26. Seeks feedback from CI and/or CCCE and utilize constructive criticism to develop personal goals and improve clinical performance.
27. Develop professional behaviors and attitude that reflect the Core Values through respectful and safe interactions with patients/clients, families/caregivers, CI’s and other members of the health care community.

Teaching Methods and Learning Experiences:

Format: Clinical Education II 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 Clinical Education I.

Course Materials:

Required Texts and Readings:

Clinical Education Manual
Guide to Physical Therapist Practice (APTA, 2003)
Texts from didactic courses that are pertinent for the assigned clinical setting
Readings assigned by the CI or CCCE

Assignments:

- Contact the Center Coordinator of Clinical Education (CCCE) and/or Clinical Instructor (CI) at your assigned clinical site a minimum of two weeks prior to beginning Clinical Education II to:
  a. Introduce self
  b. Verify that all paperwork is in order and facility requirements have been met
  c. Obtain information regarding where and whom to report to on day one of the clinical
d. Inquire into readings or other preparation for the clinical experience

e. Determine the attire which is appropriate at the clinical site

- Complete and return Student Health Form, along with any other requested information, to the clinical site a minimum of four weeks prior to beginning Clinical Education II.
- Perform self-assessment, on a separate copy of the CPI, based on CI feedback, student peer assessments, and patient/client assessments at midterm and final reviews.
- Schedule a meeting with the CI and/or CCCE to review and discuss self and center CPI evaluations at midterm and final.
- Sign both self and clinical instructor assessments at midterm and final.
- Present an in-service or case study to center staff. The CI and/or CCCE must approve the topic or case. The approved topic cannot be one that has been presented in academic classes, a capstone project or in a prior clinical experience. The length of the presentation should be 20-30 minutes.
- Contact Director of Clinical Education (DCE) as soon as possible if any problems occur in the clinical education process.

**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 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 20 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 CCCE or the CI as early as possible. The student must notify the DCE of clinic absences that exceed one day. A student is permitted one absence due to illness in each clinical experience; a student may be asked to submit a physician’s note as verification. A student is expected to make up time for any additional absences. If the clinical site is unable to add days to the clinical experience for purposes of making up time, or if there is an academic course conflict, compensating time will be added to a future clinical experience. All requests for personal days must be approved by the DCE and CCCE.

**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.

**Grading Policy:** This course is graded on a Pass/Fail basis. 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 Advanced Beginner Performance by the end of the clinical experience, for all 18-performance criteria (see below) on the CPI.

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.

The course grade will be determined as follows:

Interval Scale

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<tr>
<th>Performance Dimension</th>
<th>Beginning</th>
<th>Advanced</th>
<th>Intermediate</th>
<th>Advanced</th>
<th>Entry-level</th>
<th>Beyond</th>
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<tr>
<td>Beginning Performance</td>
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<tr>
<td>Advanced Performance</td>
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<td>Intermediate Performance</td>
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<td>Advanced Performance</td>
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<td>Entry-level Performance</td>
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<td>Beyond Entry-level Performance</td>
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</table>

The 18 performance criteria describe the essential aspects of professional practice of a physical therapist clinician performing at entry-level. The performance criteria are grouped by the aspects of practice that they represent. Items 1-6 are related to professional practice, items 7-15 and items 16-18 address practice management.

1. Safety
2. Professional Behavior
3. Accountability
4. Communication
5. Cultural Competence
6. Professional Development
7. Clinical Reasoning
8. Screening
9. Examination
10. Evaluation
11. Diagnosis and Prognosis
12. Plan of Care
13. Procedural Interventions
14. Educational Interventions
15. Documentation
16. Outcomes Assessment
17. Financial Resources
18. Direction and Supervision of Personnel

**Course Evaluation:** A program course evaluation, available on CourseWorks, will be completed at the end of the course. Students are encouraged to provide written or oral feedback to Course Director throughout the course.
**Appendix C: Syllabus - Clinical Internship - PHYT M9200**

**Columbia University**  
**DPT Program**  
**PTM9200: Clinical Internship**  
**Spring III**

| Course Directors: | Laurel Daniels Abbruzzese, PT, EdD  
| la110@columbia.edu  
| 212-305-3916  
| Office Hours: By Appointment  
| Laura Hagan, PT, DPT, MS, OCS  
| lh2621@columbia.edu  
| 212-342-2989  
| Jean F. Timmerberg, PT, PhD, OCS  
| jt2634@columbia.edu  
| 212-305-2814 |

| Clinical Instructors: | Multiple Clinical Instructors |

| Course Credits: | 0 |

| Contact Hours per Week: | 35 - 45 (varies by clinical site) |

| Course Hours: | 640 (40 hrs/week x 16 weeks) |

**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-gradation. This final clinical education experience provides students with an opportunity to further develop skills used in Clinical Education I and II as well as practice new skills in conjunction with the advanced seminar course and electives taken in preparation for entry-level practice. Students are required to give an in-service or case study presentation as well as an evidence based paper review in a recommended Journal Club format in partial fulfillment of the requirements of this experience.

**Prerequisites:** The curriculum is sequential. All courses build on required course content from previous semesters.

| Course Objectives: | Upon completion of this course, the student will be able to: |

Cognitive:  
1. Identify and discuss the potential for ethical dilemmas. Examine ethical dilemmas and with the assistance of the CI, CCCE and/or other appropriate personnel, manage the situation by utilizing the code of ethics, state, federal and institutional laws and guidelines.
2. Formulate clinical decisions based on current research, individual patient/client needs and professional judgment in order to provide the most effective and safe care for both complex and simple patient cases with entry level competence.

3. Synthesize and evaluate clinical findings to determine physical therapy diagnosis, prognosis, functional impairments, rehabilitation potential and goals for both simple and complex cases with entry-level competency.

4. Based on data from the patient's history, systems review and test and measures, determine a physical therapy diagnosis that will guide the plan of care for a full case load without supervision or guidance for both simple and complex cases.

5. Select, administer, and analyze valid and appropriate outcome measures in order to modify and optimize patient care.

6. Demonstrate clinical problem solving skills appropriate for entry-level competency to enhance patient outcomes and minimize risk or error.

7. 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 with entry-level competency.

8. Plan for possible safety issues and respond to the safety needs of the patient and the student taking into consideration the environment, patient/client status, contraindications, need for additional assistance and body mechanics with entry level competence.

9. Maintain confidentiality of all protected health information (PHI) and identify and correct situations where PHI may be at risk. If correction is not within the student’s authority, discuss the situation with the CI and CCCE.

10. Engage in patient/caregiver education/instruction and adapt communication based on patient’s needs. This includes taking into consideration the patient’s spoken language, level of education, cognitive impairments and culture.

11. Communicate by verbal and nonverbal means in a professional, timely and appropriate manner and adjust communication based on target audience.

12. Consistently incorporate culturally competent communication strategies and adapts behavior that take into account individual and cultural differences in race, national origin, religion, gender, age, disability, sexual orientation in order to ensure positive patient outcomes.

13. Perform screenings on patients seeking physical therapy services utilizing the appropriate test and measures and
interpreting the findings to determine the need for further PT interventions and/or referral to appropriate health care provider with entry level competence.

14. Perform a physical therapy examination for a patient with both simple and complex conditions accurately and efficiently with entry-level competency. This includes taking a subjective history, performing a systems review and utilizing culturally appropriate relevant test and measures without need for guidance or clinical supervision except when confronted with unfamiliar or ambiguous situations.

15. Design and implement an individualized, culturally competent plan of care that integrates clinical findings with the established patient/client goals and practice setting constraints with entry-level competency.

16. Participate in the case management process including reporting in team rounds and written & verbal reports to referring physicians.

17. Treat patients with appropriate physical therapy interventions including therapeutic exercise, functional training, manual techniques, neuromuscular reeducation, modalities, prescription of adaptive equipment and assistive devices and airway clearance techniques in accordance with preferred practice patterns in order to achieve patient goals and outcomes.

18. Modify the plan of care and/or interventions according to the patient’s tolerance and response with entry-level competency.

19. Provide direct access care in compliance with state and facility regulations for patients/clients identified as needing PT services.

20. Present an in-service to staff based on current, evidence based information using appropriate teaching and learning strategies.

20a. Provide effective feedback to the student Clinical Instructor and CCCE’s regarding the clinical experience and teaching environment.

21. Provide preventive services information and resources that may be used to enhance the patient/client's understanding of the problem being addressed in PT and promote health and wellness.

22. Provide culturally competent instructions in therapeutic exercises and therapeutic activities in accordance with the identified patient goals and plan of care.

23. Demonstrate effective means of educating patients, their families, caregivers and clinical staff that reflects and understanding of learning needs & communication preferences.

24. Select relevant information to document the delivery of physical therapy services with entry-level competency.
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<tr>
<td>25.</td>
<td>Complete documentation for a full caseload that follows established guidelines and format required by the practice setting with entry-level competency.</td>
</tr>
<tr>
<td>26.</td>
<td>Delegate and supervise physical therapy-related tasks to physical therapist assistants and other supportive personnel in congruence with legal standards and patient needs.</td>
</tr>
<tr>
<td>Affective:</td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Demonstrate the skill to adjust interactions with patients based on their needs by displaying levels of empathy, caring and compassion and involve patients/clients in the treatment process.</td>
</tr>
<tr>
<td>28.</td>
<td>Demonstrate actions that put the patient/clients needs above the physical therapist’s needs.</td>
</tr>
<tr>
<td>29.</td>
<td>Self assess clinical performance using the CPI at the mid-term and the final identifying areas of strength and areas needing attention in clinical performance in order to improve clinical practice.</td>
</tr>
<tr>
<td>30.</td>
<td>Seeks and values feedback from CI and/or CCCE and utilize constructive criticism to develop personal goals and improve clinical performance.</td>
</tr>
<tr>
<td>31.</td>
<td>Display professional behaviors and attitudes that reflect the Core Values through respectful and safe interactions with patients/clients, families/caregivers, CI’s and other members of the health care community.</td>
</tr>
</tbody>
</table>

### Teaching Methods and Learning Experiences:

**Format:** *The Clinical Internship* 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.

### Course Materials:

*Required Texts and Readings:*

- Clinical Education Manual
- Texts from didactic courses that are pertinent for the assigned clinical setting
- Readings assigned by the CI or CCCE

### Assignments:

1. Contact the Center Coordinator of Clinical Education (CCCE) and/or Clinical Instructor (CI) at your assigned clinical site(s) a minimum of four weeks prior to beginning the internship to:
   a. Introduce self
   b. Verify that all paperwork is in order and facility requirements have been met
   c. Obtain information regarding where and whom to report to on day one of the clinical experience
   d. Inquire into readings or other preparation for the clinical experience
   e. Determine the attire which is appropriate at the clinical site
a. Complete and return Student Health Form, along with any additional information requested by clinical site, a minimum of four weeks prior to beginning the Clinical Internship.
b. Perform a comprehensive written self-assessment using the Physical Therapist Clinical Performance Instrument (CPI) at midterm and final reviews.
c. Schedule a meeting with the CI and/or CCCE to review and discuss self and center CPI evaluations at midterm and final.
d. Sign both self and clinical instructor assessments at midterm and final.
e. Present an in-service or case study to center staff at each internship site. The CI and/or CCCE must approve the topic of the presentation or case.
f. Present an evidence-based practice article review to center staff at each internship site for students doing two 9 week Internships and two evidence-based practice article reviews to center staff for students doing an 18 week Internship. The review can be in Word or PowerPoint format and should include:
   - Title, author(s), name of journal and date/year.
   - A summary of the article including critical analysis of the quality and usefulness of the research.
   - The properties of tests and measures identified in the article, e.g., reliability validity, sensitivity, etc.
   - Discussion of the clinical applications of the research for evaluation and treatment of patient(s) you are working with in the clinical internship.
   - Description of how the information in the article may have changed your approach towards evaluation and treatment.

8. Contact Director of Clinical Education (DCE) as soon as possible if any problems occur in the clinical education process.

9. Complete and review Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction with CI and submit to DCE at the completion of the clinical Internship.

10. 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 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 20 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 CCCE or the CI as early as possible. The student must notify the DCE of clinic absences that exceed one day. A student is permitted one absence due to illness in each clinical experience; a student may be asked to submit a physician’s note as verification. A student is expected to make up time for any additional absences. If the clinical site is unable to add days to the clinical experience for purposes of making up time, or if there is an academic course conflict, compensating time will be added to a future clinical experience. All requests for personal days must be approved by the
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.

Grading Policy:

This course is graded on a Pass/Fail basis. 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 Advanced Beginner Performance by the end of the clinical experience, for all 18-performance criteria (see below) on the CPI. 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.

The course grade will be determined as follows:

Interval Scale

| Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance |

The 18 performance criteria describe the essential aspects of professional practice of a physical therapist clinician performing at entry-level. The performance criteria are grouped by the aspects of practice that they represent. Items 1-6 are related to professional practice, items 7-15 and items 16-18 address practice management.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Evaluation</td>
<td>11. Diagnosis and Prognosis</td>
<td></td>
</tr>
</tbody>
</table>
Course Evaluation: A program course evaluation, available on CourseWorks, will be completed at the end of the course. Students are encouraged to provide written or oral feedback to Course Director 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 __________2013, between Facility Name (the "Clinical Facility") and the Program in Physical Therapy, the Faculty of Medicine of Columbia University, 710 West 168th Street, New York, New York 10032, (the "University").


   (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:  
________________________________________  
Joel Stein, MD  
Chair, Department of Rehabilitation and  
Regenerative Medicine

SIGNED FOR THE UNIVERSITY:

________________________________________  
Risa Granick, EdD, MPA, PT  
Director Program in Physical Therapy

Date:_________________________  Date: ________________________________
# Appendix E: DPT Curriculum

## Columbia University

**Doctor of Physical Therapy Curriculum**

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

### Courses Taken Prior to Clinical Education I

**YEAR I FALL**
- Gross Anatomy
- Applied Physiology
- Kinesiology & Biomechanics I
- Examination and Evaluation
- Evidence Based Practice I
- Professional Development and Practice I

**YEAR I SPRING**
- Kinesiology & Biomechanics II
- Concepts in Therapeutic Exercise
- Neuroscience
- Pathology
- PT Procedures
- Movement Science
- Evidence Based Practice II
- Clinical Education Seminar I
- Integrated Clinical Experiences
- **Electives:** Service Learning (trip to Guatemala)

**YEAR I SUMMER**
- PT Management of Ortho Conditions I
- Soft Tissue Mobilization
- Clinical Geriatrics
- Evidence Based Practice III
- Physical Modalities
- Medical Screening I
- **Electives:** Medical Spanish

### Courses Taken Prior to Clinical Education II

**YEAR II SPRING**
- PT Management of the Adult w/ Neuro Conditions II
- PT Management of Ortho Conditions III
- PT Management of Pediatric Conditions
- Management of Cardiopulmonary Conditions II
- Professional Development & Practice II
- PT Management of Integumentary Impairments
- Clinical Education Seminar III
- Integrated Clinical Experiences
- Prosthetics
- **Electives:** Research Practicum
  - Service Learning (trip to Guatemala)

**Plus all courses completed prior to Clinical Education I**

### Courses Taken Prior to Internship

**YEAR III FALL**
- Health Education and Promotion in PT Practice
- Clinical Case Management
- Marketing and Business Management in PT Issues and Approaches in Health Policy
- Pharmacology
- Medical Screening II
- Diagnostic Imaging
- Professional Development & Practice III
- Clinical Education Seminar IV

**ADVANCED TRACKS** (Students select one):
- Advanced Seminars in Orthopedics
- Advanced Seminars in Neurology
- Advanced Seminars in Pediatrics

**ELECTIVES:**
- Research Practicum
- Teaching Practicum: Applied Physiology, Anatomy, Anatomy lab and/or Kinesiology & Biomechanics I
- Team Teaching Practicum: Kinesiology and Biomechanics I
- Women’s Health Issues
- Performing Arts In Physical Therapy
- Integrated Therapies
- Craniofacial Pain of Cervicogenic Origin
- Sports Rehabilitation
- Hand and Upper Extremity Rehabilitation
- Foot & Ankle Rehabilitation
- Vestibular Rehabilitation
- Pilates

- **Students have completed all of the didactic coursework prior to their Final Internship**
## Appendix F: Certificate of Insurance

### Healthcare Professional Liability

**LIBERTY INSURANCE UNDERWRITERS INC.**

(A Stock Insurance Company, licensed for “company”)

55 Water Street, 39th Floor
New York, NY 10041

**DECLARATIONS - SPECIFIED MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY**

<table>
<thead>
<tr>
<th>Item</th>
<th>Policy Number: AHV-102834001</th>
<th>Renewal Of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Named Insured: The Students Of Columbia University Physical Therapy Program</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Mailing Address: 4th Floor 710 West 168th Street New York NY 10032</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Policy Period: 12:01 A.M. Standard Time At Location of Designated Premises From: 09/01/2012 To: 09/01/2013</td>
<td></td>
</tr>
</tbody>
</table>

4. The insurance afforded is only with respect to such of the following types of insurance as indicated by specific premium change or changes:

**COVERAGE**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Professional Liability</td>
<td>$1,440.00</td>
</tr>
<tr>
<td>B. General Liability</td>
<td>$0.00</td>
</tr>
<tr>
<td>C. Endorsements</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**TOTAL:** $1,440.00

5. **LIMITS OF LIABILITY**

<table>
<thead>
<tr>
<th>Limit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000,000 each Incident or Occurrence</td>
<td>$4,000,000 in the Aggregate</td>
</tr>
</tbody>
</table>

6. Deductible (if applicable): $0 each Incident or Occurrence

7. The Named Insured is:

- [ ] Sole Proprietor (including Individual)
- [x] Partnership
- [ ] Corporation
- [ ] Other
- [ ] Affiliation: Student Malpractice Blanket Liability

8. Business or Occupation of the Named Insured: Student

9. This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s): HCPL-21357 (06/10), HCPL-2025-9000 NY 07/10, HCPL-9002 NY 02/10, HCPL-2025-9001 NY 02/10, OMAC 08/09, HCPL-2025 (11/08), HCPL-9038 (11/08), TRIA-EH03-0210, TRIA-N004-0210

Representative Agent: Marsh U.S. Consumer a service of Salaur & Smith, Inc.
P.O. Box 14576
Des Moines IA 50306-0210

11/29/2025 (TJ/99)
### Appendix G: New Contact Form

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.

<table>
<thead>
<tr>
<th>Facility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td></td>
</tr>
<tr>
<td>Contact Person/CCCE</td>
<td></td>
</tr>
<tr>
<td>Contact phone #</td>
<td></td>
</tr>
<tr>
<td>Contact e-mail</td>
<td></td>
</tr>
<tr>
<td>Rotation Available</td>
<td></td>
</tr>
<tr>
<td>Dates Available</td>
<td></td>
</tr>
<tr>
<td>Summary of what has been discussed</td>
<td></td>
</tr>
<tr>
<td>Description of facility (typical case load; number of therapists on staff; variety of diagnoses; experience with clinical education, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

I have forwarded the above information to the DCE:  

--- Dr. Abbruzzese  --- Dr. Hagan  --- Dr. Timmerberg  
(please check)
Appendix H: APTA Student Evaluation of the Clinic and CI

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 (CCCEs), 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 Credentialled CI         Yes        No
Other CI Credential          State        Yes        No
Professional organization memberships APTA        Other

Additional Clinical Instructor Name (Print name)__________________________  Date__________________________
Additional Clinical Instructor Name (Provide signature)

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

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site
   Address City State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.
   
<table>
<thead>
<tr>
<th>Acute Care/Inpatient Hospital Facility</th>
<th>Private Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care/Outpatient</td>
<td>Rehabilitation/Sub-acute Rehabilitation</td>
</tr>
<tr>
<td>ECF/Nursing Home/SNF</td>
<td>School/Preschool Program</td>
</tr>
<tr>
<td>Federal/State/County Health</td>
<td>Wellness/Prevention/Fitness Program</td>
</tr>
<tr>
<td>Industrial/Occupational Health Facility</td>
<td>Other</td>
</tr>
</tbody>
</table>

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No

6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:
1 = Never 2 = Rarely 3 = Occasionally 4 = Often

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

<table>
<thead>
<tr>
<th>Diversity Of Case Mix</th>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>0-12 years</td>
<td>Critical care, ICU, Acute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>13-21 years</td>
<td>SNF/ECF/Sub-acute</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Screening</td>
<td>Prognosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· History taking</td>
<td>Plan of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Systems review</td>
<td>Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Tests and measures</td>
<td>Outcomes Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. During this experience, how frequently did staff (i.e., CI, CCCE, 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.

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

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

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):
   - Physical therapist students
   - Physical therapist assistant students
   - Students from other disciplines or service departments (Please specify)

12. Identify the ratio of students to CIs for your clinical experience:
   - 1 student to 1 CI
1 student to greater than 1 CI
1 CI to greater than 1 student; Describe

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

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)
   - Attended in-services/educational programs
   - Presented an in-service
   - Attended special clinics
   - Attended team meetings/conferences/grand rounds
   - Directed and supervised physical therapist assistants and other support personnel
   - Observed surgery
   - Participated in administrative and business practice management
   - Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
   - Participated in opportunities to provide consultation
   - Participated in service learning
   - Participated in wellness/health promotion/screening programs
   - Performed systematic data collection as part of an investigative study
   - Other; Please specify

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

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
   - Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
   - Time well spent; would recommend this clinical education site to another student.
   - Some good learning experiences; student program needs further development.
   - Student clinical education program is not adequately developed at this time.

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

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

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

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

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?
**SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION**

Information found in this section is to be shared between the student and the clinical instructor(s) at mid-term 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).

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program’s objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site's objectives for this learning experience were clearly communicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
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<tr>
<td>The CI provided constructive feedback on student performance.</td>
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<td>The CI provided timely feedback on student performance.</td>
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<td>The CI demonstrated skill in active listening.</td>
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<tr>
<td>The CI provided clear and concise communication.</td>
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<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
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<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
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<tr>
<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
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<tr>
<td>The supervising CI was accessible when needed.</td>
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<tr>
<td>The CI clearly explained your student responsibilities.</td>
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<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
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<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
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<tr>
<td>Time was available with the CI to discuss patient/client management.</td>
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<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
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<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
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<tr>
<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
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<td>The CI made the formal evaluation process constructive.</td>
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<tr>
<td>The CI encouraged the student to self-assess.</td>
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</table>
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

2011 CLINICAL EDUCATION SURVEY FOR 10/24 TO 12/16/11 PLACEMENTS
Complete this survey and submit via e-mail to mc3137@columbia.edu. Please also submit a hard copy to 813-A by Noon, Friday, May 27, 2011.
Due by Friday, May 27, 2011 12:00 Noon

<table>
<thead>
<tr>
<th>CONTACT INFORMATION</th>
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<td>UNI:</td>
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<td>First Name:</td>
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<td>Address:</td>
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<td>Zip Code:</td>
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<td>Phone:</td>
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<thead>
<tr>
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<th>LOGISTICS</th>
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<tr>
<td>DESCRIBE PREVIOUS CLINICAL EDUCATION I EXPERIENCE:</td>
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<tr>
<td>WHERE WILL YOU LIVE FROM 10/24 – 12/16/11?</td>
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<tr>
<td>WILL YOU HAVE A CAR?</td>
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<tr>
<td>ARE YOU A RESIDENT OR PLAN TO MOVE THERE AFTER GRADUATION?</td>
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<tr>
<td>LIST OTHER PLACEMENTS DISCUSSED WITH DCE THAT ARE NOT LISTED FOR RANKING:</td>
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<td>ADD ADD'L DETAILS THAT MIGHT HELP US DECIDE YOUR PLACEMENT:</td>
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<tr>
<th>RANK PLACEMENTS (YOU MUST RANK A MINIMUM OF 7)</th>
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<td>1 Option 1</td>
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<td>8 Option 8</td>
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<td>9 Option 9</td>
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<td>10 Option 10</td>
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Appendix J: HIPPA 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 HIPPA 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)
(D) 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:

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:
   - Before touching a patient, even if gloves will be worn
   - Before exiting patient’s care area after touching the patient or the patient’s immediate environment
   - After contact with blood, body fluids or excretions, or wound dressings
   - Prior to performing an aseptic task (e.g., placing an IV, preparing an injection)
   - If hands will be moving from a contaminated-body site to a clean-body site during patient care
   - 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.
   - Remove and discard PPE before leaving the patient’s room or area
   - Wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment
     - Do not wear the same pair of gloves for the care of more than one patient
     - Do not wash gloves for the purpose of reuse
   - Perform hand hygiene immediately after removing gloves
   - Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated
   - Do not wear the same gown for the care of more than one patient
   - Wear mouth, nose and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids
   - 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
   - Follow manufacturer’s recommendations for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, and disposal)
   - 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.
   - Post signs at entrances with instructions to patients with symptoms of respiratory infection to:
     - Cover their mouths/noses when coughing or sneezing
     - Use and dispose of tissues
     - 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.

Appendix L: Student Health Form

COLUMBIA UNIVERSITY
PROGRAM IN PHYSICAL THERAPY

STUDENT HEALTH FORM
710 WEST 168TH STREET, 8TH 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 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 two-step Tuberculosis (Mantoux or PPD) within 12 months of first clinical experience and annual screenings thereafter
   - Record of negative chest x-ray in the case of a positive PPD
   - Annual surveillance with interferon gamma release assay (IGRA) tests such as quantiFERON-TB Gold or T-Spot is acceptable. A two-step procedure is not required

4. Documentation of immunity to Hepatitis B or a signed declination of the Hepatitis B vaccine

5. Proof of seasonal flu vaccine or signed declination of the flu vaccine

6. Documentation of baseline Hepatitis C antibody

7. A 10-panel urine toxicology screening

Health Status: This student has been examined by me on __________________________(date) and has been found to be in good general health and free from contagious diseases. He/she has 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 Forms

Columbia University
Program in Physical Therapy
710 West 168th Street, 8th floor
New York, NY 10032
(212) 305-3781 Tel.
(212) 305-4569 Fax

Student Data Form: Clinical Internship I & II

Name: ____________________________________________________________
Local Address: ____________________________________________________
Telephone #: ______________________________________________________
Home Address: _____________________________________________________
(If different from above) _____________________________________________
Telephone #: ______________________________________________________
Emergency Contact:
Name: ___________________ Relationship: ____________________________ Tel.#: __________________
Medical or Physical Limitations: No____ Yes____
If yes, please describe _____________________________________________

Previous Higher Education:
School ____________________________________________________________
Degree __________ Year __________
Major ____________________ Minor __________

Previous Clinical Affiliations:
Clinical Education I:
Name of Facility: ________________________________
City/State: __________________________________________
Rotation(s): __________________________________________
Describe your caseload: ____________________________________________
Describe your clinical responsibilities: ________________________________
Clinical Education II:

Name of Facility: __________________________

City/State: ______________________________________

Rotation(s): ______________________________________

Describe your caseload: ____________________________________________________________

Describe your clinical responsibilities: ________________________________________________

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

__________________________________________________________

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

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

__________________________________________________________

Based on your prior clinical experience, what is 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: PHYSICAL CAPACITIES FORM

PHYSICAL CAPACITIES FORM

Student Name: __________________________ Date: __________________________

Your cooperation in completing this form is vital to our efforts in determining the potential of above named student to safely participate in a 10-week (≥ 35 hours per week) clinical internship in physical therapy from ________ to ________.

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

1. In an 8-hour workday, student can stand/walk: No restrictions
   (Hours at one time) (Total hours during day)
   0-2 2-4 4-5 6-8 0-2 2-4 4-6 6-8

2. In an 8-hour workday, student can sit: No restrictions
   (Hours at one time) (Total hours during day)
   0-2 2-4 4-5 6-8 0-2 2-4 4-6 6-8

3. Student can lift/carry: No restrictions
   Maximum lbs.: 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 or above
   Frequently: Yes No
   Occasionally: Yes No

4. Student can use hands for repetitive: No restrictions
   A. Simple Grasping  B. Pushing & Pulling  C. Fine manipulation
   Yes No Yes No Yes No

5. Student is able to: Frequently Occasionally Not at all
   A. Bend
   B. Squat
   C. Kneel
   D. Climb
   E. Reach

6. Is student restricted by environmental factors, such as heat/cold, dust, dampness, height, etc.? No restriction
   Yes – Please explain ________________________________________________________________

7. Is student involved with treatment and/or medication that might affect his/her ability to work? No restriction
   Yes – Please explain

8. Will student be required to use any assistive devices or braces? No restrictions
   Yes – Please explain: ________________________________________________________________

8. Student can participate in clinical internship at:
   Light duty__________ Full duty__________

   Physician’s Signature: __________________________ Date: __________________________
Appendix P: 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 (e.g., 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, attention, 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 (e.g., 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:

<table>
<thead>
<tr>
<th>Beginning Performance</th>
<th>Advanced Beginner Performance</th>
<th>Intermediate Performance</th>
<th>Advanced Intermediate Performance</th>
<th>Entry-level Performance</th>
<th>Beyond Entry-level Performance</th>
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Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm ☒ Final ☒
Appendix Q: 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


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 C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITIONS</th>
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</table>
| Supervision/Guidance    | Level and extent of assistance required by the student to achieve entry-level performance.  
  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                 | Degree of knowledge and skill proficiency demonstrated.  
  As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance. |
| Complexity              | Number of elements that must be considered relative to the task, patient, and/or environment.  
  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             | Frequency of occurrences of desired behaviors related to the performance criterion.  
  As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely. |
| Efficiency              | Ability to perform in a cost-effective and timely manner.  
  As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance. |

**Rating Scale Anchors**

| Beginning performance   | 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       | 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| 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   | 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  | 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      | 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 a 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. |