

MISERICORDIA UNIVERSITY
PHYSICAL THERAPY DEPARTMENT
DPT 847 Clinical Education 2
COURSE SYLLABUS

CREDITS: 10

- Full-time placement (40 hours per week) at an affiliating clinical education site under the supervision of a licensed physical therapist.

PREREQUISITE COURSES: Successful completion of all required DPT academic courses is required prior to starting any Clinical Education experience. Successful completion of DPT 837 Clinical Education 1 is also a prerequisite for this course.

FACULTY:

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- Clinical Instructor(s): Assigned by clinical education site

CATALOG DESCRIPTION:

This is a ten-week, full-time clinical education experience, occurring during the sixth semester in the program (Fall II). This experience will provide the opportunity for integration of current professional competencies into direct patient care using problem solving strategies. Facilitation from Physical Therapy Clinical Faculty will assist in the utilization of these skills in critically analyzing a variety of patient and role problems. This experience will finalize the process of professional socialization and cultivation of interpersonal communication skills; clinical decision making; self-assessment; proactive learning; and development of personal values, attitudes, and motivations in relationship to ethical, legal, and moral practice. 40 hours per week for 10 weeks.

TEACHING METHODS: Direct patient care and practice of physical therapy under the supervision of a licensed physical therapist; On-line activities through Blackboard.

Rev 9/12/2019

PROGRAM STUDENT LEARNING OUTCOMES ADDRESSED BY THIS COURSE:

1. Be prepared to practice as physical therapist generalists capable of contemporary, reflective, competent, legal, autonomous and ethical practice.
2. Competently utilize and contribute to, evidence for the validation and advancement of the art and science of physical therapy.
3. Apply appropriate and effective teaching methods to educate others.
4. Effectively communicate and interact with colleagues for the benefit of optimal service to clients.
5. Respect and respond to individual differences in interactions with clients, families, colleagues and the community.

UNIVERSITY GRADUATE EDUCATION GOALS ADDRESSED BY THIS COURSE:

1. Integrate the values of mercy, service, justice, and hospitality in their scholarly activity and professional work.
2. Demonstrate leadership and service to their communities and professions.
3. Advocate responsible ethical decision-making and behavior.
4. Think independently and creatively, using evidenced-based research.
5. Demonstrate cultural competence and the ability to consider global perspectives within their communities and professions.
6. Value and foster effective oral, written, and technological communication within their communities and professions.
7. Incorporate current technologies to enhance communication and professional practice.
8. Pursue life-long learning and continued professional growth.

COURSE OBJECTIVES:

Course Objective	Program Student Learning Outcome	University Graduate Education Goal
Upon completion of this clinical education experience, the student will be able to:		
1. Create a safe working environment that minimizes risk to patients, self and others. (PC 1)	1-5	1-8
2. Respond appropriately to emergent or urgent situations according to facility safety policies and procedures. (PC 1)	1-5	1-8
3. Exhibit professional behavior during all clinical education activities. (PC 2)	1-5	1-8

4. Practice within established legal, professional and ethical guidelines. (PC 3)	1-5	1-8
5. Communicate verbally and nonverbally with others in an appropriate and timely manner. (PC 4)	1-5	1-8
6. Provide optimal care in a compassionate manner within the context of client wishes and both personal and societal constraints. (PC 5)	1-5	1-8
7. Provide care for patients and families in a nonjudgmental way while respecting personal differences, values and beliefs. (PC 5)	1-5	1-8
8. Identify personal strengths and weaknesses through CI's assessment and self-assessment.(PC 6)	1-5	1-8
9. Develop a plan for personal and professional growth based on CI's assessment and self-assessment. (PC 6)	1-5	1-8
10. Communicate and collaborate as professional health care providers with other health professionals, health and social service agencies and the community in the areas of: health promotion; prevention of disease, illness and participation restriction; health maintenance; and intervention for movement dysfunction. (PC 6)	1-5	1-8
11. Recognize clusters of signs, symptoms, and predisposing factors which enable categorization of problems and establish a physical therapy diagnosis. (PC 7)	1-5	1-8
12. Screen for relevant moderating variables, signs and symptoms that may contribute to determination of the physical therapy diagnosis and aid in selection of the most appropriate intervention strategies. (PC 8)	1-5	1-8
13. Decide whether physical therapy treatment is appropriate for a client as being within the scope of practice of physical therapy and the expertise of the therapist. (PC8)	1-5	1-8

14. Refer clients to another practitioner if physical therapy intervention is not appropriate and/or if there are related or unrelated problems for which other health care intervention may be indicated.(PC 8)	1-5	1-8
15. Select and accurately perform relevant physical therapy tests and measures during the examination of a patient. (PC9)	1-5	1-8
16. Consider patient response to selected tests and measures to optimize efficiency and accuracy. (PC 9)	1-5	1-8
17. Evaluate information from the client/family interview, the medical record, and physical therapist's examination of the client, in making clinical decisions. (PC 10)	1-5	1-8
18. Synthesize information to establish a physical therapy diagnosis and prognosis to create a patient/client plan of care. (PC 11)	1-5	1-8
19. Develop the short and long term goals for physical therapy in consultation with given clients and their significant others to maximize functional outcomes. (PC 12)	1-5	1-8
20. Select and design appropriate physical therapy intervention given constraints of moderating variables and limitations of knowledge. (PC 12)	1-5	1-8
21. Implement and manage physical therapy intervention in cooperation with the clients, significant others, and other health professionals, and in consideration of the moderating variables and contemporary health care and professional issues and constraints. (PC 13)	1-5	1-8
22. Monitor and evaluate responses to intervention, including physiological status, and modify or terminate treatments as appropriate. (PC 13)	1-5	1-8
23. Apply concepts from teaching and learning theories in designing, implementing, and evaluating learning experiences used in the education of clients, significant others, students, colleagues, community, and self. (PC 14)	1-5	1-8

24. Provide thorough, accurate, and organized documentation in a timely manner to justify physical therapy services. (PC 15)	1-5	1-8
25. Function with a spirit of critical inquiry by: applying basic principles of the scientific method to read and interpret professional literature; systematically collecting, analyzing, and documenting clinical data; participating in activities to validate clinical theory and practice; and critically analyzing new concepts and findings. (PC 16)	1-5	1-8
26. Apply concepts and principles of management in the provision of cost-effective physical therapy services to individuals, organizations and communities in recognition of the influence of social, economic, legislative, ethical and demographic factors on the delivery of health care. (PC 17)	1-5	1-8
27. Determine appropriate direction and supervision of personnel working with patients/clients with consideration for the legal, professional and ethical guidelines of the profession. (PC 18)	1-5	1-8

MISERICORDIA’S INTERPROFESSIONAL EDUCATION OBJECTIVE:

This course utilizes Interprofessional Education (IPE) activities to enhance the educational goals and objectives stated above. Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. The overall goal is to support the collaborative team approach to patient/client-centered care through competency and understanding of:

- Values and Ethics for interprofessional practice
- Roles and Responsibilities for collaborative practice
- Interprofessional Communication
- Interprofessional Teamwork and Team-based Care

TEXTS AND RESOURCES: Students are strongly encouraged to access required texts, not only to meet course requirements, but also as the basis for preparation for the National Physical Therapy Examination (licensure).

Required Textbooks:

1. *Guide to Physical Therapist Practice*. 3.0, 2016. Alexandria, VA: American Physical Therapy Association.

2. The course Blackboard page is used to provide supplemental information throughout the semester.

Recommended Textbooks and Other Resources: All textbooks and resources utilized in the academic portion of the curriculum prior to the clinical education experience.

Course and Academic Policies:

Academic Policies:

All Misericordia University Courses follow standard academic policies, described [here](#), or on the portal under the students tab. Policies include: Credit Hour Statement, Disability Statement, Tutorial Assistance, Laptop Policies, Equipment requirements and support. Credit hour statements are specific to course format. Faculty will advise students of the specific Laptop Policy.

COURSE POLICIES: Students are responsible for complying with all policies found in the University and DPT student handbooks.

All course materials are the property of the instructor and the University. Students do not have permission to copy, sell, distribute, or present notes, tapes, electronic media presentations, or other course materials for any purpose other than personal educational use.

COURSE REQUIREMENTS:

1. Completion of the student's self-assessments (midterm and final) utilizing the PT CPI.* These must be reviewed and signed by the Clinical Instructor (CI). The student must complete the Comments sections under each Performance Criteria as well as the Summative Comments section for both the midterm and final. Completion of the CPI by CI to be reviewed and signed by the student. The CI must complete the comments section for each of the performance criteria. Once the student and CI have completed the PT CPI at both midterm and final, they will need to sign off on the evaluation. To sign off on the document either click on the flashing paper and pencil icon to go to the signature page, or scroll to the bottom where it says "Evaluation Sign Off".
* These will be completed and submitted in an on-line format accessed through the following website: <http://cpi2.amsapps.com/>
2. Completion of the Clinical Education Journal. This is optional for Clinical Education IV, however if student and/or CI wish to utilize it, the journal must be reviewed and signed by the Student and CI. It is the **student's responsibility** to submit the completed journal as instructed in Blackboard.
3. Completion of the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction. *This must be reviewed and signed by the CI and SCCE. *This Evaluation will be completed and submitted in an on-line format accessed through the following website: <https://sp2013.misericordia.edu/ptstudents/default.aspx>

4. Satisfactory completion of all online assignments (papers, discussion boards, etc) by the designed due date in Blackboard.

Prior to the start of DPT 847 Clinical Education 2, the student will receive the necessary information to access the Weekly Journal, the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction, and course syllabi. The SCCE will receive a package containing the completed Student Data Form, along with instructions on how to access course syllabi, PT CPI Web, etc. This packet should be passed on to the clinical instructor(s).

GRADING POLICY: Evaluation is based on the course requirements listed above. Submission of all of forms and assignments is required before a student is evaluated:

1. Students are formally evaluated by the CI/SCCE at the mid- and end-point of the clinical experience via the PTCPIWeb. Ongoing evaluation of the student by CIs is encouraged through the Weekly Journal. CI's/SCCE's may utilize the CPIs 'Critical Incident' Reports and 'Significant Concerns' option to document areas where the student requires additional learning experiences.
2. At the end of the clinical education experience **Successful/Unsuccessful grades are assigned by the DCE**. It is expected that student performance progresses along the continuum from Beginner performance to Entry-level or beyond performance by the final clinical experiences. Grades will be determined based on several factors:
 - A review of the completed CPI of both student and CI evaluations of student performance.
 - A review at the end of the clinical experience demonstrating achievement of Program expectations specific to the clinical experience.
 - Where utilized, a consideration of 'Significant Concerns' and 'Critical Incident Reports' and subsequent student performance.
 - A review of the student feedback on the clinical experience.
 - Written documentation from the CI and CCCE, as available.
 - Additional verbal or written information from the CI and student, from on-site meetings or telephone conversations, as offered or requested.
 - Completion and timely submission of assignments as required by the academic Program.
3. A "Successful" grade for the clinical education experience is earned if **all** of the following occur:
 - a. All required assignments are submitted as outlined in Blackboard.
 - b. Student achieves the cognitive, psychomotor, and affective goals and objectives set forth in the syllabus.
 - c. Student demonstrates clinical performance appropriate to the clinical setting and level of educational preparation as documented by the CPI.
 - d. No documentation of "Significant Concerns" or "Critical Incidents" for the final evaluation of the clinical experience.

4. An “Unsuccessful” grade for the clinical education experience is earned if one or more of the following occur:
 - a. Student does not achieve the cognitive, psychomotor, and affective goals and objectives set forth in the syllabus for the clinical experience, by demonstrating
 - inconsistent or poor professional behavior including:
 - communication skills,
 - accountability,
 - lack of initiative,
 - illegal or unethical behavior in relation to the clinical experience,
 - inconsistent or poor patient management knowledge and skills including:
 - repeated lack of safety awareness,
 - inconsistent or ineffective clinical decision-making,
 - little to no improvement in clinical knowledge and skills from the mid-term to final assessment of the clinical experience.
 - b. Evidence of repeated performance deficits documented through “Significant Concerns”, “Critical Incident Reports”, or CI/SCCE report of deficient performance, with or without a documented Learning Contract, regardless of CPI ratings.
 - c. Student fails to address performance deficits by achieving target goals and objectives of an individualized Learning Contract by the end of the scheduled clinical experience.
 - d. The site requests termination of the clinical placement prior to the scheduled ending date due to documented performance deficits.
5. If a Make-Up opportunity is granted by the faculty, availability of an appropriate clinical facility and the student’s learning needs determines the clinical site and timing of the repeated clinical education session. Re-registration with payment of tuition is required to repeat the experience.
6. Failure of a repeated or subsequent clinical experience will result in an “Unsuccessful” grade with dismissal from the program without opportunity for re-admission.
8. Failure to submit clinical experience paperwork/assignments by the designated date in Blackboard will result in a delay of grade change/posting, and with the final clinical experience may delay conferring of the DPT degree and authorization for licensure examination.

COURSE CONTENT, CLASS SCHEDULE, AND ASSIGNMENTS: See separate schedule.