

# UNIVERSITY OF WISCONSIN-LA CROSSE

College of Science & Health



## Physical Therapy Clinical Education Manual For CIs and CCCEs

Amy Taebel PT, DPT, PCS  
Director of Clinical Education

Angela Binsfeld, PT, DPT  
Associate Director of Clinical Education

## Table of Contents

UW-La Crosse Physical Therapy Program Faculty .....	3
UW-La Crosse Physical Therapy Program Curriculum .....	4-6
General Clinical Education Timeline .....	7
Internship Requirements (Excerpts from PT Student Handbook) .....	8-13
Abbreviated Syllabi: .....	14-19
2 Week Experience	
4 Week Experiences	
12 Week Experiences	
Weekly Planning Form (a) .....	20
Weekly Planning Form (b) .....	21
CPI Instructions for CI .....	22-23
CPI Dimensions and Rating Scale .....	24
APTA Levels of Supervision .....	25
Student Supervision Chart .....	26-28
Tips and Resources for Clinical Teaching .....	29
CCCE Selection of CI (CI Qualifications and Expectations).....	30
Learning Vectors .....	31-33
Verification Signature Page .....	34

## **UW – La Crosse Physical Therapy**

*Program Faculty (2016/17)*

### **Director of Clinical Education:**

Amy Taebel  
[ataebel@uwlax.edu](mailto:ataebel@uwlax.edu)  
608-785-5065

### **Program Director:**

John Greany  
[jgreany@uwlax.edu](mailto:jgreany@uwlax.edu)  
608-785-8461

### **Associate Director of Clinical Education:**

Angela Binsfeld  
[abinsfeld@uwlax.edu](mailto:abinsfeld@uwlax.edu)  
608-785-8472

### **Associate Program Director:**

Michele Thorman  
[mthorman@uwlax.edu](mailto:mthorman@uwlax.edu)  
608-785-8466

### **Faculty:**

Paul Reuteman  
Dennis Fater  
Heather Fortuine  
Patrick Grabowski  
Thomas Greiner  
Thomas Kernozek

### **Associated Faculty:**

Chris Durrall  
Drew Rutherford  
Lori Webster-Dahl

### **Professor Emeritus:**

Gwyn Straker

For Clinical Education concerns please contact DCE (Amy Taebel) or Associate DCE (Angela Binsfeld) or your students assigned Instructor of Record for the Clinical Experience (the instructor may or may not be a DCE).

**UW-La Crosse: Doctor of Physical Therapy Degree  
Professional Curriculum**  
(Revised 11/28/16)

<b>Summer I (10 weeks)</b>				
<b>Course Number</b>	<b>Title</b>	<b>Format</b>	<b>Contact Hours/Semester</b>	<b>Credits</b>
PTS 509	Human Gross Anatomy	Lecture	42	3
PTS 510	• Applied Human Gross Anatomy	Seminar	84	3
PTS 512	Medical Physiology	Lecture	56	4
PTS 520	Intro to PT Practice & Evaluation Techniques	Lecture	14	1
PTS 521	• Applied Intro to PT Prac & Eval Tech	Seminar	56	2
<b>Summer I: Total</b>			<b>252/semester; 25hr/wk</b>	<b>13</b>
<b>Fall I (14 weeks)</b>				
PTS 516	Physiological Regulation of Exertion & Disease	Lecture	14	1
PTS 517	• Applied Physiol Reg of Exertion & Disease	Seminar	28	1
PTS 523	Physical Agents	Lecture	28	2
PTS 524	• Applied Physical Agents	Seminar	28	1
PTS 525	Biomechanics & Kinesiology of Movement	Lecture	28	2
PTS 526	• Applied Biomechanics & Kinesiology	Seminar	28	1
PTS 527	Foundations of the PT Exam	Lecture	42	3
PTS 528	• Applied Foundations of the PT Exam	Seminar	56	2
PTS 535#	Functional Neuroanatomy	Lecture	28	2
PTS 536#	• Applied Functional Neuroanatomy	Seminar	28	1
<b>Fall I: Total</b>			<b>308/semester; 22hr/wk</b>	<b>16</b>
<b>Winter (2 weeks)</b>				
<b>PTS 651</b>	<b>Fieldwork: Introduction</b>	<b>Fieldwork</b>	<b>80</b>	<b>1</b>
<b>Winter: Total</b>			<b>80/semester; 40hr/wk</b>	<b>1</b>
<b>Spring I (14 weeks)</b>				
PTS 518	Motor Behavior	Lecture	14	1
PTS 519	• Applied Motor Behavior	Seminar	28	1
PTS 545	Foundations of Clinical Research	Lecture	14	1
PTS 546	• Applied Foundations of Clinical Research	Seminar	28	1
PTS 611	Pathophysiology	Lecture	28	2

PTS 619	Early Intervention and Acute Care PT	Lecture	28	2
PTS 620	• Applied Early Interv and Acute Care PT	Seminar	28	1
PTS 625	PT Mngmt of Cardiovasc & Pulmonary Syst	Lecture	42	3
PTS 626	• Applied PT Cardiovascular & Pulmonary	Seminar	28	1
PTS 627	Therapeutic Exercise & Manual Techniques	Lecture	14	1
PTS 628	• Applied Therap Exercise & Manual Tech	Seminar	28	1
PTS 631	Professionalism & Ethos of Care	Lecture/Lab	42	2
<b>Spring I: Total</b>			<b>322/semester; 24hr/wk</b>	<b>17</b>

<b>Summer II (8 weeks)</b>				
PTS 542	Research & Applied Statistics	Lecture	42	3
PTS 543	Instrumentation	Lecture	14	1
PTS 544	• Applied Instrumentation	Seminar	28	1
PTS 623	Integumentary System	Lecture	14	1
PTS 624	• Applied Integumentary System	Seminar	28	1
PTS 728	Musculoskeletal: Spine	Lecture	28	2
PTS 729	• Applied Musculoskeletal: Spine	Seminar	28	1
<b>Summer II (8 weeks): Total</b>			<b>182/semester; 23hr/wk</b>	<b>10</b>

<b>Summer II August (4 weeks)</b>				
<b>PTS 751</b>	<b>Fieldwork: General Practice</b>	<b>Fieldwork</b>	<b>160</b>	<b>2</b>
<b>August (4 weeks): Total</b>			<b>160/month; 40hr/wk</b>	<b>2</b>

<b>Fall II (14 weeks)</b>				
<b>Course Number</b>	<b>Title</b>	<b>Format</b>	<b>Contact Hours/Semester</b>	<b>Credits</b>
PTS 701*	Applied Adult Clinical Practice	Seminar	28	1
PTS 709	Health and Wellness in PT Practice	Seminar	28	1
PTS 711	Pharmacology	Lecture	28	2
PTS 712	Clinical Radiology	Lecture	14	1
PTS 715	Musculoskeletal Eval & Treat: Lower Extrem	Lecture	28	2
PTS 716	• Applied Musculoskeletal: LE	Seminar	28	1
PTS 717	Clinical Teaching	Lecture	14	1
PTS 718	• Applied Clinical Teaching	Seminar	28	1
PTS 735	Adult Neuro Rehabilitative Physical Therapy	Lecture	28	2
PTS 736	• Applied Adult Neuro Rehab PT	Seminar	56	2
PTS 741	Evidence Based Practice (EBP) in PT	Lecture	28	2
PTS 742*	Research Practicum	Practicum	28	1
<b>Fall II: Total</b>			<b>336/semester; 24hr/wk</b>	<b>17</b>

<b>Spring II (14 weeks)</b>				
PTS 701*	Applied Adult Clinical Practice	Seminar	28	1
PTS 702**	Advanced Manual Therapy	Lecture/Lab	42	2
PTS 703**	Clinical Anatomy Review	Seminar	28	1
PTS 710	Applied Health & Wellness in PT Practice	Seminar	28	1
PTS 730	Pediatric Neuro Rehab Physical Therapy	Lecture	42	3
PTS 731	• Applied Pediatric Neuro Rehab PT	Seminar	28	1
PTS 733	Health Care Systems and Administration	Lecture	42	3
PTS 742*	Research Practicum	Practicum	28	1
PTS 737	Musculoskeletal: Upper Extremity	Lecture	28	2
PTS 738	• Applied Musculoskeletal: UE	Seminar	28	1
PTS 743	Evidence Based Practice Seminar	Seminar	28	1

**Spring II: Total**  
**280/semester;**  
**20hr/wk**  
**350/semester;**  
**25hr/wk**  
**14**  
**17**

<b>Summer III (13 weeks)</b>				
<b>PTS 851</b>	<b>Internship I (12 weeks)</b>	<b>Fieldwork</b>	<b>480</b>	<b>6</b>
<b>Summer III: Total</b>			<b>480/semester</b>	<b>6</b>
			<b>40hr/wk on internship</b>	

<b>Fall III (14 weeks)</b>				
PTS 831	Clinical Decision Making	Seminar	28	1
<b>PTS 852</b>	<b>Internship II (12 weeks)</b>	<b>Fieldwork</b>	<b>480</b>	<b>6</b>
<b>Fall III: Total</b>			<b>508/semester</b>	<b>7</b>
			<b>40hr/wk on internship</b>	

<b>Spring III (14 weeks)</b>				
<b>PTS 853</b>	<b>Internship III (12 weeks)</b>	<b>Fieldwork</b>	<b>480</b>	<b>6</b>
PTS 854***	Case Report / Capstone Project	Practicum	28	1
<b>Spring III: Total</b>			<b>480/semester</b>	<b>6</b>
			<b>508/semester</b>	<b>7</b>
			<b>40hr/wk on internship</b>	

- These applications seminars are linked to lecture courses – indicated by course names
- \* Students take this two semester series course in fall and spring semester
- \*\* Elective Courses ~ Offered in Spring ~ (note: PTS 703-Enrollment Capped at 20 Students)
- \*\*\* Offered Summer, Fall, Spring (elective)
- # Offered either Fall or Spring

**Summary:**

Cohort size:	45 admitted per year
Total program credits:	109 credits/ 113 credits (all electives)
Curriculum length:	34 months
Didactic study:	86 weeks (1708-1806 contact hours)
Full time clinical study:	42 weeks (1680 contact hours)
Terminal internships:	36 weeks

## UW-L Physical Therapy

### *Clinical Education Timeline*

Semester	Timeframe	Clinical Course	Experience	Assessment Expectations
Winter- Year 1	January (2 weeks)	PTS 651 – Fieldwork: Introduction to Clinical Learning		Skill Specific Assessment – Peer learning
Summer- Year 2	August (4 weeks)	PTS 751 – Fieldwork: General Practice		CPI – Advanced Beginner
Summer – Year 3	June – August (12 weeks)	PTS 851 – Internship I		CPI – Entry Level
Fall – Year 3	Sept – December (12 weeks)	PTS 852 – Internship II		CPI – Entry Level
Spring - Year 3	January – March (12 weeks)	PTS 853 – Internship III		CPI – Entry Level

**UW-La Crosse Physical Therapy Program**  
**Competency Skills by Course/Semester: Year 1**

Semester	Course	Skills Assessed in Course	
Summer I	Intro to PT	Palpation of anatomical structures of entire body	
		MMT and other strength assessment of entire body	
		ROM assessment of entire body	
		Functional movement screen of the entire body	
Fall I	Physiological Regulation of Exertion and Disease	Resting Blood pressure	
		Physical Agents	
	Cold/Hot pack application		
	Ultrasound		
	Intermittent Pneumatic Compression		
	Aquatic Therapy		
	Hydrotherapy		
	Traction		
	Iontophoresis		
	Use of TENS/Interferential Current/NMES/HVPC		
	Foundations of the PT Exam	Documentation with SOAP note	
		Chart review and patient interview	
Phone call to another care provider/ MD			
Sensory testing			
Balance testing			
Coordination testing			
Deep tendon reflexes			
Clonus assessment			
Cranial nerves testing			
Cognitive assessment including Mini-mental exam			
Donning and doffing personal protective equipment			
Universal precautions and infection control			
Observational gait assessment			
Joint mobility and end feel assessment			
Flexibility assessment			
Interview for red flag assessment			
Cardiopulmonary screening assessment			
Exam of acute care patient			
Winter I	Fieldwork: Introduction to Clinical Practice		
Spring I	Early Intervention and Acute Care	Positioning/Draping	
		PROM, AAROM, AROM progression	
		Bed mobility	
		Tilt table	
		Transfer training (all types)	
		Lift assisted transfers	
		Handling patients with lines and tubes	
		Wheelchair mobility skills and basic wheelchair fitting	
		Gait training using assistive devices - level ground	
		Selection and fitting assistive devices	
		Gait training using assistive devices	
		Stairs and curbs with assistive devices	
		Body weight support gait training	
		Documentation of evaluation, progress note and discharge note	
		Cardiovascular and Pulmonary	Exercise Blood pressure
			Pulses
			Ankle Brachial Index
			Bruits
	Rubor of Dependency		
	Jugular Vein Distention		
	Auscultation of Heart sounds		
	EKG identification		
	Orthostatic hypotension		
	Respiratory rate		
	Voice transmission		
	Mediate percussion		
	Auscultation of Breath sounds		
	Incentive spirometry		
	Exercise Prescription (Cardiac and Pulmonary)		
	Therapeutic Exercise and Manual Techniques	Postural drainage	
		Percussion/Vibration	
		Manual Lymphedema Drainage/Lymphedema Bandaging	
		Manual and self-stretching	
Passive ROM and patient handling			
manual and instrumented soft tissue mobilization			
Introductory joint mobilization techniques of spine and some extremities			
Facilitation techniques to improve muscle activation			
Teaching patients of spinal stabilization exercises progression			
Teaching patients of LE closed kinetic chain exercise progression			
Teaching patients of UE and LE open kinetic chain exercise progression			



**UW-La Crosse Physical Therapy Program**  
**Competency Skills by Course/Semester: Year 2&3**

Semester	Course	Skills Assessed in Course
Summer II	Spine	Mechanical evaluation of Pelvis, Lumbar Spine, Thoracic Spine, Cervical Spine
		Manual therapy techniques for above noted areas
		Muscle Energy treatment techniques for the above noted areas
		Application and prescription of therapeutic exercise for above noted areas
		Integumentary
	Integumentary Exam	
	Integumentary Interventions	
	<b>Fieldwork: General Practice</b>	
Fall II	Applied Adult Clinical Practice	Collection of outcome measure data specific to balance, strength and aerobic capacity in adults with neurologic conditions
		Goal setting
		Development and implementation of a biweekly wellness program addressing outcome measures and population mentioned above
		Home exercise program development and instruction for adults with neurologic conditions
	MS Eval and Tx: Lower Ext	ROM assessment of the hip, knee and foot/ankle
		Motor coordination and strength assessment of the hip, knee and foot/ankle
		Palpation of the hip, knee and foot/ankle
		Special tests of the hip, knee and foot/ankle
		Joint mobilization and soft tissue mobilization for the hip, knee and foot/ankle
		Therapeutic exercise for improving ROM for the hip, knee and foot/ankle
		Therapeutic exercise for improving motor coordination and strength for the hip, knee and foot/ankle
		Patient education relative to health conditions
	Clinical Teaching	Assessment as Learning; mentor and teach in open lab, then assess first year students in competency check
		Apprenticeship Learning; skills to be used as future clinical instructors
		Patient Education; barriers to learning and compliance issues
	Adult Neurological Rehab	Neurologic evaluation and assessment using the ICF model with focus on adults with neurodegenerative diseases, vestibular disorders, brain injury/CVA and SCI.
		Adult neurologic examination for the above noted conditions
		Develop and implement appropriate interventions for adults with the above noted conditions
		IPE experience with OTS
		Develop POC for person with neurologic condition
Health and Wellness	Develop, implement and assess the impact of a health and wellness program for the community	
Spring II	Pediatric Neurological Rehab	Pediatric Evaluation using the ICF model
		Pediatric Examination
		Develop and implement appropriate interventions for children with a variety of disabilities
		Analyze pediatric gait
	MS Eval and Tx: Upper Ext	ROM assessment of the shoulder complex, elbow and wrist/hand
Motor coordination and strength assessment of the shoulder complex, elbow and wrist/hand		
Palpation of the shoulder complex, elbow and wrist/hand		
Special tests of the shoulder complex, elbow and wrist/hand		
Joint mobilization and soft tissue mobilization for the shoulder complex, elbow and wrist/hand		
Therapeutic exercise for improving ROM for the shoulder complex, elbow and wrist/hand		
	Therapeutic exercise for improving motor coordination and strength for the shoulder complex, elbow and wrist/hand	
	Patient education relative to health conditions	
Summer III	<b>Internship I</b>	
Fall III	<b>Internship II</b>	
Spring III	<b>Internship III</b>	

# UW-L Physical Therapy Program

## Policy Information

### Internship Requirements

During the terminal internships, students are required to participate in at least one clinical experience in each of the following areas:

<input type="checkbox"/> Acute Care	OR	<input type="checkbox"/> Inpatient Rehabilitation
<input type="checkbox"/> Musculoskeletal/Orthopedics		
<input type="checkbox"/> Neurorehabilitation		
<input type="checkbox"/> Pediatric	OR	<input type="checkbox"/> Geriatric
<input type="checkbox"/> Urban Area	OR	<input type="checkbox"/> Rural Area
<input type="checkbox"/> Experience in the State of Wisconsin		

### Student Preparation for Clinical Experience

\*Please contact Angela Wiste, Clinical Education Support at [awiste@uwlax.edu](mailto:awiste@uwlax.edu) or 608-785-8467 for information or copies of the following student records:

**Criminal Background Checks:** The UW-La Crosse Physical Therapy Program performs a criminal background check on all students prior to their participation in clinical rotations. Criminal background activity may prohibit clinical placement and professional licensure. Students may be required to disclose findings to clinical sites.

**Universal Precautions:** All students are required to obtain training on Bloodborne Pathogens and Universal Precautions once per year, prior to participation in any clinical assignments. This training is coordinated by the DCE.

**HIPAA:** All students are required to obtain training on HIPAA once per year, prior to participation in any clinical assignments. This training is coordinated by the DCE.

**CPR Certification:** Students must successfully complete Health Care Professional Level CPR certification prior to clinical experiences and certification must be maintained throughout the duration of the program.

### Student Immunization Records Include:

- MMR immunization (2 doses) and proof of immunity by titer.
- Varicella Zoster by vaccine OR history of disease and proof of immunity by titer.
- Hepatitis B immunization (3 doses) and proof of immunity by titer
- Polio (3 doses)
- **Initial 2-step TB skin test** (PPD) followed by annual TB skin testing or negative Chest X-ray within last 6 months or TB Blood Test (Quantiferon Gold test, T-SPOT TB, etc.).

- Tetanus/Diphtheria/Pertussis (at least 2 doses; at least 1 TDAP) with evidence of TD booster within last 10 years.
- Influenza – Annual seasonal vaccine

**Declination of Immunization:** We respect that a student may elect to not receive immunizations for personal or medical reasons. Students who have a medical condition that precludes them from receiving immunizations may be asked to provide additional documentation from a medical provider. Clinical affiliates must comply with their organization's policy regarding immunizations and as such may decline a student without required immunizations or medical documentation. Student should be aware that this may impact options for clinical education experiences and progression through the Physical Therapy Program.

**Physical Examination:** Some clinical sites may require proof of physical examination. A form is available for your use in the Appendices. You are also able to utilize a general physician form.

**Drug Testing:** Some clinical sites may require proof of negative drug screening prior to commencement of an internship. The student is responsible for the initiation and cost of these tests if required by their assigned clinical site. The PT program/Health Professions Department will assist in managing tests that require a documented time frame notification. The UW-L Student Health Center can offer an 8 or 10-panel drug screen. Students who do not complete or do not pass a drug test as required by these facilities will not be allowed to participate in experiential education activities at the facility, and may face sanctions, including possible dismissal from the program.

**Liability Insurance:** The UW-L Physical Therapy Program purchases healthcare professional liability insurance on the student's behalf, using special course fees. The student is not required to purchase individual liability insurance. The liability insurance form is available to student in their student packet on Exxat.

**Clinical Site Specific Requirements:** All students are responsible for knowing the preparatory requirements of their respective clinical sites. This information can be obtained from the CCCE.

#### ***Other Information Regarding Clinical Experiences***

**Healthcare and Health Conditions:** There may be potential health risks at a clinical facility. All health care and health related matters that arise during or at clinical facilities are the responsibility of the student and will not be covered under UW-L policy.

Students are expected to inform the DCE of any health condition that could affect the student's ability to safely, effectively, or efficiently engage in clinical practice. Students may be required to provide medical clearance for participation in clinical experiences. Such information is shared with the CCCE and CI only with the student's consent.

In case of illness or injury (including exposure to blood and body fluids) during clinical experiences students should follow the facilities guidelines for reporting and follow up. Students are also expected to notify their CI, CCCE and DCE if an injury or illness occurs.

**Transportation:** Students are responsible for their own transportation and living arrangements related to clinical assignments unless otherwise supported by the clinical facility.

**Dress Code:** Students must follow the dress code of the facility at all times. Hair should be controlled and students should appear neat and clean. Nails should be trimmed and short with jewelry kept to a minimum. Facial piercings, including tongue piercings must be removed during clinic hours. Name badges must be worn at all times.

**Attendance Policy:** Students are expected to be in attendance during usual clinic hours (at least 40 hours/week), following the schedule of the CI. During clinical experiences it is expected that students will learn the appropriate procedures for requesting time off or taking sick leave according to the policies of the facility.

#### *Leave Requests*

Students will enter all requests for leave into Exxat. Once the DCE approves the leave request, the student can then request the time off to the facility/CI/CCCE according to their policies. Leave requests must be approved by both the University and the facility to be considered valid and approved.

#### *Illness*

In the event of illness, the student must notify the CI and academic instructor of record as soon as possible on each day of absence. During clinical experiences it is expected that students will learn when it is appropriate to call in sick. For example, if a student's illness could be contagious, they should not go into the clinical setting.

#### *Personal Business*

Students should attempt to arrange personal business during the time off between internships. With advanced approval by the Director of Clinical Education, followed by documented permission from the clinical site, students may be granted time off from the clinic, with a maximum of two days per 12 week experience. For the four week experience, a maximum of one day, and for the two week experience, no requested days are permitted. Requests should be made as soon as possible (preferably prior to starting the experience) and adhering to the facility's policies and procedures for obtaining time off.

#### *Make-up Time*

Arrangements to make up for time off for illness or personal business should be made between the CI and the student, with input by the academic instructor of record as needed. If the facility requests that missed time be made up, the student must make up the missed days. If a student is absent for greater than two days on any clinical experience, the UW-L PT Program

requires that the student make-up time for missed days. When the scheduling of make-up days is not feasible for the clinical facility, alternative arrangements will be made by the DCE, in consultation with the student, the CCCE, and the CI. Extenuating circumstances (such as prolonged illness, personal or family emergency, or bereavement) will be considered on a case-by-case basis upon communication with the DCE or instructor of record.

Interns are not encouraged to have outside jobs during their internship rotations because of the variability of clinic schedules, the need to provide occasional weekend coverage consistent with facility policy, and the time needed for clinical preparation.

### ***Professional Designation of the Student***

All physical therapy students shall utilize the designation “Student Physical Therapist” or “SPT” throughout their didactic and clinical coursework. A student will remain a “SPT” until they have passed the National Physical Therapy Examination and been granted licensure by their respective state.

**Abbreviated Syllabus:**  
**PT 651: Fieldwork: Introduction to Clinical Learning**  
UW-L Physical Therapy Program: Year 1

**Day/Time:** Students will be on clinical assignment for a two-week, full time learning experience.

**Clinical Education Faculty/Course Instructors:**

**Amy Taebel, PT, DPT, PCS, DCE**  
**Director of Clinical Education**

Phone: 608-785-5065  
Email: [ataebel@uwlax.edu](mailto:ataebel@uwlax.edu)

**Angela Binsfeld, PT, DPT**  
**Associate Director of Clinical Education**

Phone: 608-785-8472  
Email: [abinsfeld@uwlax.edu](mailto:abinsfeld@uwlax.edu)

**Course Description and Content:** A clinically based learning experience with an emphasis on practicing recently learned clinical skills on a patient population. Students will gain experience with medical chart reviews, taking subjective patient histories, practicing early assessment and intervention skills, performing basic patient handling techniques and exploring the role of a physical therapist within the health care team. Patient population will vary according to clinical setting where student is assigned.

**Course Goals and Objectives:**

Students will:

1. Practice clinical skills learned in the preceding coursework as described in the Self-directed Learning Assessment Tool.
2. Practice giving and receiving feedback in a clinical setting
3. Participate in self-assessment of professional behaviors
4. Demonstrate Beginning Level Professional Behaviors as described in the Professional Behaviors Assessment Tool

**Grading:** This course is graded on a pass/fail basis. Awarding the grade is the responsibility of the Academic Instructor of Record.

**Course Assignments:**

1. Conference between the Course Instructor at least once during the 2-week course, either at the clinical education site, by telephone, or via email.  
*Please note: It is the student's responsibility to contact the course instructor **immediately** if there are concerns about how the fieldwork experience is progressing*
2. Required learning units from the Self-directed Learning Assessment Tool include:
  - Medical chart review
  - Taking a medical history
  - Documentation
  - Assessing a patient's physiologic status
3. The clinical instructor will select 6 additional learning units from the Self-directed Learning Assessment Tool for the student to complete, consistent with the practice setting, from the following:
  - Tests and measures related to ROM
  - Tests and measures related to Strength
  - Tests and measures related to Posture
  - Tests and measures related to Gait
  - Tests and measures related to Neurological Exam
  - Application of heat & cold
  - Application of electrical stimulation

- Reimbursement and cost of care
- Understanding the role of other health care providers
- Patient Report
- Optional learning unit

4. Professional Behaviors

- Team Building Behaviors Assessment Tool
  - Complete peer assessment of role as a team member
  - Complete a self-assessment of role as a team member
- Professional Behaviors Assessment Form
  - Complete a self-assessment
  - Create a professional development plan upon completion of clinical experience based on self-assessment

**Course Assignment Table:**

<b>Due Date</b>	<b>Course Assignments</b>
December	Registration Deadline for PTS 651
December	Letter draft to DCE
December	Letter emailed to Center Coordinator of Clinical Education (CCCE)
December	Statement of Commitment and Patient Confidentiality Agreement signed and submitted to DCE
December	Infection Control and HIPAA learning activities and assessments completed; to be reviewed by DCE
January	Clinical Experience Begins
End of First Day	CI Information Completed on Exxat
Days 4-7	Midterm phone call, email, or site visit as instructed by Academic Instructor of record
End of Jan.	PTS 651 Assessment Form due to Instructor of Record
End of Jan.	Professional Behaviors (including development plan) due to Instructor of Record
End of Jan.	Team Building Assessment (self and peer feedback) due to Instructor of Record

**Abbreviated Syllabus:**  
**PTS 751: Fieldwork - General Practice**  
 UW-L Physical Therapy Program: Year 2

**Day/Time:** 4 week full-time clinical experience

**Academic Instructors of Record:**

Amy Taebel, PT, DPT, PCS  
 Director of Clinical Education  
 608-785-5065  
[ataebel@uwlax.edu](mailto:ataebel@uwlax.edu)

John Greany, PT, PhD  
 Program Director  
 608-785-8461  
[jgreany@uwlax.edu](mailto:jgreany@uwlax.edu)

**Course Description:** The student will be assigned to a clinically based learning experience where they will practice basic skill acquisition in real time. Fieldwork placements will be with a general practitioner/clinical instructor (CI). Consistent with the services that may be provided in a general practice, students may be expected to provide supervised therapy for less complicated patients in any supervised setting including but not limited to; acute care, extended care facility, home care, outpatient orthopedic, and pediatrics.

**Course Objectives:**

Students will:

1. Obtain “**Advanced Beginner**” ratings on all performance criteria assessed in the Clinical Performance Instrument in the context of their clinical setting.
2. Accurately self-assess clinical performance and professional behavior by seeking feedback from other students, clinical staff, and clients.
3. Assume responsibility for individual professional development by demonstrating initiative within the clinical learning environment.

**Grading:** This course will be pass/fail. Awarding the grade is the responsibility of the Academic Instructor of Record for the course.

Evaluation Components	Assessment Details
Attendance	Students are expected to be in attendance during usual clinic hours (40 hrs/week). All absences must be pre-approved by the Academic Instructor of Record. See Clinical Education Handbook for details.
Course Assignments	Students must complete preparatory materials, weekly planning forms, Professional Behaviors Assessment Tool, PTSE, and additional assignments per CI/facility and/or Academic Instructor of Record
CPI	CPI will be completed by student and CI at the end of 4 weeks with evidence of <b>Advanced Beginner Level</b> performance achieved at that time
MidTerm Conference	Student will sign-up, prepare for, and complete a midterm conference with the Academic Instructor of Record (via phone call, site visit, or email pending notification of instructor)
Professional Behaviors	Determined by the student’s self-assessment on the Professional Behaviors Assessment Tool, comments from the Clinical Instructor, comments on the CPI, and professional conduct throughout the course. Students are expected to function at the <b>Intermediate Level</b> of the Professional Behaviors Assessment Tool



### Course Assignments

Date	Topics/Assignments
First day of Experience	Share prepared <b>learning objectives</b> with CI for review and approval (upload to Exxat – To do list: Documents)
	Provide CI with copy of 751 Syllabus and review expectations
	Enter <b>CI information</b> into Exxat under “My Placements”
	Establish Week One goals on <b>Weekly Planning Form</b> , upload to Exxat (To do list: Documents)
Week 2 - Monday	<b>Weekly Planning Form</b> – Week 2 due
Week 2 – Friday	<b>Conference with CI</b> regarding professional behaviors and clinical performance related to CPI
Week 2-3	<b>Student conference</b> with Academic Instructor (as per instructor determined schedule and method; email, call, or visit)
Week 3 - Monday	<b>Weekly Planning Form</b> – Week 3 due
Week 4 - Monday	<b>Weekly Planning Form</b> – Week 4 due
Last day of experience	<b>Final CPI</b> completed on CPI web and discussed with CI (Student and CI signatures required)
	<b>Professional Behaviors Assessment Tool</b> completed and reviewed with CI – turn in paper copy to Amy Taebel by 9/6/15
	<b>PTSE 1 and 2</b> Completed on Exxat (review with CI if requested)
Upon Return to Campus	Completed professional behaviors assessment tool due to Course Instructor

**Abbreviated Syllabus:**  
**PTS 851/852/853: Internships I, II, III**  
 UW-L Physical Therapy Program: Year 3

**Day/Time:** 12 Full-time weeks for each experience

**Academic Instructors of Record:**

Amy Taebel, PT, DPT, PCS  
 Director of Clinical Education  
 608-785-5065  
[ataebel@uwlax.edu](mailto:ataebel@uwlax.edu)

Michele Thorman, PT, MBA  
 Associate Program Director  
 608-785-8466  
[mthorman@uwlax.edu](mailto:mthorman@uwlax.edu)

Angela Binsfeld, PT, DPT  
 Associate Director of Clinical Education  
 608-785-8472  
[abinsfeld@uwlax.edu](mailto:abinsfeld@uwlax.edu)

John Greany, PT, PhD  
 Program Director  
 608-785-8461  
[jgreany@uwlax.edu](mailto:jgreany@uwlax.edu)

**Course Description:** This course is the (first/second/third) in a series of three required Physical Therapy internships whereby the student is assigned to a clinical facility under the direction and supervision of a Physical Therapist Clinical Instructor. Clinical experiences will be representative of settings where physical therapy is routinely practiced. Examples of settings include, but are not limited to: acute care hospitals, rehabilitation centers, home-care, outpatient clinics, schools, skilled nursing facilities, and wellness centers. The collective outcome of all three 12-week internships will encompass patient experiences that ensure students are competent with management of patients across the lifespan and continuum of care. The patient management model will be applied to individuals with musculoskeletal, neuromuscular, cardiovascular, pulmonary, and integumentary problems.

**Course Objectives:**

Students will:

1. Obtain “Entry-Level Performance” ratings on all performance criteria assessed in the *Clinical Performance Instrument* (CPI) in the context of their clinical setting.
2. Accurately self-assess clinical performance and professional behavior by seeking feedback from other students, clinical staff, and clients.
3. Assume responsibility for individual professional development by demonstrating initiative within the clinical learning environment.

**Grading:** This course is graded on a pass/fail basis. Awarding the grade is the responsibility of the Academic Instructor of Record.

Evaluation Components	Assessment Details
Attendance	Students are expected to be in attendance during usual clinic hours (40hrs/week minimum). All absences must be pre-approved by Academic Instructor of Record. See Clinical Education Handbook for details.
Course Assignments	Students must complete preparatory materials, weekly planning forms, Professional Behaviors Assessment Tool, PTSE 2-midterm and PTSE 1 and 2 final, and additional assignments per CI/facility and/or Academic Instructor of record.

CPI	CPI will be completed by student and CI at MidTerm and Final with evidence of Entry Level performance on all components by the end of the clinical experience.
MidTerm Conference	Student will sign up, prepare for, and complete a midterm conference with academic instructor of record (via phone call, email or site visit).
Professional Behaviors	Determined by the student's self-assessment on the Professional Behaviors Assessment tool, comments from the clinical instructor, comments on the CPI, and professional conduct throughout the course.

### Course Assignments

Date	Topics/Assignments
Immediately upon receiving assignment	Update Exxat Profile – DCE will share with clinical site
12 Weeks prior to arrival	Contact CCCE via email
First day of Internship	Share prepared learning objectives with CI for review and approval (Learning Objectives Form)
	Provide CI with copy of syllabus and review expectations
	Enter CI information into Exxat under “My Placements”
Weeks 1-16	Weekly Planning Form A (discuss, have CI sign and upload to Exxat)
Weeks 7-12	Weekly Planning Form B (discuss, have CI sign and upload to Exxat)
Weeks 5-7	MidTerm Conference with Academic Instructor of Record
Week 6	MidTerm CPI completed and discussed with CI, MidTerm PTSE-2
	Professional Behaviors Assessment tool completed and reviewed with CI
Week 12	Complete PTSE 1 and 2 on Exxat (review with CI if requested)
	Final CPI completed and discussed with CI
	Professional Behaviors Assessment tool completed and reviewed and signed by the CI; mailed, faxed, or emailed to instructor of record. Postmarked by Sept. 1 <sup>st</sup> , 2017

### Assignments, cont.:

Additional assignments may be required on an individual basis, consistent with the clinical instructor's expectations and/or the needs of the learner.

***PHYSICAL THERAPY PROGRAM – CLINICAL EDUCATION***

Weekly Planning Form (Weeks 1-6) Week # \_\_\_\_\_ Dates: \_\_\_\_\_

**Step # 1:**

Student assessment of performance.

- For student's first week, write goals consistent with self-assessment.
- For future weeks, direct self-assessment at previous week's goals.
- Provide supporting examples and/or feedback regarding performance where possible.

Knowledge Goal 1:

Skills Goal 2:

Affective Goal 3:

**Step # 2:**

Feedback from Clinical Instructor regarding performance and suggestions for improvement (**clinical instructor should contact instructor of record if student is not progressing in a reasonable fashion**):

**Step # 3:**

Mutually agreed upon goals for the Upcoming Week:

Knowledge Goal 1:

Skills Goal 2:

Affective Goal 3:

By checking this box and signing below, I verify as the Clinical Instructor that I have collaborated with the student and agree with the Goals and Feedback written above.

Clinical Instructor's Signature (typed): \_\_\_\_\_

Student's Signature (typed): \_\_\_\_\_

PHYSICAL THERAPY PROGRAM – CLINICAL EDUCATION

Weekly Planning Form (Weeks 7-12) Week # \_\_\_\_\_ Dates: \_\_\_\_\_

Instructions: Using your Mid-Term CPI assessment as a guide, identify Performance Criteria which require improvement and address with targeted goals. Goals should be directed toward meeting Entry Level Performance.

Performance Criteria:

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

**STEP # 1:**

Performance Criteria to address: # listed above-

Goal:

Self-Reflection:

---

Performance Criteria to address: # listed above-

Goal:

Self-Reflection:

---

Performance Criteria to address: # listed above-

Goal:

Self-Reflection:

---

**STEP # 2:**

Feedback from Clinical Instructor regarding performance and suggestions for improvement (**clinical instructor should contact instructor of record if student is not progressing in a reasonable fashion**):

By checking this box and signing below, I verify as the Clinical Instructor that I have Collaborated with the student and agree with Goals and Feedback written above.

Clinical Instructor's Signature (typed): \_\_\_\_\_

Student's Signature (typed): \_\_\_\_\_

## PT CPI Web 2.0 Instructions for a CI

Login to PT CPI Web 2.0 at <https://cpi2.amsapps.com>

1. Your username is your email address provided to the school you are working with.
2. If you had a password in PT CPI Web 1.0, it should still work in 2.0. If you did not have a password, or forgot your password, please click on the 'I forgot or do not have a password' link and follow the instructions to set/reset your password. PLEASE NOTE: Make sure to close out of any internet browsers containing PT CPI Web 2.0 prior to accessing the link in your email as this may result in an error when trying to set/reset your password.

Update Information (If you've previously have done this, please go to Editing the CPI)

1. Click on the 'My Info' tab to update your information. You must update the APTA Data Release Statements found in the Data Authorization section.
2. When you are done editing, hit 'Update'.

Verify APTA Training/Start the CPI (If you've previously have done this, please go to Editing the CPI)

1. Click on your student's name in the 'My Evaluations' section on your home page or click on the Evaluations tab and then hit 'Edit'.
2. You are prompted to verify if you have completed the APTA PT CPI Training. If you have completed the training, please click the 'I have completed the APTA PT CPI online training and assessment.' button.
  - a. If you have not completed the training, please follow the directions on the page to take the APTA PT CPI Training.
  - b. If the email address you took the training with is different than your username, you will be prompted to enter the email address registered with APTA.
  - c. If you are having issues verifying you've completed the training, please contact PT CPI Web Support at [ptcpiwebsupport@academicmanagement.com](mailto:ptcpiwebsupport@academicmanagement.com). Please provide your name, email address used to take the training, and the date you passed the training.

Editing the CPI

1. Once you have verified you have completed the APTA PT CPI Training, you will see all 18 sections of the CPI.
  - a. You can edit one section at a time by clicking on 'Edit Now' to the right of the CPI.
  - b. You can edit all sections at the same time by clicking on 'Edit All' at the top of the Edit column.
2. Click on 'View Sample Behaviors', 'View Introduction', and 'View Instructions' to view the details of how to fill out the CPI.
3. Mouse over any underlined word to view an APTA glossary definition. This is available for the Performance Dimensions and the Anchor Points on the APTA Rating scale.

Last Updated 2/25/10

4. Add comments to the comment box and select the rating for the student on the slider scale.
5. When you are done editing a section, click on the 'Section Sign Off' box and hit 'Save'. Be sure to save your work!! If you leave the page without saving, your comments could be lost!!

#### Signing off on the CPI

1. Once all sections are marked as 'Completed', please sign-off on your CPI. You can sign-off on the CPI by clicking on the 'Evaluations' tab and clicking on the 'Sign Off' link.
2. Once you sign off on your CPI, you are unable to edit it further. Your student will be able to see your CPI only if they have also signed off on their CPI.

#### Viewing your CPI With your Student and Signing-Off on your student's CPI

1. Click on the 'Evaluations' tab.
2. Click on 'View' in the Actions column.
3. Use the filters to see the comments from both student and CI at once.
4. In the 'Evaluations' tab you will see a link to sign-off on your student's CPI indicating you've discussed the performance with your student.

#### Additional Features:

##### Creating a Critical Incident Report (only to be used as needed)

1. To create a Critical Incident Report, click the link that says 'Critical Incident'
2. Fill out the report appropriately
3. Once you hit 'Save', the report will be sent to the CCCE, ACCE and student.
4. Any completed Critical Incident Reports can be found in the 'Critical Incidents' tab.

#### Adding Post-Assessment Comments to the CPI:

1. In the 'Evaluations' tab you will see a link to sign-off on your student's CPI indicating you've discussed the performance with your student. Once you and your student have signed-off on each other's CPI, you can add overall comments by clicking on 'View' and adding comments.

If you have any questions, comments or run into any issues using PT CPI Web, please contact Support at [ptcpiwebsupport@academicmanagement.com](mailto:ptcpiwebsupport@academicmanagement.com).

Last Updated 2/25/10

**APPENDIX C**  
**DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS**

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
<b>Supervision/ Guidance</b>	Level and extent of assistance required by the student to achieve entry-level performance. <input type="checkbox"/> 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.
<b>Quality</b>	Degree of knowledge and skill proficiency demonstrated. <input type="checkbox"/> As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
<b>Complexity</b>	Number of elements that must be considered relative to the task, patient, and/or environment. <input type="checkbox"/> 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.
<b>Consistency</b>	Frequency of occurrences of desired behaviors related to the performance criterion. <input type="checkbox"/> As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
<b>Efficiency</b>	Ability to perform in a cost-effective and timely manner. <input type="checkbox"/> As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i>Rating Scale Anchors</i>	
<b>Beginning performance</b>	<ul style="list-style-type: none"> <li>• A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</li> <li>• At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</li> <li>• Performance reflects little or no experience.</li> <li>• The student does not carry a caseload.</li> </ul>
<b>Advanced beginner performance</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The student may begin to share a caseload with the clinical instructor.</li> </ul>
<b>Intermediate performance</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</li> <li>• The student is <b>capable of</b> maintaining 50% of a full-time physical therapist’s caseload.</li> </ul>
<b>Advanced intermediate performance</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</li> <li>• The student is <b>capable of</b> maintaining 75% of a full-time physical therapist’s caseload.</li> </ul>
<b>Entry-level performance</b>	<ul style="list-style-type: none"> <li>• A student who is <b>capable of</b> functioning without guidance or clinical supervision managing patients with simple or complex conditions.</li> <li>• At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</li> <li>• Consults with others and resolves unfamiliar or ambiguous situations.</li> <li>• The student is <b>capable of</b> maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.</li> </ul>
<b>Beyond entry-level performance</b>	<ul style="list-style-type: none"> <li>• A student who is <b>capable of</b> 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.</li> <li>• 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.</li> <li>• The student is <b>capable of</b> maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.</li> <li>• The student is capable of supervising others.</li> <li>• The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</li> </ul>





## **LEVELS OF SUPERVISION HOD P06-00-15-26 [Position]**

The American Physical Therapy Association recognizes the following levels of supervision:

**General Supervision:** The physical therapist is not required to be on site for direction and supervision, but must be available at least by telecommunications.

**Direct Supervision:** The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the *Guide to Physical Therapist Practice* as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

**Direct Personal Supervision:** The physical therapist or, where allowable by law, the physical therapist assistant is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision.

Relationship to Vision 2020: Professionalism; (Practice

Department, ext 3176) [Document updated: 12/14/2009]

### **Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



Last Updated: 09/05/14  
 Contact: [advocacy@apta.org](mailto:advocacy@apta.org)

**Chart: Supervision of Students Under Medicare**

Practice Setting	PT Student	PT Student	PTA Student	PTA Student
	Part A	Part B	Part A	Part B
PT in Private Practice	N/A	X1	N/A	X1
Certified Rehabilitation Agency	N/A	X1	N/A	X1
Comprehensive Outpatient Rehabilitation Facility	N/A	X1	N/A	X1
Skilled Nursing Facility	Y1	X1	Y2	X1
Hospital	Y3	X1	Y3	X1
Home Health Agency	NAR	X1	NAR	X1
Inpatient Rehabilitation Agency	Y4	N/A	Y4	N/A

**Key**

**Y:** Reimbursable

**X:** Not Reimbursable

**N/A:** Not Applicable

**NAR:** Not Addressed in Regulation. Please defer to state law.

**Y1:** Reimbursable: Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (**Federal Register**, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented. There are distinctions with regard to how minutes are counted on the MDS (e.g. individual, concurrent, group) when a student is involved in providing care. These are described below:

**Individual Therapy:**

When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant. The supervising therapist/assistant shall not be treating or supervising other individuals **and** he/she is able to immediately intervene/assist the student as needed.

**Example:** A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A.'s therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is

not in the room with the student or Mr. A. Mr. A.'s therapy may be coded as 30 minutes of individual therapy on the MDS.

### **Concurrent Therapy:**

When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy; or
- The therapy student is treating 2 residents, **regardless of payer source**, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or
- The therapy student is not treating any residents and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.

**Example:** An Occupational Therapist provides therapy to Mr. K. for 60 minutes. An occupational therapy graduate student, who is supervised by the occupational therapist, is treating Mr. R. at the same time for the same 60 minutes but Mr. K. and Mr. R. are not doing the same or similar activities. Both Mr. K. and Mr. R.'s stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:

- Mr. K. received concurrent therapy for 60 minutes.
- Mr. R. received concurrent therapy for 60 minutes.

### **Group Therapy:**

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.

**Documentation:** APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient's care.

**Y2: Reimbursable:** The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services. Rather, the supervising PT/PTA now has the authority to determine the appropriate level of supervision for the student, as appropriate within their state scope of practice. See **Y1**.

**Documentation:** APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state the level of appropriate supervision used. Also, the documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy in **Y1**.

**Y3:** This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is

similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

Documentation: Please refer to documentation guidance provided under **Y1**

**Y4:** This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

## **X1: B. Therapy Students**

### **1. General**

Only the services of the therapist can be billed and paid under Medicare Part B. However, a student may participate in the delivery of the services if the therapist is directing the service, making the judgment, responsible for the treatment and present in the room guiding the student in service delivery.

#### ***EXAMPLES:***

Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).

### **2. Therapy Assistants as Clinical Instructors**

Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.

## ***Tips and Resources for Teaching in the Clinic***

Resources for Clinical Teaching:

APTA Clinical Education Resources

<http://www.apta.org/Educators/Clinical/>

WPTA Clinical Education Special Interest Group

<https://wpta.org/special-interest-groups/>

### **Teaching Philosophies of Effective Clinical Instructors:**

- Facilitate the students solving of a problem rather than telling the student an answer
- Work to impart the process of how clinical decisions are made
- Elicit questions from the students
- Become partners with the student in their learning
- Ask open questions better challenge the clinical decision making process
- Contact the DCE if there are questions about effective teaching and/or teaching strategies in any student interaction

## Center Coordinator of Clinical Education (CCCE) Selection of a Clinical Instructor (CI)

The following steps have been developed by UWL PT program advisory committee to support CCCE decision-making when selecting clinicians to become CI's. These steps incorporate the values of the UW La Crosse DPT program as well as *APTA Guidelines: Clinical Instructors Document*.

[https://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/BOD/Education/ClinicalInstructors.pdf](https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Education/ClinicalInstructors.pdf)

### Step 1: Does the physical therapist have an interest/strong desire to be a clinical instructor?

Yes. Go to Step 2

No. Consider asking another physical therapist.

If one is not available, inform the academic institution that you will be unable to accept a student.

### Step 2: Does the physical therapist have effective communication and interpersonal skills?

Yes. Go to Step 3

No. Can these skills be in place before the student arrives? If not, find another PT or contact the school for ideas on clinical faculty development or to inform them you will be unable to accept the student.

### Step 3: Is the physical therapist a good professional role model?

Yes. Assign the physical therapist a student. Go to step 4

No. Consider another person to be the student's clinical instructor until physical therapist has had an opportunity to become an effective role model.

### Step 4: Does the physical therapist have two years of clinical experience as a licensed practitioner?

Yes. Go to Step 5

No. Do they have one year of clinical experience? If the answer is still no, ask another physical therapist. If a physical therapist with one year experience is not available, inform the academic institution that you will be unable to accept a student.

### Step 5: Does the physical therapist have one year of clinical experience with your organization or within their current position?

Yes. Go to Step 6

No. Consider asking another physical therapist or consider the impact this might have on student learning and develop strategies to overcome anticipated concerns of CI being less familiar with their clinic.

### Step 6: Has the physical therapist attended any workshops directed at improving clinical teaching skills?

Yes. Go to Step 7

No. Seek out course offerings or contact academic institution for clinical instructor courses that might be convenient for your staff. Although not a requirement, new clinical instructors will benefit from the training and support as well as develop a network of clinical instructor colleagues.

### Step 7: Will the physical therapist be available during the clinical internship dates?

Yes. Go to Step 8

No. When and how long will the physical therapist be away from the facility? Can their absence be accommodated by your facility regarding student supervision? If necessary, consult with the academic program regarding alternative models for clinical supervision while clinical instructor is absent.

### Step 8: Is the physical therapist familiar with the assessment tool used by academic program?

Yes. Go to Step 9

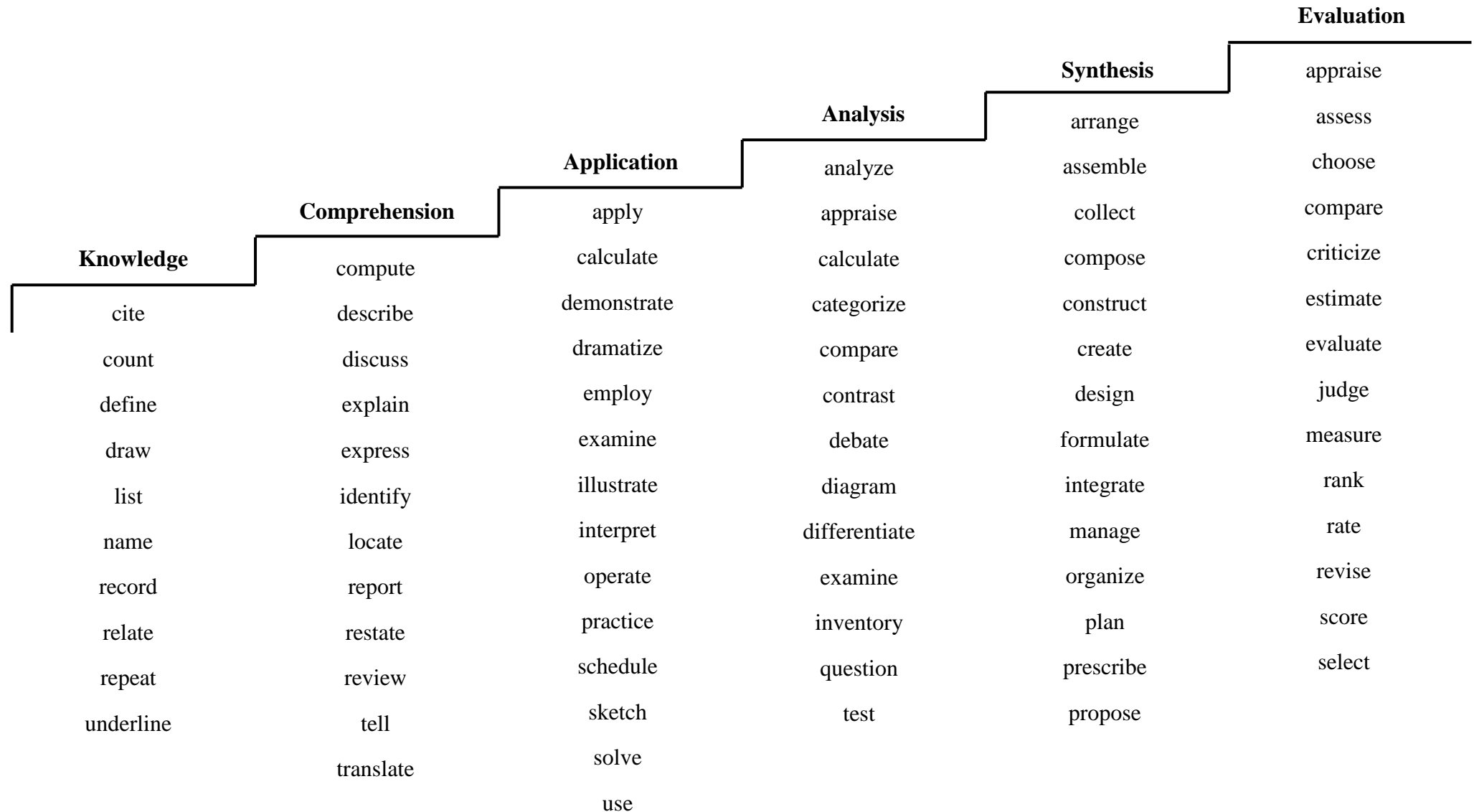
No. Provide the physical therapist with an orientation to the tool or ask the academic institution to provide the training and then proceed to Step 9.

### Step 9: Is the physical therapist a member of the American Physical Therapy Association?

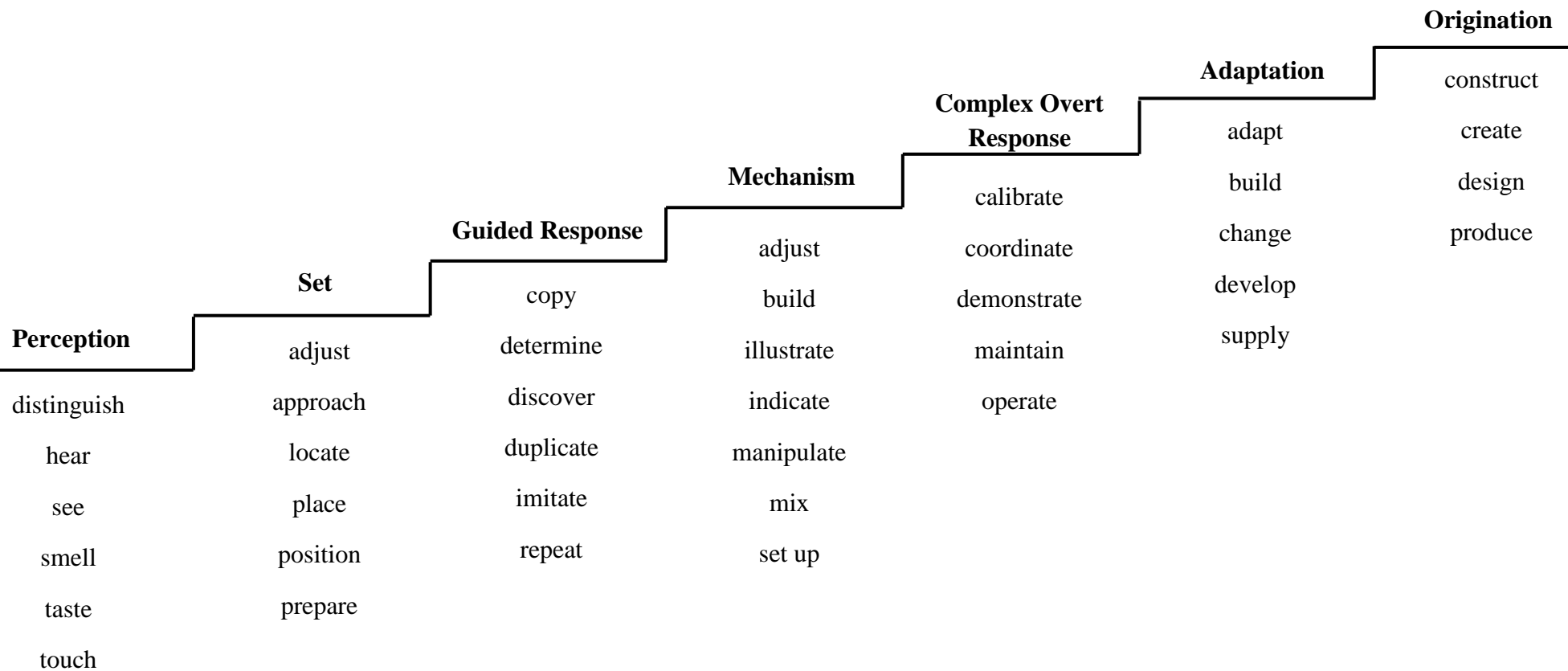
Yes. Your choice of this individual as a CI has been strengthened.

No. Engage this physical therapist in a conversation on why becoming an APTA enhances them as a role model.

# The Cognitive Domain (Simpson, from Ford)

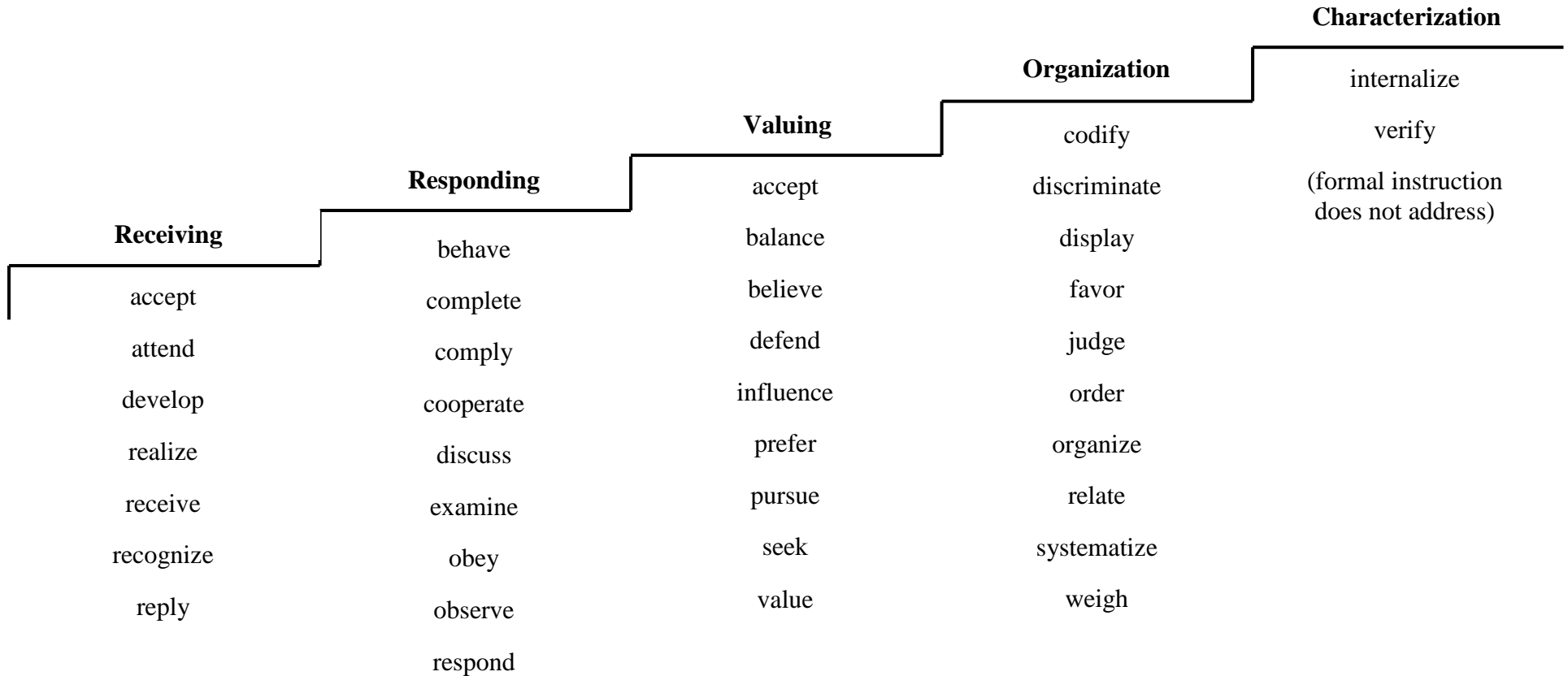


# The Psychomotor Domain (Simpson, from Ford)





# The Affective Domain (Krathwohl, from Ford)



**University of Wisconsin-La Crosse  
Physical Therapy Program**

*Clinical Education Information Packet*

I have reviewed and understand the contents of the UW-L PT Clinical Education Information Packet:

Signed:

\_\_\_\_\_  
Clinical Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date