

**University of Kansas Medical Center
Department of Physical Therapy & Rehabilitation Science
PTRS 920: Full-Time Clinical Experience I
Course Syllabus Semester VIII
Fall 2020**

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Office Hours: By appointment or onsite visit as needed and as viable
Credit Hours: 6-8
Course Time: Full-time clinical experiences/clinical rotations are based upon 40 hours per week and are determined by the assigned clinical instructor
Prerequisite: The student must have successful completion of the first 7 semesters of the DPT program or permission of the instructor
Course Location: As individually assigned by DCE
Collaborators: Clinical Instructors per assigned facility
- Textbook:** No required text
- Reference Text:** All didactic courses textbooks may be used as reference while in the clinic
- Required Readings:** None for the course in general but may be assigned readings by the clinical instructor

OTHER LEARNING RESOURCES: All information concerning the background information, procedures to be followed, required course forms and additional resources are found in the Clinical Rotations folder in your Class folder on Blackboard. Information is also disseminated by the DCE during a class clinical education meeting before going out on full time clinical experiences. Individual meetings with the DCE may be arranged if additional information is needed. The clinical site provides the clinical environment in which integrated learning and practice of physical therapy occurs. Additional learning resources may exist at the clinical practice site.

COURSE DESCRIPTION:

Nine to twelve weeks of full-time clinical experience. During the clinical rotation, the student will have the opportunity to develop the patient care skills needed for successful practice as a physical therapist. The student will work under the supervision of an experienced physical therapist in clinical settings affiliated with the program.

COURSE OBJECTIVES:

Upon completion of this course the student will demonstrate consistent clinical competency in physical therapy practice with a wide variety of patients in inpatient and outpatient settings in general or specialty practice by:

1. **practicing** in a safe manner that minimizes risk to patient, self and other team members (threaded in unit objectives).
2. **displaying** professional behaviors in all situations such as initiative, resourcefulness, good judgement, integrity, dependability, flexibility, appropriate self- confidence, constructive conflict management, etc.
3. **exhibiting** accountability in ethical conduct compatible with standards addressed in the APTA Code of Ethics and other established legal and professional standards.
4. **demonstrating** exemplary communications skills for purposes of written and verbal facilitation of information within the clinical setting, the community and the field of physical therapy at large that are congruent with situational needs.
5. **exhibiting** appropriate culturally competent interpersonal relationships within the clinical setting and for purposes of the community and field of physical therapy at large.
6. **demonstrating** commitment to fulfilling professional responsibility and toward continued professional performance growth.
7. **exhibiting** sound clinical reasoning by applying knowledge, current evidence, theory, and clinical judgment with consideration of patient values and perspectives (threaded in unit objectives).
8. **performing** all aspects of an initial physical therapy examination/evaluation to arrive at a diagnosis/prognosis that guides effective patient centered, evidence-based care plan development.
9. **demonstrating** awareness for a referral to another discipline or professional of expertise in an area that would better address the patient problems/concerns based upon appropriate screening.
10. **implementing** all aspects of a physical therapy plan of care adjusting the program with use of ongoing assessment to address current needs and circumstances.
11. **exhibiting** exposure to and competence in performing a wide range of physical therapy intervention.
12. **demonstrating** financial management of physical therapy services including judicious use of personnel within regulatory guidelines.

UNIT OBJECTIVES*UNIT 1 PROFESSIONAL BEHAVIOR*

Upon completion of this clinical rotation, the student will:

1. **demonstrate** appropriate initiative by:
 - a) **making suggestions** for changes considering implications and possible consequences.
 - b) **responding** to recognized need for and request assistance beyond immediate responsibilities.

- c) **initiating appropriate actions** without being prompted.
 - d) **actively seeking** learning opportunities.
2. **exhibit** good judgment by:
 - a) **demonstrating** integrity by his/her actions that he/she had considered all the implications and consequences of words and deeds.
 - b) **demonstrating** that he/she can make decisions on the basis of priorities.
 3. **demonstrating** ability to evaluate own strengths and areas needing improvement by:
 - a) **recognizing** limitations when managing the patient and requesting assistance as needed.
 - b) **exhibiting** resourcefulness.
 - c) **citing** areas where additional experiences, information or study would be beneficial.
 4. **exhibit** flexibility by:
 - a) **adjusting** schedule to accommodate unforeseen conditions or circumstances.
 - b) **accepting** feedback without defensiveness.
 - c) **managing** conflict in constructive ways.
 - d) **adapting** to new clinical situations.
 - e) **modifying** behavior according to feedback from the clinical instructor or other mentors.
 5. **exhibit** appropriate self-confidence by:
 - a) **conveying** through verbal and non-verbal behavior the impression that he/she understands the situation and is able to deal with it effectively.
 - b) **conveying** appropriate confidence that is within his/her exhibited ability.
 6. **demonstrate** resourcefulness by:
 - a) **combining** ideas and performance of activities in unique ways to solve problems.
 - b) **using** illustrations or similes which are original but fit the situation.
 - c) **exhibiting** inventiveness or creativity in making or modifying equipment.
 7. **be** punctual and dependable.
 8. **determine** the need for a referral to another discipline as appropriate
 9. **appear** well groomed and appropriately dressed at all times in alignment with practice setting expectations.
 10. **suspend** own biases to provide care in a non-judgmental manner.
 11. **exhibit** tact.

UNIT 2 ETHICAL CONDUCT

Upon completion of this clinical rotation the student will: **perform** according to acceptable standards of professional ethics and legal regulations by:

1. **making** clinical decisions within the context of ethical practice.
2. **maintaining** patient confidentiality.
3. **providing** quality care to all persons without regard to personality or medical problems (recognizing the dignity and worth of all individuals) and above self- interest.
4. **timely reporting** of mistakes or concerns taking steps to remedy the

- error/mistake/concern.
5. **respecting** the roles and contributions of all encountered in the course of his/her professional activities.
 6. **recognizing** and accepts responsibility for words and deeds may reflect on the school, the facility and the profession.
 7. **adhering** to all applicable regulatory guidelines including facility policies and procedures.
 8. **taking** advantage of opportunities to contribute physical therapy knowledge to individuals and the community.

UNIT 3 COMMUNICATION SKILLS

Upon completion of this clinical rotation, the student will:

1. **select** pertinent information from all applicable sources in the clinical setting.
2. **organize** and **prioritize** information.
3. **document** all aspects of physical therapy care legibly, concisely, accurately, and timely following all applicable regulations.
4. **utilize** correct grammar and terminology.
5. **adjust** level of communication for reader and auditory recipients.
6. **express** him/herself clearly and concisely in a timely professional manner.
7. **communicate** effectively with all personnel and stakeholders encountered in the clinical setting.
8. **communicate** with cultural sensitivity.
9. **present** oral reports clearly and concisely.
10. **actively listen** and **respond** to patients and co-workers.
11. **adjust** voice, posture and facial expressions to meet situational demands.
12. **recognize** the effects of his/her own non-verbal communication upon others.
13. **develop** alternate methods of communication with patients who demonstrate areas of disability or exceptionality (for example, hearing impaired, cognitive or language delays, visually impaired, etc.) so teaching methods are adjusted to learner needs.
14. **identify** barriers and biases that impede communication, teaching and interpersonal interactions and take steps to constructively address the issues.
15. **interpret** and effectively responds to communication of others.

UNIT 4 INTERPERSONAL RELATIONSHIPS

Upon completion of this clinical rotation, the student will:

1. **introduce** oneself to the patient and patient's family.
2. **prepare** patient for treatment by explanation of treatment and what to expect from the treatment if applicable.
3. **carry on** an appropriate conversation with patients to establish an individual patient rapport.
4. **secure** and **develop** the patient's and family's interest and confidence.
5. **demonstrate** awareness of the parameters of encouraging a patient to participate in the

- recommended intervention and when to accept the patient's decision.
6. **motivate** and **encourage** patient to become more independent within the patient's limitations.
 7. **exhibit** caring, compassionate and empathic patient care especially recognizing the psychological/social/emotional/cultural/economic needs of the patient.
 8. **exhibit** a realistic attitude about his/her responsibilities and abilities.
 9. **demonstrate** proper rapport with other personnel, being tactful and considerate of others.
 10. **communicate** patient's needs to personnel in other departments when applicable and obtain information regarding patient's needs from others.
 11. **contribute** positively during patient care conferences to establish a working relationship between all departments involved in the patient's care.
 12. **evaluate** and **recognize** the responsibilities of each member of the department/organization.
 13. **establish** proper rapport with all staff members keeping in mind individual differences.
 14. **communicate** necessary information to the correct individual using discretion in terms of the administrative organization of the department.
 15. **contribute** constructively to staff discussion groups, inservice training and other pertinent meetings.

UNIT 5 PROFESSIONAL DEVELOPMENT

Upon completion of this clinical practicum the student will **demonstrate** commitment to fulfilling professional responsibility by:

1. **assuming** additional responsibility for any staff limitations.
2. **assuming** supportive personnel duties when the situation indicates.
3. **establishing** priorities and appropriate relationships with patients so as provide quality of care beyond expected standards.
4. **keeping** personal issues from interfering with professional responsibilities.
5. **writing** measurable individual student behavioral learning objectives.
6. **using reflective** self-assessment to contribute to student performance evaluation process and to design a plan to improve clinical performance.
7. **seeking** performance feedback from clinical instructor/others and guidance as needed.
8. **providing** constructive feedback to the clinical instructor.
9. **accepting** responsibility for continuous professional learning.

UNIT 6 PATIENT EVALUATION AND PROGRAM PLANNING

Upon completion of this clinical rotation, the student will:

1. **perform** an initial examination and comprehensive evaluation.
2. **obtain** the patient history.
3. visually **appraise** patient.
4. **use** information to formulate initial hypothesis and prioritize selection of tests and

- measures.
5. **perform** systems review
 6. **select** appropriate tests and measures and standardized assessments to identify patient's problem(s).
 7. **administer** tests and measure, and outcomes assessments accurately, proficiently and efficiently.
 8. **adjust** tests and measures and outcomes assessment based on patient response
 9. **synthesize** all information obtained to produce an accurate picture of patient's status.
 10. **gather** information as indicated, including expectations and goals from patient, family, and health personnel.
 11. **critically evaluate** current evidence for additional information on the patient's condition and possible intervention.
 12. **make** clinical decisions in ambiguous or conflicting situations.
 13. **establish** a diagnosis for physical therapy intervention and list for differential diagnosis.
 14. **integrate** data and arrives at an accurate prognosis for intensity and duration of interventions and discharge status.
 15. **estimate** contribution of factors on the effectiveness of interventions.
 16. **establish** realistic long-range goals by:
 - a) **relating** to examination/evaluation findings and prognostic evidence
 - b) **considering** the discharge situation, preventive measures, functional outcomes, pathology, patient impairments, activity and participation limitations, environmental factors, time, and resources needed/available.
 - c) **collaboration** with other team members, patient and family goals for integration of patient back into their home and community,
 - d) **considering** psychological, social, emotional issues, vocational needs and community resources.
 17. **establish** realistic short-range goals by:
 - a) **processing** information from the medical record, medical history, evaluation and long-range goals.
 - b) **progressing** in a logical and sequential manner.
 - c) **setting** priorities.
 18. **plan** and **manage** an intervention program based on the physical therapy evaluation and goals considering the feasibility in terms of time, money, and equipment, alternative methods of treatment, the investment of the patient in terms of willingness to follow through and be an active participant and how well the plan in holistically addressing individual patients needs and concerns.
 19. **present** logical rationale for clinical decisions.
 20. **discuss** alternative interventions with patient.
 21. **advocate** for patient access to services.
 22. **consider** prevention, health, wellness and fitness in developing a care plan.

UNIT 7 SCREENING

Upon completion of this clinical rotation, the student will:

1. **select** and **interpret** pertinent information from the medical record.
2. **review** medical history from patient.
3. **perform** system review to recognize cluster preventing examination or intervention.
4. **use** sensitive test and measures.
5. **interpret** test and measures.
6. **determine** further need for examination or referral to other services.
7. **conduct** screening at community sites.

UNIT 8 PLAN OF CARE IMPLEMENTATION

Upon completion of this clinical rotation, the student will:

1. **select** interventions based upon best available evidence, clinical expertise and patient preferences.
2. **safely and consistently perform** interventions as related to the established care plan.
3. **contact** physician and/or other health personnel and/or family when indicated.
4. **revise** and/or **progress** treatment program as indicated without being prompted by:
 - a) **continuously re-evaluating**.
 - b) **intervening** at times of fatigue or frustration.
 - c) **observing** response of patient and **modifying** intervention appropriately.
 - d) **recognizing** ineffective care plan/interventions.
 - e) **maintaining** patient privacy, modesty and dignity.
 - f) **implementing** appropriate care plan revision.
5. **utilize** appropriate methods of instruction and feedback to ensure correct performance of the procedure by:
 - a) **using** terminology which is understandable to the patient.
 - b) **showing** an awareness of the patient's medical situations, environmental factors and learning style which may affect learning.
 - c) **considering** patient's attitude toward carrying out the intervention program.
 - d) **utilizing** appropriate instructional principles when instructing in and facilitating an intervention program.
 - e) **instruct** patient and caregivers about patient condition, intervention and transition to role at home, work, school or community.
 - f) **demonstrate** the ability to modify instructions and/or methods when indicated.
 - g) **continually communicate** with the patient in terms of how the treatment should feel, what reaction to expect, what the expectations are in terms of patient follow-through to meet goals and objectives, etc.
6. **determine** when patient has reached maximum benefit from frequent, direct skilled physical therapy intervention.
7. **make** appropriate recommendations for optimal patient benefit within the parameters of APTA Code of Ethics, reimbursement issues and consideration of alternate service delivery models.

8. **manage** the case management process that encompasses all levels of care including direct access.

UNIT 9 PHYSICAL THERAPY SKILLS

Upon completion of this rotation, the student will **demonstrate clinical competence in** the following physical therapy, skills and strategies as exposed to in the clinical setting by:

1. **evaluating** muscle performance, gait, posture, motor function, functional mobility, activities of daily living, pain, skeletal integrity, joint integrity and mobility, range of motion, muscle length, neuromotor development including sensory integration, reflex integrity, nerve integrity, prosthetic, orthotic and supportive device needs, respiratory function, cardiac function (aerobic capacity and endurance and circulation), coordination and balance, integumentary integrity, anthropometric characteristics, self-care, home management and work/community integration (including barrier assessment), arousal, attention and cognition and ergonomics.
2. **performing and instructing** in therapeutic exercise.
3. **performing** functional training for self-care, home, community and work management and integration.
4. **performing** manual therapy techniques on soft tissue, and spinal and peripheral joints including mobilization and manipulation.
5. **performing** physical agent and mechanical modality treatments.
6. **performing** electrotherapy treatments.
7. **performing** integumentary repair and protection techniques.
8. **performing** airway clearance techniques.
9. **prescribing, and applying** devices and equipment.
10. **identifying** normal development across a variety of domains while **recognizing** signs and symptoms of abnormal or delayed development, perceptual motor and cognitive.
11. **discussing** the risks, stresses, diseases, and disorders associated with different age groups.

UNIT 8 PRACTICE MANAGEMENT AND ADMINISTRATION

Upon completion of this clinical rotation, the student will:

1. **use** time effectively by:
 - a) **preparing** daily work schedule allocating appropriate time, space and equipment for task completion.
 - b) **considering** needs of other departments/patients/families as well as physical therapist/department when scheduling patients.
2. **submitting** effective, timely, accurate and objective departmental records including billing charges.
3. **direct and supervise human resources in patient care** by:
 - a) **asking** for assistance when needed.
 - b) **discussing** support personnel choice with the patient.
 - c) **displaying** clinical judgment for the direction and supervision of support personnel

- including responsibility for determining if task is adequately completed.
- d) **communicating** adequately with support personnel
 - e) **providing** adequate instruction and feedback to supportive personnel.
 - f) **utilizing** clerical help according to departmental policy.
 - g) **reviewing** documentation produced by physical therapist assistant.
 - h) **serving** as a mentor to junior level physical therapy students (as applicable).
 - i) **abiding** by applicable laws for supervision and delegation
4. **follow** established lines of communication and regulatory agency guidelines.
 5. **demonstrate** fiduciary responsibility.
 6. **maintain** positive work environment in a manner conducive to efficiency and safety.
 7. **participate** effectively in developing and/or teaching in-service programs.
 8. **demonstrate** awareness of responsible participation in the organization's quality improvement programs, risk management and overall Organizational Evaluation strategies.
 9. **demonstrate participation in and/or** awareness for the importance of other administrative functions such as marketing, financial management, organizational culture and organizational planning.
 10. **promote** the profession of physical therapy.

LEARNING EXPERIENCES

Students will primarily learn through immersion in the physical therapy practice environment, and secondarily through a class clinical education meeting, self-reflection, group discussion, assignments and other experiences that may be available at individual clinical education sites. Course material is posted on Blackboard and/or the Clinical Education website.

GENERAL INFORMATION AND COURSE SCHEDULE

The full-time clinical experience is held at a clinical education site as assigned by the DCE and is based upon a 40-hour week as arranged with the clinical instructor at each site. Students should also be prepared to spend time outside clinical rotation hours looking up relevant materials needed for patient care/physical therapy practice and completing assignments.

METHOD OF STUDENT EVALUATION

Student performance is primarily graded using the web-CPI. The clinical instructor and student will complete assessment of student performance at midterm and upon completion of the clinical rotation. Evaluation forms will be submitted for in-services and projects completed during the clinical rotation. Students will also post on the Clinical Education Facebook Group.

GRADING CRITERIA This course is graded **satisfactory or unsatisfactory**. To receive a satisfactory grade in this course the following are required:

FOR EACH CLINICAL ROTATION

- ❖ Performance Score Advanced Intermediate level or above on the Clinical Performance Instrument.

- Absence of critical deficiencies/incidence
- Students are expected to follow the clinic hours arranged by their clinical site/clinical instructor
- Please refer to the Clinical Education Handbook for expectations.
- ❖ Complete a midterm and final self-assessment using the Clinical Performance Instrument.
- ❖ Develop personal goals/learning objectives. Review goals with the CI at the beginning and end of the clinical rotation. Add goals to comments section on web-CPI at midterm and comment on the attainment status of each goal on the final.
- ❖ Send information to facility at least 6-8 weeks before start of the full-time clinical experience.
- ❖ Complete student evaluation of clinical experience and clinical instruction.
- ❖ Participate in class discussion on the Clinical Education Discussion Board (3 post minimum across the PTRS 900 clinical education series).
- ❖ Complete a project that will benefit the clinic (3 projects minimum across the PTRS 900 clinical education series). Return the project evaluation form.
- ❖ Provide in-service with handouts for each facility (3 in-services minimum across the PTRS 900 clinical education series). Return the In-service Evaluation forms with an outline of your in-service.
- ❖ ALL COURSE MATERIALS ARE DUE ONE WEEK AFTER THE COMPLETION OF THE CLINICAL ROTATION. FAILURE TO TURN IN ON TIME CAN RESULT IN A FAILING GRADE.

REMEDICATION STATEMENT

The student will need to meet with the Director of Clinical Education (DCE) to discuss and potentially develop a plan for repeating the clinical rotation. The student may not be allowed to continue with subsequent clinical rotations until the remediation is completed. Refer to the Clinical Education Handbook for the remediation process and policies.

PLAGIARISM

Plagiarism will not be tolerated. Student assignments like the inservice presentation may be submitted to *TurnItIn* and/or Blackboard's *SafeAssign* for detection of plagiarism.

To learn more about plagiarism, visit: <http://guides.library.kumc.edu/plagiarism>

RESCHEDULING POLICY

If a student is unable to complete their full-time clinical experience hours for any reason, he/she is responsible for notifying the DCE in advance of the time missed, or in case of emergency, as soon as possible. Please refer to the clinical education handbook for policy and procedures.

ACADEMIC MISCONDUCT

Academic misconduct is covered fully in the PTRS Student Handbook (with reference to the

KUMC School of Health Professions Student Handbook). Academic misconduct also includes knowingly breaching a patient's rights to privacy and confidentiality by disclosing Protected Health Information as specified by HIPAA regulation. This breach includes accessing an electronic health record in an area where others can view it, printing of information at an unauthorized printer, and sharing patient information details in social networking tools such as Facebook, Twitter, texting or photographing with a cell phone, and other electronic devices.

STATEMENT ON DISABILITY

Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at Student Counseling & Educational Support Services by calling 913-588-6580 or visiting G116 Student Center. To schedule an appointment, you can go to the following website for more information: <http://www.kumc.edu/student-services/counseling-and-educational-support-services/schedule-an-appointment.html>. KUMC are free, confidential, and available at Student Counseling & Educational Support Services by calling 913-588-6580 or visiting G116 Student Center. To schedule an appointment, you can go to the following website for more information: <http://www.kumc.edu/student-services/counseling-and-educational-support-services/schedule-an-appointment.html>.

Students in this course who, because of a disability, believes they may need accommodations in order to complete course requirements are encouraged to contact Cynthia Ukoko, cukoko@kumc.edu, in the Academic Accommodations Services Office (G020 Dykes), 913-945-7035, as soon as possible to better ensure that such accommodations can be implemented in a timely fashion. Online appointments may also be made at <https://medconsult.kumc.edu>. Reasonable accommodation will be provided in accordance with the University of Kansas Medical Center's Americans with Disability Act compliance policy.

For online information about academic accommodations, please go to www.kumc.edu/accommodations.

If temporarily unable to meet the clinical expectations, please contact the DCE. See the clinical education handbook for more information.

RELIGIOUS ACCOMODATIONS

KU Medical Center respects the religious diversity of its students and will make good faith efforts to provide reasonable religious accommodations for the sincerely held religious beliefs, practices or observances of its students when they conflict with University policy or procedure. Such accommodations must not fundamentally affect the University's mission or commitment to patient care or otherwise create an undue hardship. If you wish to submit a request for religious accommodations, please complete this online form. <https://form.jotform.us/71005615090142>

STUDENT RESPONSIBILITY STATEMENT

It is the responsibility of each individual student enrolled in this course to monitor grades and

progress. Graduate school policy as stated in the current Student Planner/Handbook under "grades" is quoted below:

If a student feels that he/she is not doing satisfactory work at mid-term or any time during the semester, the student is responsible for communicating with the DCE to design a plan of improvement.

It is the responsibility of each student to enroll in this course prior to the first clinical day. It is the responsibility of each individual student to directly discuss any problems affecting student clinical performance and student learning on rotations the clinic with the clinical instructor first. If the student does not feel they are performing satisfactorily in the clinic or there are issues significantly impacting student learning, the student is responsible for communicating with the DCE to design a plan of improvement with the assistance of the CCCE and/or the CI. Refer to the clinical education handbook for more information.

GUN POLICY

KUMC prohibits faculty, staff, students, and visitors from carrying weapons of any type on its Kansas City, Kansas campus. For additional information, please see the KUMC Procedures for Implementing University-Wide Weapons Policy. Students who conceal carry on the Lawrence or Edwards campuses are responsible for making alternative arrangements when attending classes in Kansas City. Students can transfer a handgun from a backpack or purse to a secure location such as the trunk of their locked vehicle. Individuals who violate the weapons policy or procedures may be asked to leave campus with the weapon and may face disciplinary action under the appropriate University code of conduct.

STATEMENT ON PROFESSIONAL BEHAVIOR

Professional behavior is expected at all times during the clinical rotation. Any behavior exhibited by the student deemed inappropriate by the DCE, the Clinical Instructor, or the Clinical Center Coordinator will result in failure of this course. Please refer to the Clinical Education Handbook.

COURSE AND INSTRUCTOR EVALUATIONS

Student evaluations of the clinical instructor and clinical site will be conducted at the end of the clinical rotation. Posting of the final course grade is contingent on verification of a completed course evaluation. Students have access to the evaluation of the clinical instructor and clinical site on Blackboard and will be prompted to complete the evaluation by email or Class Facebook Group in the final weeks of the clinical rotation. Evaluation submission will be tracked and forwarded to the clinical instructor except for the confidential section. Evaluation of the DCE and clinical education program will be completed at the end of the spring semester after completion of the final clinical rotation. As part of the continual process of improving the full time clinical experience, students are asked to complete these evaluations as part of their professional responsibility. As you complete these evaluations, please provide thoughtful responses as a

professional. Although the DCE and clinical education program evaluation is tracked, your feedback is anonymous and presented only as aggregate data.

NOTICE

This course syllabus may be changed at the discretion of the Director of Clinical Education/Course Director. In addition, the course schedule is subject to change per the discretion of the DCE, but students will be notified if a change is necessary.

STATEMENT OF STUDENT ACCEPTANCE

Any student who does not understand/or accept the contents and terms of this syllabus must notify the instructor in writing within one week after receiving this syllabus.

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