

**University of Colorado  
Anschutz Medical Campus  
Physical Therapy Program  
Course Syllabus**

**Course Title:** Clinical Education I

**Clock Hours:** 8 weeks fulltime in clinic; 5 hours preparation seminars (Synch and Asynch)

**Course Number:** DPTR 6931

**Credit Hours:** 5

**Semester:** Summer II

**Year:** 2021

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**Course Coordinator:** R. Joe Palmer III, PT, DPT  
**Phone number:** 303-724-9326 (O), 509-885-8585 (C)  
**Email address:** joe.palmer@cuanschutz.edu

**Office Hours:** By appointment- requests should be made by email

**Course instructors:** Cynthia Armstrong PT, DPT, CHT  
Eric Sawyer PT, DPT, OCS  
Catherine Bilyeu, PT, DPT  
Jenny Rodriguez, Pt, DPT  
Community Clinical Instructors (CIs)

**Course communication:** **Email:** Announcements of course information and other communication within this course will be sent using students' CU Anschutz school email address. It is the students' responsibility to check email messages regularly.

**Non-Email Communication:** Announcements will be made and documents posted in the Canvas course: CU PT Clinical Education I.

**Clinic Check-in:** All students and CIs will be contacted in the beginning of the clinical experience and again around the midterm of the experience for a more formal discussion with the student's CE Faculty Advisor or another member of the CE Team. The CE Team is available throughout CE I if needed. **It is the student's responsibility to request more frequent communication if needed.**

**Course Description:** Eight week full-time supervised clinical experience with emphasis on appreciating the roles of the physical therapist, beginning to manage a case load, and participating in the inter-professional team.

**Course Prerequisites:** Successful completion of all previous course work.

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

1. Describe elements that contribute to a positive clinical education experience.
2. Apply concepts of learning in the clinical setting, which include characteristics of a "novice learner," learning domains, modes of learning, and learning style preferences.

3. Propose strategies to incorporate all modes of learning into clinical education experience.
4. Begin to demonstrate self-directed learning in the clinical setting.
5. Apply knowledge, psychomotor skills, and professional behaviors in the clinical setting.
6. Accept responsibility for patients.
7. Manage patients from initial examination (including history, systems review, tests and measures) through discharge with guidance/supervision from CI.
8. Display effective communication and interpersonal skills in all interactions.
9. Demonstrate effective use of time and resources by managing a partial caseload.
10. Apply correct use of infection control principles, related to blood-borne pathogens, including standard precautions.
11. Comply with HIPAA regulations at all times.
12. Use clinical decision-making frameworks in patient management (e.g., ICF, The Guide to PT Practice, etc.)
13. Examine relationships between health condition, impairments in body structure and function, functional limitations, and participation restrictions.
14. Seek and utilize evidence in making clinical decisions.
15. Realize potential legal/ethical issues that may arise in the clinical setting.
16. Practice self-reflection to enhance professional growth.
17. Self-assess to identify areas of strengths and weaknesses.
18. Recognize the physical therapist's role within the healthcare team in the clinical setting.
19. Illustrate appropriate behaviors to reinforce the physical therapist's role within the team.
20. Recognize principles of health care delivery in the clinical setting.
21. Demonstrate progression towards "Intermediate" performance on all CPI skills.

**Required Reading:**

- 1) American Physical Therapy Association Physical Therapist Clinical Performance Instrument (PT CPI): Review Web CPI prior to start of clinical education experience. (Rating Scale located at the end of the syllabus).

**Curricular Elements:** Patient-Centered Care; Clinical Reasoning and Evidence Based Practice; Movement for Participation; Teamwork and Collaboration, Quality Improvement and Safety

**Teaching Methods:** Supervised clinical education experience. Teaching methods used in the preparatory sessions include lecture, discussion, self-directed learning, and reflection.

**Evaluation Methods:**

**Grades and Grading Policy:**

***This course is graded as pass/fail. Criteria to achieve a "Pass":***

1. Submit Student/CI Contact form AND Student Checklist in corresponding Canvas assignment by Friday, May 7, 2021.
2. Demonstrate a progression towards and achievement of "Intermediate performance" on all 18 performance criteria in the Clinical Performance Instrument (CPI). ***See definition of CPI ratings at end of syllabus or on the Clinical Education website under CE I.***
3. Week 3 and 6 completion of CE I Benchmarks addressing the following areas: Professional Behaviors, Procedural Skills, Clinical Reasoning, and Communication Skills. All items checked as "in progress" require comments from the CI.
4. Submit Guided Reflection to corresponding Canvas assignment by June 27<sup>th</sup>, 2021.

5. No “Significant Concerns” box checked on the CPI on the final evaluation.
6. Summative comments from CI indicate progress from midterm to final evaluation on CPI.
7. Submit and sign off on electronic CPI by June 25<sup>th</sup>, 2021.
8. Complete Acadaware Assessments: “Student Assessment of the Site – Final” and “Student Assessment of the CI – Final” by June 25, 2021.

The grading policy and scale used in this course is described in detail in the CU Physical Therapy Program Student Policies and Procedures Manual. If a student does not meet ALL CRITERIA required for passing this clinical experience, the student will receive an “IP” grade for the course. In addition, the CE team in conjunction with the Physical Therapy Student Promotions Committee will determine an individual plan of action.

### **Course Policies:**

**Professional Behaviors:** Each student enrolled in this course is expected to conduct him/herself in a respectful and professional manner. This includes, but is not limited to, being punctual and prepared for each day in clinic; respecting patients, staff and colleagues; respecting classmates and faculty during class discussions; working in a positive and productive manner; respecting oneself by presenting own ideas and opinions in a positive and thoughtful manner that promotes the attention and respect of patients, colleagues, classmates, and faculty; taking responsibility for one’s own learning; and being committed to a positive learning experience.

**Time in Clinic/Attendance:** Students are expected to work the hours and schedule of their individual Clinical Instructors. Students will follow the clinical site’s holiday schedule, not that of the University. Please refer to the Time in Clinic Policy (revised in July 2018) posted as a separate document in canvas. The Program considers time in clinic to be mandatory. Therefore, any requests for time away from clinic must be submitted to Catherine Bilyeu at [Catherine.bilyeu@cuanschutz.edu](mailto:Catherine.bilyeu@cuanschutz.edu) as the CE representative of the Program’s Absences Committee prior to making any travel plans.

#### **Exceptions to Attendance Policy during COVID-19 Pandemic**

The Clinical Education Faculty Advisor in consultation with the DCE will work with students individually if there are absences due to COVID-19. Students must demonstrate intermediate-level (or approaching Intermediate-level) performance by the end of the experience.

- a. **Illness or Exposure to COVID-19:** Students are expected to follow the guidelines, protocols, and policies of their specific clinical site. However, students must also still complete the Anschutz campus [confidential self-report form](#). Clinic guidelines, protocols, and policies will supersede campus guidelines, protocols, and policies if a discrepancy occurs. Policies and procedures may include COVID-19 testing, quarantine, and self-isolation prior to returning to clinic. These policies and procedures will be dictated by current guidelines based on whether a COVID-19 vaccine series has been completed or not. COVID 19 vaccines are not required by the PT program but the absence of the vaccine may impact time in clinic. The criteria to pass the course must still be met even in the case of an extended absence. Steps to follow:
  - Notify **ALL** of the following: CI, CE Faculty Advisor, Joe Palmer (CE I Course Coordinator), Jenny Rodriguez (DCE), and Mary Jane Rapport (PT Student Affairs Coordinator) as soon as possible

**Interruption in Clinical Experience due to COVID-19:** The PT Program will provide simulated learning experiences to supplement clinical education experiences in CE I if determined necessary.

**Assignments:**

1. **Completion of CE I Benchmark Form - Weeks 3 and 6:** These benchmarks serve as a guide to facilitate discussion, reflection and formative feedback between the student and CI, and are designed to provide “checkpoints” to ensure the student is making steady progress towards final CPI expectations. See appendix A of this syllabus for Benchmark criteria. The procedure for completion is as follows:
  - I. Open the Benchmark Form electronically via Qualtrics with the links available in Canvas through the assignments tab.
  - II. Complete the form collaboratively with your CI (should take only 5-10 minutes)
  - III. Indicate if you and your CI feel the items are “met” or “in progress”.
    - If “in progress” is checked, comments are required, and a plan should be discussed for facilitating progress towards the benchmark(s).
2. **Contribution to the Clinic:** Students are expected to contribute in some way to the clinic during CE I. Examples include, but are not limited to: providing an in-service, contributing to an ongoing project in the facility, facilitating a journal club discussion, presenting a case, etc. A brief presentation on the benefits of student projects in the clinic and other examples of student projects can be found on the CE Website under the “CE I- During Clinical Experience” tab.
3. **Guided Reflection:** Each student will submit via Canvas a written reflection by the end of CE I. Reflections should be written in first-person language and be at least one page double-spaced. This guided reflection will focus on how you incorporated your defined goals following your first integrated practical (CAPE) into this clinical experience:
  - Define and then reflect on how you were able to incorporate your integrated practical (CAPE) goal(s) into CE I. In what ways were you successful in meeting the established goals? How were you challenged?
  - How did your CI and other members of the health care team assist you or provide mentorship to help achieve the established goal(s)?
  - How will you carry this work forward into your clinical experiences for year 2 (CE II)?
4. **Clinical Performance Instrument (CPI)-** The CPI will be completed by each student at midterm and final. Students and CIs will meet to discuss the CPI and performance/progress at both midterm and final.
5. **Acadaware Site/CI Assessments:** In the last week of CE I, the “Student Assessment of the Site – Final” and the “Student Assessment of the CI – Final” will be completed and provided to your CI for review and discussion (can be done at final CPI review).

**CE I Dates: May 3 – June 25, 2021**

**Overview of Assignments/Requirements:**

Form/Task	Due Date
<i>Before the Start of CE I</i>	
Student Email to SCCE/CI including: Acadaware Information Form/ Acadaware skills self-assessment – Asynchronous*	March 19, 2021

Complete Documentation Modules, review of CAPE examination session video (to be used for SOAP note) – <b>Asynchronous*</b>	Sunday, April 4th
Complete and upload SOAP note – <b>Canvas assignment upload - Study Time</b>	Sunday, April 4th
Documentation <b>Synchronous Prep Session</b>	Wednesday, April 7 <sup>th</sup> , 3 – 4 PM
Complete Asynchronous Prep Module (CPI training, Assignment overview video, handbook and attendance excerpts, syllabus review, and post questions to discussion board) – <b>Asynchronous*</b>	Wednesday, April 14 by 2 PM
Attend final <b>Synchronous Prep Session</b>	Wednesday, April 14, 2-4 PM
<i>First Week of CE I</i>	
Student Orientation Check List – <b>Form link in Canvas</b>	Friday, May 7th
Student/CI Information Form – <b>Form link in Canvas</b>	Friday, May 7th
<i>During CE I</i>	
Complete some version of Weekly Planning Forms with CI and formally review (nothing to upload)	Weeks 1-3, 5-7
<i>Week 3 of CE I</i>	
CI to complete Week 3 Benchmark form and student to review	Week 3: Friday, May 21 <sup>st</sup>
<i>Midterm of CE I</i>	
Complete Midterm CPI Evaluation	Week 4: Friday, May 28 <sup>th</sup>
<i>Week 6 of CE I</i>	
CI to complete Week 6 Benchmark form and student to review	Week 6: Friday, June 11th
<i>Conclusion of CE I</i>	
Complete Final CPI Evaluation	Friday, June 25th
Guided Reflection – <b>Canvas assignment upload</b>	Sunday, June 27th
Acadware Site/CI Assessments	Sunday, October 25 <sup>th</sup>
Attend <b>Synchronous Debrief Session</b>	Wednesday, June 30 <sup>th</sup> , 1-3 PM

**\* Asynchronous time scheduled 3/24/21, 2-4 PM & 4/7/21 2-3 PM**

**\*\*Grade for CE I will not be given until all Assignments/Requirements are submitted**

#### Appendix A: CE I Week 3 and 6 Clinical Performance Benchmarks

### **CE I Benchmarks**

These benchmarks serve as a guide to facilitate discussion, reflection and formative feedback between the student and CI, and are designed to provide “checkpoints” to ensure the student is making steady progress towards final CPI expectations. Assessed at weeks 3 and 6, the CI and Student will indicate Met or In Progress for each benchmark. Comments are required if In Progress is checked for any item. The student is responsible for uploading this document to the appropriate canvas assignment.

**Week 3**

**Professional Behaviors**

Demonstrates initiative
Demonstrates responsibility for own learning
Receives feedback without defensiveness

Met	In progress
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Comments:	

**Procedural Skills**

No safety concerns
Able to collect required/pertinent information in a simple patient interview with 50% guidance
Progressing independence with performing <b>familiar</b> /simple examination tasks with direct supervision
Progressing independence with performing patient education and interventions with direct supervision

Comments:

<input type="checkbox"/>	<input type="checkbox"/>

**Clinical Reasoning**

Able to hypothesize some appropriate tests/measures for familiar conditions
Able to use the ICF to identify impairments, activity limitations, and participation restrictions in each patient

Comments:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Communication Skills:**

Communicates in a professional manner with CI
Uses active listening to understand what is being communicated by others
Recognizes potential communication barriers

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Comments:	

## CE I Benchmarks

### Week 6 - consider progress since mid-term CPI

Met      In progress

#### Professional Behaviors

Demonstrates initiative and commitment to learning consistently	<input type="checkbox"/>	<input type="checkbox"/>
Makes effort to assess own performance and incorporate feedback	<input type="checkbox"/>	<input type="checkbox"/>
Seeks out resources to solve problems	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

#### Procedural Skills

No safety concerns	<input type="checkbox"/>	<input type="checkbox"/>
Able to collect required/pertinent information in a simple patient interview with 25% guidance	<input type="checkbox"/>	<input type="checkbox"/>
Has shown progressive independence and confidence in performing <b>familiar</b> /simple examination tasks with direct supervision	<input type="checkbox"/>	<input type="checkbox"/>
Has shown progressive independence and confidence with performing patient education and interventions with direct supervision	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

#### Clinical Reasoning

Able to consistently hypothesize appropriate tests/measures for familiar conditions	<input type="checkbox"/>	<input type="checkbox"/>
Able to efficiently use the ICF to identify impairments, activity limitations, and participation restrictions in each patient	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

#### Communication Skills

Communicates in a professional manner with interprofessional team	<input type="checkbox"/>	<input type="checkbox"/>
Beginning to modify communication based on target audience	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes potential communication barriers and can identify potential solutions	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Appendix B: DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
<b>Supervision/ Guidance</b>	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> <li>▪ 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.</li> </ul>
<b>Quality</b>	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> <li>▪ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</li> </ul>
<b>Complexity</b>	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> <li>▪ 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.</li> </ul>
<b>Consistency</b>	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> <li>▪ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</li> </ul>
<b>Efficiency</b>	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> <li>▪ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</li> </ul>
<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>• <b>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.</b></li> <li>• <b>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.</b></li> <li>• <b>The student may begin to share a caseload with the clinical instructor.</b></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 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>
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