

Clinical Education IV

Spring 2025

PHYT, 7332, 20190, Face-to-Face, 9 credit hours

This syllabus is to be used in conjunction with the UTC Campus Syllabus. Students should access the UTC Campus Syllabus via Canvas and be aware of the policies and resources contained therein.

Course Coordinator/Instructor of Record: Dr. Carolyn Padalino, PT, DPT, CEEAA

Email and Phone Number: Carolyn-Padalino@utc.edu, office: (423)425-4045, mobile: (423)504-8767

Office Hours and Location: Tuesday 12-1 pm, 4-5 pm, Wednesdays 12-2:30 pm (unless travelling for clinical education site visits), and by appointment, Mapp 206

Course Meeting Days, Times, and Location: January 6-April 18, 2025, times determined by Clinical Instructor schedule (or designee in their absence), location based on clinical site assignment

Course Catalog Description: This Clinical Education IV experience is the final course of the curriculum. Students will work under the direct supervision of a licensed physical therapist focusing on a particular patient/client population, with preferences expressed by the student. The desired outcome is for the student to reach entry-level performance in patient/client management. Spring semester; year 3. 600 clinical hours. Differential course fee will be assessed. Graded Satisfactory/No Credit.

Course Pre/Co Requisites: Enrollment in the DPT Program; Successful completion of prior DPT plan of study coursework.

Course Student Learning Outcomes: Performance in patient/client management as defined by the 12 clinical performance criteria within the American Physical Therapy Association's (APTA) PT Clinical Performance Instrument (PT CPI) 3.0 scale, with the student expected to achieve an "Entry-Level" rating or above to demonstrate mastery, as defined in the APTA's Learning Center training for the PT CPI 3.0. The student:

	Objective Description	I = introduced R = reinforced M = mastered
1	Professionalism: Ethical Practice – Demonstrates professional behavior in the clinical setting; practices according to legal and professional standards and ethical guidelines; demonstrates respect for self, patients, and colleagues in all situations.	M

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2	Professionalism: Legal Practice – Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.	M
3	Professionalism: Professional Growth – Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical and professional performance; seeks out opportunities for professional development.	M
4	Interpersonal: Communication – Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients, caregivers, intra/interdisciplinary colleagues); ongoing communication with physical therapist assistants regarding patient care; adapts verbal and nonverbal communication styles based on the patient's cognitive status and/or literacy level; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients and others.	M
5	Interpersonal: Inclusivity – Adapts the delivery of physical therapy services with consideration for patient diversity; encourages equity and is inclusive to all regardless of race, gender, age, etc.	M
6	Technical/Procedural: Clinical Reasoning – Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient safety with medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients, caregivers, intra/interdisciplinary colleagues).	M
7	Technical/Procedural: Examination, Evaluation, and Diagnosis – Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to other healthcare professionals as necessary; evaluates data from the patient examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient management.	M
8	Technical/Procedural: Plan of Care and Case Management – Establishes a physical therapy plan of care that is safe, effective, patient-centered, and	M

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	evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients are progressing toward discharge goals.	
9	Technical/Procedural: Interventions and Education – Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; educates patients and caregivers using multimodal approach based on patient's learning style; educates healthcare team on relevant topics by taking active an role in activities (e.g., journal clubs) or other in-service opportunities.	M
10	Business: Documentation – Produces quality documentation in a timely manner to support the delivery of physical therapy services.	M
11	Business: Financial Management and Fiscal Responsibility – Identifies financial barriers and limitations to patient care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.	M
12	Responsibility: Guiding and Coordinating Support Staff – Actively participates in caseload discussions to optimize patient outcomes; delegates tasks to support staff as appropriate; identifies patient complexity model of care when scheduling patients with a physical therapist assistant versus a physical therapist.	M

Course Fees: DPT differential tuition is applied.

Required Course Materials: 1) Canvas under course tile PHYT 7332, 2) The APTA PT CPI 3.0: <https://cpi.apta.org/login>. 2) EXXAT Clinical Education Management system: <https://login.exxat.com/>. 3) Other readings, appropriate to the patient population or clinical site, may be assigned by the clinical instructor. 4) No texts are required for this course, however, use of previous physical therapy textbooks is expected. 5) Access to the PT State Practice Act and applicable Rules and Regulations for the location of the site assigned (search may be initiated at

fsbpt.org > Top Resources > Licensing Authority Contact Information > Search for applicable state

Technology Requirements for Course: Daily access to the internet and a personal working phone line (may not be facility's phone)

Technology/Digital Literacy Skills Required for Course: Appropriate use of search engines to showcase learning relative to patient population, appropriate use of email communications to ensure consistent messaging between student, Director of Clinical Education (DCE), Clinical Coordinator (CC), Clinical Instructor (CI) and/or Site Coordinator of Clinical Education (SCCE), evaluating online resources for accuracy/trustworthiness of information

Proctorio Online Examination Proctoring Software: Proctorio will be used to proctor all online examinations. It is essential for students to have computer and internet connectivity that supports this online testing.

If Proctorio software review and analysis supports the conclusion that cheating was attempted or occurred on an online exam, disciplinary action may be taken against the student per UTC's Student Conduct Policy and Honor Code.

Unicheck Plagiarism Review Software: The instructor of this class reserves the right to submit papers to the UTC Learn /Canvas text-matching software (Unicheck) for review and analysis of originality and intellectual integrity. If the results of the review indicate academic dishonesty, disciplinary action may be taken against the student per UTC's Student Conduct Policy and Honor Code.

Course Assessments and Requirements: Students must complete all Assignments included in Canvas course tile by associated deadlines. In addition, for successful completion of the course, the student must:

1. Maintain communication with the DCE, at all times, during the clinical education experience, communicating proactively when not an emergency situation. *The DCE is the course coordinator for all clinical education courses and will serve as advisor, facilitator, and monitor.*
2. Contact the SCCE prior to the beginning of the experience to confirm arrangements, ensuring all clinical requirements (see #3 below) and facility-specific paperwork are completed and/or submitted as required by the facility. If any items must be submitted by the school, it is the student's responsibility to alert the DCE and/or CC of needed items.
3. Meet all health and safety requirements of the clinical education assigned site. It is the responsibility of the student to communicate with the site/SCCE/CI to identify the requirements of the assigned clinic site and to provide evidence of completion for all items in the manner (mechanism and timeframe) defined by the facility and/or the educational program. Information may be found in the clinic site's Requirements and/or

Documents section in EXXAT, but the SCCE may provide additional and/or replacement items. *Students must upload all signature pages, certificates or other evidence of training or completed items to the corresponding CE IV folder in EXXAT* as most sites require that UTC maintain student records for several years beyond the student placement. Failure to meet this requirement may result in a delay to the beginning of the experience, ultimately jeopardizing timely completion or result in termination of the placement.

4. Review information for the assigned site on the site's website, if available, and within the site details in EXXAT, including a thorough review of the affiliation agreement (contract).
5. Be familiar with the PT state practice act and rules that would apply to the site based on location.
6. Demonstrate no safety concerns related to any of the 12 items in the PT CPI 3.0.
7. Demonstrate no professional issues/concerns that warrant removal from clinic (see Clinical Education portion of Student Handbook)
8. Submit all assignments prior to and during the clinical education experience, in the required manner, by the published deadlines by the DCE, CC, CI, and/or SCCE.
9. Not fail an active Learning Contract.
10. Provide evidence of personal health insurance coverage, which must be maintained throughout the clinical education experience. Students are financially responsible for any medical care (emergency or non-emergency) received as a result of the clinical education experience.
11. Attend all scheduled days of the clinical education placement (See Course Attendance Policy for details)
12. Make-up any emergency-related absences beyond the initial *5 permitted across all full-time Clinical Education placements (not 5 per placement, but total of 5 across all 36 weeks)*. (See Course Policies>Late/Missing Work Policy>Make-up Plans section and Course Attendance Policy for more information)
13. Students must maintain communications with the DCE related to absences until all time is made-up (if necessary/required).
14. Take necessary supplies (goniometer, reflex hammer, measuring tape, stethoscope, gait belt, etc.) and texts/notes to clinical setting each day of the experience.
15. Adhere to all policies and procedures of the clinical site. Failure to do so may result in termination of the experience by either the site or the DCE.

Course Grading

Course Grading Policy: The instructor of record will determine the student's grade for the Clinical Education IV course. The grade for Clinical Education IV will be judged satisfactory/in progress/no credit. For a grade of satisfactory, the student must achieve an "Entry-level" rating, or above, for each of the 12 clinical performance criteria using the APTA's

CPI 3.0 scale with narrative comments in support of the rating selected. ***Should the student determine they are unsuccessful in meeting the minimum required performance rating noted above for all 12-items on the CPI 3.0 or knowingly demonstrate a lack of professionalism, whether by their own assessment or the CIs, they are required to notify the DCE immediately upon making that determination.***Additionally, the grade is based on: 1) the timely submission of all assignments prior to and during the experience (see Course Calendar/Schedule>Canvas below and prior clinical education-related announcement), 2) having met all items in Course Assessments and Requirements, as well as 3) communication with the student and CI via teleconferencing or videoconferencing, site visits and e-mails regarding student performance. Note: The Recommendations field is for the student and CI to address recommendations for how the student will address areas for improvement/further development (required even if marked at entry-level or beyond entry-level). Students must review their self-assessment with their CI, as well as their CI's assessment of the student's performance.)

Instructor Grading and Feedback Response Time: The DCE will provide any necessary feedback via the CPI 3.0 within 2 weeks of the mid-term CPI submission and within 2 weeks of the final CPI 3.0 submission. The DCE will be accessible via office phone: (423) 425-4045 and/or mobile phone: (423) 504-8767, and email: Carolyn-Padalino@utc.edu. **For emergencies, please utilize the mobile phone number first (text), then email and office phone.**

Course Policies

Late/Missing Work Policy: *The student will complete all assignments made by the DCE, CC, CI, SCCE (or designees) willingly, thoroughly, promptly, and satisfactorily.* Additional proof of completion may be required, at any time. The consequence of failing to meet requirements may result in interruption and/or failure of the clinical education course. A Learning Contract may be employed to direct successful completion of future activities and/or behaviors. The DCE will generate a Learning Contract that includes objective information about the event as well as requirements and associated consequences moving forward (up to termination from the program). The Learning Contract will then be reviewed and signed by the DCE, PT Department Head and the student and maintained in the student record within the PT program. Failure of a Learning Contract may result in failure of the corresponding course.

Course Attendance Policy: [Click here to enter text.](#)

1. Students must attend all days of the clinical experience, January 6-April 18, 2025 (extensions outside of planned days may occur based on emergency-related absences or other extenuating circumstances – students are not “released” from clinic schedule/obligations until all necessary make-up days are completed). Students are expected to work the clinic/CI's schedule, regardless of university closings or weekend work assignments, which may include weekends or atypical work schedules.

If the student's assigned CI has a scheduled or emergency day off that prohibits the student's ability to complete the regular work week, it is the student's responsibility to ensure that an adequate make-up plan has been implemented by the CI and/or SCCE and is approved by the DCE. Opportunities may include working with another licensed PT who has a minimum of one year post-licensure clinical experience, shadowing other disciplines or a PT with less than one year post-licensure clinical experience, adding weekend days, or extending the end date of the clinical education experience. (See Make-up Plan definition)

2. Students are expected to be on time. If the student experiences an **emergency** that prevents attendance or will require tardiness, **the student must notify the a) DCE via text (423-504-8767 – required) immediately upon determining an absence will occur, and b) the Clinical Instructor and/or SCCE via the method defined on the first day of clinic (determined by the clinic site's preferences). In case of illness, students must notify the DCE, SCCE/CI at least 1 hour prior to the student/CIs scheduled start time for that day, via mechanisms defined above.** If voice mail is utilized initially per SCCE/CI preference, it is the responsibility of the student to follow-up with the at regular intervals throughout the day until direct contact is made (either via phone or email response to voicemail) to ensure all necessary contacts have been made. Missed time may delay completion of degree requirements, and thus, graduation, and could jeopardize the student's continuation in the clinical experience. *Frequent tardiness is a professionalism issue and may result in failure of the clinical education course.*
3. **Students are permitted up to 5 emergency-related absences from Clinical Education across the 36 weeks of full-time clinical education experiences as a part of the PT program that are not required to be made-up, as long as the CI and student do not perceive the absence(s) as impacting the student's ability to be successful in the course (5 total days across the 36 weeks in the program, not per placement).** If the student makes-up the time within the current course, unused days roll over per Clinical Education Course. The PT program reserves the right to require documentation to support emergency-related absences, at any time. Students are not permitted to independently determine if the unexpected circumstances constitute an emergency absence. All information must be submitted to the DCE for consideration and approval of the emergency-related absence designation. The DCE will request confirmation of the make-up need from the CI(s) and document within the student record to support the grade assigned, as needed.
4. Students may not have the work schedule until just before the start of the clinical education placement due to staffing changes at the site or other extenuating circumstances. Appointments and events should not be scheduled until the student is aware of the CIs planned working days/times across the 15 weeks of the placement. Once the schedule is known, all appointments and events should be scheduled prior to

beginning or after ending Clinical Education placements, or during non-clinic working hours, in such a way that the schedule (including necessary travel) does not overlap with the clinical placement. Students are welcome to review event details with the DCE should a path be available to facilitate student participation in the desired event.

5. **Students and CIs and/or SCCEs are not permitted to independently determine impacts of absences or complete make-up plans without prior DCE approval (due to accreditation considerations related to clinical education).** Full day absences require full day make-up to maintain the integrity of the placement. Because typical clinical education includes assignments outside of clinic time and overtime, we cannot accept home assignments/research/clinic work or early ins and late outs as make-up time. If the site is unable to accommodate requirements noted, and the student needs to (in case of academic jeopardy) or desires to (to maintain the stock of emergency-related absence days not requiring make-up time) the student must contact the DCE within two days of returning to the clinic to determine additional remediation work.

***Make-up Plans** = additional working days to make-up for missed time (weekend or extension to scheduled end date), or any plan created due to planned or emergency absence of the CI without the student being assigned to another licensed PT who can serve as a CI for the duration of the primary CIs absence.

- Any half-day or more absence is required to be made up in one day (cannot be completed incrementally or with early ins and/or late outs)
- Any absence less than a half a day may be made up incrementally

May include:

- Up to 4 hours of observation per discipline (not per individual) available at the site, not to exceed 24 hours across the 15 weeks
- Up to 16 hours of surgical observations across the 15 weeks
- Up to 1 full workday of observation in a different setting offered by the same site (ex. If working in outpatient at a hospital, may observe acute care in related areas)
- Weekends
- Days added beyond scheduled end date.

May Not include:

- Early ins or late outs
- Assignments to be completed at home

All make-up plans require approval by the DCE: 1) in advance if due to planned CI absence, 2) as soon as the student is made aware of a plan if due to an emergency CI

absence, 3) within 2 days of student returning to clinic if due to student emergency absence – regardless of timing, the make-up plan must be approved by the DCE prior to the student/CI commencing the plan.

Course Participation/Contribution: *Students are expected to demonstrate an appreciation for the skills and experience available at any site, regardless of preference for future work in that setting.* Students are expected to actively engage, at all times. Additionally, students are expected to take initiative relative to any necessary communications with the CI, SCCE, DCE, and/or Clinical Coordinator to improve their ability to be successful, including ensuring timely completion of mid-term and final CPI 3.0 by the CI.

Class and Lab Preparedness Policies: Students should prepare for setting and patient populations by reviewing related didactic content engaged with in the academic program, to date, but should also take initiative to research novel diagnoses, presentations, etc., and be ready to present new knowledge, skills and abilities to the CI for confirmation and/or redirection. Students who are not prepared for each day may be sent home by the CI. In this instance, the student is required to notify the DCE via text message, immediately, and a make-up plan must be developed in consultation with the CI and/or SCCE.

Classroom and Lab Technology Policy: Technology (phones, tablets, computers, etc.) should be used for clinical educational purposes only during scheduled working times. The PT Department and faculty, and clinic site and staff are not responsible for the safety of any such devices, and students bring them to clinic at their own risk.

Communication: Class announcements are made through UTC Learn/Canvas and UTC email. UTC email is the official means of communication between instructor and student at UTC. Please check your UTC email and UTC Learn/Canvas M-F at least daily. In emergency situations, the DCE reserves the right to communicate via texting/cell phone.

Course Learning Evaluation: Course evaluations are an important part of our efforts to continuously improve learning experiences at UTC. Toward the end of the semester, you will be emailed links to course evaluations, and we appreciate constructive, solutions-oriented feedback with narrative responses that support numeric ratings. We value your feedback and appreciate you taking time to complete the anonymous evaluations.

Course Calendar/Schedule:

Week 1 – See corresponding Canvas Module/Assignments (3 items due day two of clinic, 2 items due by end of first week)

1st Quarter – See corresponding Canvas Module/Assignments

Mid-Term – See corresponding Canvas Module/Assignments

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3rd Quarter – See corresponding Canvas Module/Assignments

Final – See corresponding Canvas Module/Assignments

Course Syllabus/Schedule Change: This syllabus and course calendar/schedule provides a general plan for the deadlines required for this course. However, changes may be made at the discretion of the instructor of record as warranted. Students will be notified of any changes as soon as possible via UTC Learn/Canvas announcement, email, and/or phone/text messages.