



PHYSICAL THERAPY CLINICAL EDUCATION MANUAL



Revised 2009

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INTRODUCTION

Clinical education is an essential component of professional education that complements academic education.

In the New York City Department of Education, Senior Physical Therapists serve as Clinical Instructors (CIs) for physical therapy (PT) students. CIs are role models throughout the course of the PT students' training. They create an environment that fosters a PT student's professionalism and encourages the development of an independent and competent clinician.

Physical therapists working with the pediatric population typically practice under two distinct models: the clinical model (e.g. in an outpatient or hospital setting) and the educational model, provided in a school setting in accordance with the Individuals with Disabilities Education Act (IDEA). It is the mission of the NYC DOE's PT Clinical Affiliation to offer PT students the opportunity for clinical training and practice with the pediatric population utilizing the educational model.

**Note that in the following pages the term "PT student" refers to a physical therapy student undergoing clinical training, while the term "student" refers to a child attending the NYC public schools.*

IMPORTANT NOTICE

Please read the following carefully:

It is the position of the New York City Department of Education Physical Therapy Clinical Affiliation Program to follow the recommendations of state law and the American Physical Therapy Association in regard to supervising physical therapy students. The PT student is qualified to provide services only under the *direction* and *direct supervision* of a licensed physical therapist that is responsible for patient/client management. *Direct supervision* means the physical therapist is *physically present and immediately available* for direction and supervision. Telecommunication does not meet the requirement of direct supervision.

In accordance with the above information, if the Clinical Instructor is absent and there is no other physical therapist available to supervise the PT student, the PT student may not treat any student.

PREPARATION TIPS FOR CLINICAL INSTRUCTORS

Prior to the PT student's arrival:

- ❑ Make a list of all children whom the PT student will eventually take over from you. Include students with a variety of challenges.
- ❑ If a PT student is to have 2 Clinical Instructors, collaborate with the other CI to ensure that the PT student's caseload does not become overwhelming.
- ❑ If you work in a school with other therapists, set aside time for the PT student to observe your colleagues providing services to children with interesting challenges.
- ❑ Become familiar with the enclosed information sent from the student's academic institution.
- ❑ Make ample copies of necessary forms (i.e. eval forms, scheduling forms, Weekly Progress Note forms, etc.) It will make your job a lot easier.
- ❑ If possible, find a work area for your student.
- ❑ Have a good medical dictionary, pediatric reference book and anatomy book accessible.
- ❑ Set aside time to meet regularly with the PT student.
- ❑ Visit the NYC DOE website for resources and tools that a DOE staff must utilize. Print multiple copies of the following forms for your PT student: Daily Progress Note, Caseload, Workload, PT Evaluation, Annual Review Plan, etc.

Finally, have fun being a CI.

Your student is lucky to have you and this valuable learning opportunity!

THE PT AFFILIATION PROGRAM

Physical therapy affiliations typically run anywhere from 8-16 weeks. During this period, the PT student receives training in various aspects school-based physical therapy including: treatment planning; treatment implementation; communication and documentation; goal identification; and professional development. Below is a list of what PT students are expected to be able to do independently and competently by the end of their affiliation.

Treatment Implementation

The PT student will:

- Practice personal safety as well as safety with a child by consistent display of efficient body mechanics; knowledge of precautions and contraindications; monitoring integrity of therapy and adaptive equipment; and observing universal precautions, among others.
- Plan ahead for a treatment, organize necessary equipment and prepare student for therapeutic activity.
- Demonstrate ability to modify treatment in response to the student's condition.
- Utilize resources available in the school setting, and provide opportunity for carryover into actual school activities.
- Provide appropriate level of assistance while allowing child to perform activity as independent as possible. The level of assistance may vary with different activities.
- Provide treatment to the CI's entire caseload by the last week of the affiliation.

Communication and Documentation

The PT student will:

- Initiate and demonstrate appropriate verbal and written communication with other members of the school team (teachers, paraprofessionals, health coordinator, other related service providers, parent, child, etc.) as needed. Such communication must be documented.
- Write evaluations, annual review plans and other progress reports that reflect students' participation restrictions, as well as strengths.
- Collaborate with other members of the IEP team to write goals that are measurable, functional, observable, realistic, and inclusive of the school setting.
- Complete attendance booklets.

Goal Identification and Designing a Treatment Plan

The PT student will:

- Determine the major school participation restrictions of a student.
- Describe the student's performance and identify impairments that may help explain the participation restrictions.
- Prioritize the student's IEP goals.
- Recommend mandate necessary to meet these goals while considering the least restrictive environment.
- Select treatment that is consistent with these goals.

- Determine when to provide intervention that focuses on remediating the student versus intervention that focuses on compensating via task and environmental adaptations.
- Design functional activities that will assist carryover of skills into actual school activities.
- Provide an appropriate balance of indirect, integrated and direct treatment.
- Plan treatment that is in accordance with accepted PT practice guidelines.

Professional Development

The PT student will:

- Perform independent research on current topics in school-based physical therapy and/or differential diagnoses of student's on current caseload.
- Present topics addressing current trends to a group of colleagues.
- Self-assess as a commitment to lifelong learning.

AFFILIATION TIMELINE

| TIMELINE | TREATMENT IMPLEMENTATION | DOCUMENTATION | GOAL IDENTIFICATION AND TREATMENT PLANNING | PROFESSIONAL DEVELOPMENT |
|-------------------------------|--|--|--|--|
| Week 1 | Observation and co-treats, assists with transfers, orthotics, etc. Demonstrate safety and proper body mechanics | Review IEPs and other DOE documentation. Plan for next week. | Introduce IEP goals and how to design a tx plan that addresses those goals | Discuss timeline of affil. Discuss expectations. Meet team members. Research diagnoses. Weekly Summary Planning |
| Week 2 | Treat 1-2 students based on CI's instruction. Begin to determine level of assistance needed by student. | Begin to write daily progress notes, outlining tx participation restrictions, goals addressed. Notes must reflect IEP | Identify areas of participation restriction and develop tx to help meet goals | Pick a student for case study. Becomes familiar with GMFCS and participation levels |
| 2nd Quarter | Treats ½ CI's caseload with guidance from CI. Begins to modify treatment with input from CI. | Completes daily notes independently, begins to write SMART goals. Begins to get familiar with eval/assessment tools. | Develop annual treatment goal and tailor treatment plan | Pick in-service topic- must be evidenced based. Identify strengths and weaknesses. Formal Mid-term Assessment |
| 3rd Quarter | Treats ¾ of CI's caseload. Begins to modify and adapt tx with guidance from CI. Begins to integrate tx into the school setting. Able to accurately determine level of assist. needed by student. | Completes ARP with input from CI. Conducts 1 st evaluation using a standardized assessment with assistance from CI. One evaluation per week until end of affil. | Prepares goals and treatment plan with consultation from CI as needed. | Weekly assessment more student driven. Completes case study. Communicates with other school personnel/ parents |
| 4th Quarter | Full caseload with supervision by CI. Independently modifies and adapts tx. during sessions. Prepares students for transition back to CI. | Completes all documentation independently. Completes evaluation independently. Completes SFA | Able to determine continued need for services or graduation from PT. Independently plans treatment program and goals | In-service- evidence based practice on school based or pediatric therapy. Participates in IEP meeting, team meeting. Final Formal Assessment |

THE EDUCATIONAL MODEL OF THERAPY SERVICES

Pediatric physical therapists typically practice under two distinct models: the **educational model**, provided in accordance with IDEA, and the **clinical model**, which may be provided in a variety of settings such as hospitals, outpatient medical clinics, sensory integration clinics, and rehabilitation centers. The role of therapy changes depending on the setting and model of practice being implemented. In the educational model, emphasis is placed on the student in the school environment and his/her ability to have access to and participate in his/her educational program. By contrast, in the clinical model, emphasis is placed on an individual's impairments and function in *all* life areas. *Note that some children may qualify for therapy within the clinical model, but if their impairments are not impeding school function, they are not eligible for school-based services.*

Educational Model vs. Clinical Model

| | Educational Model | Clinical Model |
|-------------------------------|---|---|
| How does it start? | *Teacher, parent or other involved person can ask the IEP Team to consider the evaluation | *Referral is initiated by physician based on observed delay or diagnosis |
| Who decides need for service? | *IEP Team consensus with recommendation from licensed occupational/physical therapist based on testing and observations in various areas of the school environment *Assessment takes into consideration <i>only</i> needs associated with progressing in the educational setting | *Testing and clinical observation by licensed occupational/physical therapist *Assessment takes all settings into consideration *Frequently driven by doctor's orders |
| Who decides scope of service? | *IEP Team - including parents, student (if appropriate), educators, administrators, and school-based therapists determine the focus, frequency, and duration of therapy *A doctor's order <i>does not</i> drive decisions about school therapy services | *Medical team determines location, focus, frequency and duration of therapy *Insurance coverage, doctor's orders and transportation may be determining factors |
| How can services be changed? | *Changes to related services require collaboration with and consensus among all members of the IEP team | *Doctors can alter orders or therapist can change therapy plan, generally discussed with doctor and parents |
| What is the focus of therapy? | *Therapy addresses access to the academic curriculum and other school functions *Works toward independence and participation *Intervention usually for more chronic problems that interfere with educational process | *Therapy addresses medical conditions and impairments *Works to get full potential realized *Intervention usually for acute problems or rehabilitative |

| | | |
|------------------------------|--|--|
| Where does therapy occur? | *On school grounds *Also worksites, some daycare settings for pre-school students or other DOE approved instructional settings | *In the clinic, hospital, or home |
| How is therapy delivered? | *Integrated/inclusive therapy, collaboration with staff, group services, direct individual treatments, indirect services | *Direct 1:1 treatment to accomplish set goals |
| Who pays? | *No cost to student or family | *Fee for service payment by family, insurance, or governmental assistance |
| How are services documented? | *Documentations must relate to IEP with accessible, parent-friendly language guided by state and local policy reflecting best practice | *Dictated by insurance requirements and guidelines of the setting; emphasis on medical terminology and billing codes |

Adapted from Holahan, L. Ray, L. (2008). Educational and Clinical Models of Service Delivery, North Carolina Department of Public Instruction, Exceptional Children Division.

Roles of Physical Therapists in the Educational Model

The emphasis of school-based physical therapy is to help students access the academic environment and participate to the maximum extent possible in educationally related activities. Therapists are responsible for evaluating and treating students with disabilities, maintaining daily progress and attendance records, writing progress reports, attending IEP meetings, and recommending adaptive equipment, environmental accommodations, or assistive technology. In addition to these services provided to students on their caseloads, physical therapists work collaboratively with teachers and other school staff to serve the school community in a variety of ways. These include:

- Participation in the Academic Intervention Team/Pupil Personnel Team
- Screenings/observations in classroom or other school environment
- Consultation with teachers to offer strategies and classroom recommendations for individual students or the whole class
- Attending meetings that support student programming (e.g. school meetings, parent meetings)
- Activities that support students in natural environments or general education curriculum (e.g. social skills groups, exercise groups, functional sensory motor groups, handwriting groups)
- Staff in-service and professional development (e.g. in-service to kindergarten teachers on developing fine motor centers)
- Provide assistance in environment adaptations, acquiring, or modifying equipment or devices
- Linking parents to appropriate community-based resources
- Designing home exercise programs and related activities for carryover
- Supporting school compliance and data tracking

Physical therapists employed by the NYC DOE address several areas of school function related to a student’s ability to access the educational environment. These areas of function encompass skills that are most directly impacted by musculoskeletal, neuromuscular, and/or cardiopulmonary deficits.

Areas of School-Based Physical Therapy

| |
|---|
| School Mobility |
| <p>A student’s ability to access all areas of the school to participate in educational opportunities with his/her peers.</p> <ul style="list-style-type: none"> • Moving from his/her classroom to another room on the same floor, using an assistive device or wheelchair if necessary • Walking up and down stairs and ramps, or accessing an elevator to move from his/her classroom to other floors of the building |
| Classroom Activities |
| <p>Activities related to manipulating materials in the classroom and maneuvering within the classroom environment.</p> <ul style="list-style-type: none"> • Getting in/out of desks • Taking a seat on designated spot on the floor and getting up from the floor when transitioning between circle time and desk work • Carrying materials from one area of the classroom to another • Maintaining adequate seated posture for attention to instruction and completion of desktop activities |
| Accessing Transportation for arrival and dismissal |
| <p>Ability to enter and leave the school to access educational opportunities.</p> <ul style="list-style-type: none"> • Ascending or descending steps to use a bus or public transportation • Negotiating curbs and ramps • Moving to and from a seat on the bus or along the aisles. |
| Cafeteria Activities |
| <p>Ability to participate in mealtime activities with peers.</p> <ul style="list-style-type: none"> • Maneuvering through a crowded cafeteria while carrying food on a tray • Getting in/out of lunch table • Sitting with appropriate posture to eat with peers within the time allotted |
| Self-Care/Toileting |
| <p>Skills related to independently accessing and using a toilet.</p> <ul style="list-style-type: none"> • Moving to and from the toilet and maintaining sitting on the toilet • Accessing sink, soap, and paper towel |
| Playground, Recess, Physical Education |
| <p>Gross motor skills related to age-appropriate play with peers. Note: playground and recess skills are typically more critical in the early elementary school years, and are emphasized less as the student’s schedule becomes more academic.</p> <ul style="list-style-type: none"> • Safely accessing and using playground equipment, if available at the school • Safely participating in age-appropriate gross motor games with peers during recess or physical education periods |

Appendix A

WEEKLY SUMMARY/PLANNING FORM

To be completed by *clinical instructor*

WEEK # _____

DATES: _____

SUMMARY OF PREVIOUS WEEK:

In what areas do you feel your student improved or demonstrated greater understanding/learning this past week?

In what areas do you feel your student requires more practice in the upcoming week? What are your goals for your student in the upcoming week?

How will you alter your teaching approach or the affiliation program in order to maximize student's learning?

STUDENT'S SIGNATURE

CLINICAL INSTRUCTOR'S SIGNATURE

WEEKLY SUMMARY/PLANNING FORM
To be completed by PT Student

WEEK # _____

DATES: _____

SUMMARY OF PREVIOUS WEEK:

What did you learn or in what areas did you feel you had greater practice this past week?

In what areas would you like more practice in the upcoming weeks? What are your main goals for this upcoming week?

How can the clinical instructor modify the teaching approach or affiliation program to maximize your learning?

STUDENT'S SIGNATURE

CLINICAL INSTRUCTOR'S SIGNATURE

Appendix B

NEW YORK CITY DEPARTMENT OF EDUCATION

STUDENT EVALUATION OF CLINICAL EXPERIENCE

The purpose of this form is to provide feedback to your clinical instructor and the clinical facility. Please take the time to fill out this form as your input will assist our organization in improving the quality of clinical education that we offer to physical therapy students like yourself.

School: _____

Clinical Instructor's Name: _____

Student's Name: _____

PT or OT School: _____

Clinical Education Level: _____

Dates of Clinical Experience: _____

SCALE:

| | | | | | |
|------------------|-------------------|----------------|-----------------------|-------------|----------|
| Excellent E-5 | Very Good VG-4 | Average A-3 | Below Average BA-2 | Poor P-1 | N/A 0 |
|------------------|-------------------|----------------|-----------------------|-------------|----------|

Student Orientation:

| | <u>E</u> | <u>VG</u> | <u>A</u> | <u>BA</u> | <u>P</u> | <u>N/A</u> |
|--|-----------------|------------------|-----------------|------------------|-----------------|-------------------|
| Introduction to staff and tour of facility | 5 | 4 | 3 | 2 | 1 | 0 |
| Review of the facility protocols and procedures | 5 | 4 | 3 | 2 | 1 | 0 |
| Review of personal goals for clinical experience | 5 | 4 | 3 | 2 | 1 | 0 |
| Review of facility documentation | 5 | 4 | 3 | 2 | 1 | 0 |
| Discussion of student's role | 5 | 4 | 3 | 2 | 1 | 0 |

| <u>Clinical Learning Opportunities:</u> | <u>E</u> | <u>VG</u> | <u>A</u> | <u>BA</u> | <u>P</u> | <u>N/A</u> |
|--|-----------------|------------------|-----------------|------------------|-----------------|-------------------|
| Number of patients to evaluate | 5 | 4 | 3 | 2 | 1 | 0 |
| Number of patients to treat | 5 | 4 | 3 | 2 | 1 | 0 |
| Time available for evaluation/ treatment | 5 | 4 | 3 | 2 | 1 | 0 |
| Time available for discussion with CI | 5 | 4 | 3 | 2 | 1 | 0 |
| Diversity of clinical pathologies | 5 | 4 | 3 | 2 | 1 | 0 |

| <u>Supervision/ Feedback:</u> | <u>E</u> | <u>VG</u> | <u>A</u> | <u>BA</u> | <u>P</u> | <u>N/A</u> |
|---|-----------------|------------------|-----------------|------------------|-----------------|-------------------|
| Quality of supervision | 5 | 4 | 3 | 2 | 1 | 0 |
| Ongoing constructive criticism | 5 | 4 | 3 | 2 | 1 | 0 |
| Review of documentation | 5 | 4 | 3 | 2 | 1 | 0 |
| Timely review of midterm and final CPI | 5 | 4 | 3 | 2 | 1 | 0 |
| Assessment of my level of knowledge/ skills | 5 | 4 | 3 | 2 | 1 | 0 |

| <u>Other Experiences:</u> | <u>E</u> | <u>VG</u> | <u>A</u> | <u>BA</u> | <u>P</u> | <u>N/A</u> |
|--|-----------------|------------------|-----------------|------------------|-----------------|-------------------|
| Observation of other disciplines | 5 | 4 | 3 | 2 | 1 | 0 |
| Participation in meetings | 5 | 4 | 3 | 2 | 1 | 0 |
| Observation of other student populations | 5 | 4 | 3 | 2 | 1 | 0 |
| Continuing education/ lectures/in-services | 5 | 4 | 3 | 2 | 1 | 0 |
| Use of handouts/ facility books/ articles | 5 | 4 | 3 | 2 | 1 | 0 |

| <u>Learning Experiences:</u> | <u>E</u> | <u>VG</u> | <u>A</u> | <u>BA</u> | <u>P</u> | <u>N/A</u> |
|-------------------------------------|-----------------|------------------|-----------------|------------------|-----------------|-------------------|
| Communication skills | 5 | 4 | 3 | 2 | 1 | 0 |
| Documentation skills | 5 | 4 | 3 | 2 | 1 | 0 |
| Evaluation skills | 5 | 4 | 3 | 2 | 1 | 0 |
| Treatment skills | 5 | 4 | 3 | 2 | 1 | 0 |
| Attendance record keeping | 5 | 4 | 3 | 2 | 1 | 0 |
| Time management | 5 | 4 | 3 | 2 | 1 | 0 |
| Patient Interaction | 5 | 4 | 3 | 2 | 1 | 0 |
| Staff Interaction | 5 | 4 | 3 | 2 | 1 | 0 |

| <u>Clinical Facility:</u> | <u>E</u> | <u>VG</u> | <u>A</u> | <u>BA</u> | <u>P</u> | <u>N/A</u> |
|----------------------------------|-----------------|------------------|-----------------|------------------|-----------------|-------------------|
| Space to work in the facility | 5 | 4 | 3 | 2 | 1 | 0 |
| Available equipment | 5 | 4 | 3 | 2 | 1 | 0 |
| Organization of facility | 5 | 4 | 3 | 2 | 1 | 0 |
| Work atmosphere within facility | 5 | 4 | 3 | 2 | 1 | 0 |

| <u>Clinical Instructor #1:</u> | <u>E</u> | <u>VG</u> | <u>A</u> | <u>BA</u> | <u>P</u> | <u>N/A</u> |
|--|-----------------|------------------|-----------------|------------------|-----------------|-------------------|
| Teaching skills and knowledge base | 5 | 4 | 3 | 2 | 1 | 0 |
| Presentation of expectations | 5 | 4 | 3 | 2 | 1 | 0 |
| Style of explanation | 5 | 4 | 3 | 2 | 1 | 0 |
| Encouragement of questions/ problems | 5 | 4 | 3 | 2 | 1 | 0 |
| Facilitation of problem solving skills | 5 | 4 | 3 | 2 | 1 | 0 |
| Interest in my progress | 5 | 4 | 3 | 2 | 1 | 0 |
| Provided support and challenge | 5 | 4 | 3 | 2 | 1 | 0 |
| Professional behaviors of the CI | 5 | 4 | 3 | 2 | 1 | 0 |

| <u>Clinical Instructor #2:</u> | <u>E</u> | <u>VG</u> | <u>A</u> | <u>BA</u> | <u>P</u> | <u>N/A</u> |
|--|-----------------|------------------|-----------------|------------------|-----------------|-------------------|
| Teaching skills and knowledge base | 5 | 4 | 3 | 2 | 1 | 0 |
| Presentation of expectations | 5 | 4 | 3 | 2 | 1 | 0 |
| Style of explanation | 5 | 4 | 3 | 2 | 1 | 0 |
| Encouragement of questions/ problems | 5 | 4 | 3 | 2 | 1 | 0 |
| Facilitation of problem solving skills | 5 | 4 | 3 | 2 | 1 | 0 |
| Interest in my progress | 5 | 4 | 3 | 2 | 1 | 0 |
| Provided support and challenge | 5 | 4 | 3 | 2 | 1 | 0 |
| Professional behaviors of the CI | 5 | 4 | 3 | 2 | 1 | 0 |

Comment on the strengths and positive features of this clinical experience:

Comment on the limitations and the negative features of this clinical experience:

Please feel free to write down ideas that may improve or add to the clinical experience:

Upon completion of your clinical experience at the New York City Board of Education, please fill out this form and mail to:

Adina Itzkowitz, PT
PS 226
6006 23rd Ave.
Brooklyn, NY 11204