



**GUIDELINES: CLINICAL INSTRUCTORS BOD G03-06-21-55** [Amended BOD G03-04-22-56; BOD 11-01-06-09; BOD 03-99-23-75; Initial BOD 11-92-43-201] [Guideline]

Preamble

Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since APTA's publications of Moore and Perry (1976) entitled *Clinical Education in Physical Therapy: Present Status/Future Needs* and Barr and Gwyer (1981) entitled *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. As a result, the Association and the Education Section have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: *Guidelines for Clinical Education Sites*, *Guidelines for Clinical Instructors (CIs)*, and *Guidelines for Center Coordinators of Clinical Education (CCCEs)*. These guidelines were first adopted by APTA's Board of Directors in November 1992 and endorsed by APTA's House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA's Board of Directors in 1999 and 2004.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the *Guide to Physical Therapist Practice* and in particular the patient management model, *A Normative Model of Physical Therapist Professional Education: Version 1997*, *A Normative Model of Physical Therapist Assistant Education: First Revision* (January 1998), *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*. The revised Guidelines for Clinical Education were approved by APTA's Board of Directors in March 1999.

In March 2004, these Guidelines for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the *Guide to Physical Therapist Practice* (2003), *A Normative Model of Physical Therapist Professional Education: Version 2004*, *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education*

Programs for the Preparation of Physical Therapist Assistants, and APTA positions, standards, guidelines, policies, and procedures.

The intent of these guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient's home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of "should" and "may."

We are indebted to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor's *Standards for Clinical Education in Physical Therapy* (1981) and the Northern California Clinical Education Consortium's Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also grateful to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

- 1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.
  - 1.1 One year of clinical experience is preferred as minimal criteria for serving as the CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.
    - 1.1.1 The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
  - 1.2 The CI is a competent physical therapist or physical therapist assistant.
    - 1.2.1 The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the *Guide to Physical Therapist Practice*.
    - 1.2.2 The CI uses critical thinking in the delivery of health services.
    - 1.2.3 Rationale and evidence is provided by:
      - 1.2.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and re-examinations.
      - 1.2.3.2 The physical therapist assistant for directed interventions, data collection associated with directed interventions, and outcomes.
    - 1.2.4 The CI demonstrates effective time-management skills.
    - 1.2.5 The CI demonstrates the core values associated with professionalism in physical therapy.
  - 1.3 The CI adheres to legal practice standards.
    - 1.3.1 The CI holds a valid license, registration, or certification as required by the state in which the individual provides physical therapy services.

- 1.3.2 The CI provides physical therapy services that are consistent with the respective state/jurisdictional practice act and interpretive rules and regulations.
  - 1.3.3 The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA.
    - 1.3.3.1 The physical therapist is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services.
  - 1.4 The CI demonstrates ethical behavior.
    - 1.4.1 The CI provides physical therapy services ethically as outlined by the clinical education site policy and *APTA's Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Physical Therapist Assistant, and Guide to Physical Therapist Practice*.
- 2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.
- 2.1 The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express himself or herself to students and others.
    - 2.1.1 The CI defines performance expectations for students.
    - 2.1.2 The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.
    - 2.1.3 The CI provides feedback to students.
    - 2.1.4 The CI demonstrates skill in active listening.
    - 2.1.5 The CI provides clear and concise communication.
  - 2.2 The CI is responsible for facilitating communication.
    - 2.2.1 The CI encourages dialogue with students.
    - 2.2.2 The CI provides time and a place for ongoing dialogue to occur.
    - 2.2.3 The CI initiates communication that may be difficult or confrontational.
    - 2.2.4 The CI is open to and encourages feedback from students, clinical educators, and other colleagues.
- 3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.
- 3.1 The CI forms a collegial relationship with students.
    - 3.1.1 The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students.
    - 3.1.2 The CI promotes the student as a colleague to others.
    - 3.1.3 The CI demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.
    - 3.1.4 The CI is willing to share his or her strengths and weaknesses with students.
  - 3.2 The CI is approachable by students.
    - 3.2.1 The CI assesses and responds to student concerns with empathy, support or interpretation, as appropriate.
  - 3.3 The CI interacts with patients/clients, colleagues, and other health care providers to achieve identified goals.

- 3.4 The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students.
  - 3.4.1 Activities for development may include, but are not limited to: continuing education courses, journal clubs, case conferences, case studies, literature review, facility sponsored courses, post-professional/entry-level education, area consortia programs, and active involvement in professional associations including APTA.
  
- 4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.
  - 4.1 The CI collaborates with students to plan learning experiences.
    - 4.1.1 Based on a plan, the CI implements, facilitates, and evaluates learning experiences with students.
    - 4.1.2 Learning experiences should include both patient/client interventions and patient/client practice management activities.
  - 4.2 The CI demonstrates knowledge of the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience.
  - 4.3 The CI recognizes and uses the entire clinical environment for potential learning experiences, both planned and unplanned.
  - 4.4 The CI integrates knowledge of various learning styles to implement strategies that accommodate students' needs.
  - 4.5 The CI sequences learning experiences to promote progression of the students' personal and educational goals.
    - 4.5.1 The CI monitors and modifies learning experiences in a timely manner based on the quality of the student's performance.
  
- 5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.
  - 5.1 The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.
    - 5.1.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.
    - 5.1.2 Goals and objectives are mutually agreed-on by the CI and student(s).
  - 5.2 Feedback is provided both formally and informally.
    - 5.2.1 To provide student feedback, the CI collects information through direct observation and discussion with students, review of the students' patient/client documentation, available observations made by others, and students' self-assessments.
    - 5.2.2 The CI provides frequent, positive, constructive, and timely feedback.
    - 5.2.3 The CI and students review and analyze feedback regularly and adjust the learning experiences accordingly.
  - 5.3 The CI performs constructive and cumulative evaluations of the students' performance.
    - 5.3.1 The CI and students both participate in ongoing formative evaluation.
    - 5.3.2 Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments.

6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

- 6.1 The CI articulates observations of students' knowledge, skills, and behavior as related to specific student performance criteria.
  - 6.1.1 The CI familiarizes herself or himself with the student's evaluation instrument prior to the clinical education experience.
  - 6.1.2 The CI recognizes and documents students' progress, identifies areas of entry-level competence, areas of distinction, and specific areas of performance that are unsafe, ineffective, or deficient in quality.
  - 6.1.3 Based on areas of distinction, the CI plans, in collaboration with the CCCE and the ACCE/DCE, when applicable, activities that continue to challenge students' performance.
  - 6.1.4 Based on the areas identified as inadequate, the CI plans, in collaboration with the CCCE and ACCE/DCE, when applicable, remedial activities to address specific deficits in student performance.
- 6.2 The CI demonstrates awareness of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure.
- 6.3 The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (e.g., problem identification, processing, and solving) as part of the performance evaluation process.
- 6.4 The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and CCCE performance, and the evaluation process.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. Alexandria, VA: American Physical Therapy Association; 1981:3-8.

Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. *1997-1998 Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 1997: 42-74.

Moore ML, Perry JF. *Clinical Education in Physical Therapy: Present Status/Future Needs*. Alexandria, Va: American Physical Therapy Association and the Section for Education; 1976.

*The development of this document was a result of combined efforts of the Task Force on Clinical Education, 1989-1991 and the Task Force on Clinical Education 1992-1994.*

Revisions of this document are based on:

1. American Physical Therapy Association. *Guide to Physical Therapist Practice*. June 2003. Originally published as *Guide to Physical Therapist Practice*. 2<sup>nd</sup> ed. *Phys Ther*. 2001; 81: 9-744.
2. American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education: Version 2000*. Alexandria, Va: American Physical Therapy Association; 2000.
3. American Physical Therapy Association. *A Normative Model of Physical Therapist Assistant Education: Version 99*. Alexandria, Va: American Physical Therapy Association; 1999.

4. American Physical Therapy Association. Physical Therapist Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.
5. American Physical Therapy Association. Physical Therapist Assistant Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.
6. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. Alexandria, Va: American Physical Therapy Association; 1998.
7. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. -Alexandria, Va: American Physical Therapy Association; 2002.

Relationship to Vision 2020: Doctor of Physical Therapy  
(Academic/Clinical Education Affairs Department, ext 3203)

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**Explanation of Reference Numbers:**

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

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