



GUIDELINES: CLINICAL EDUCATION SITES BOD G03-06-21-55 [Amended BOD G03-04-22-55; BOD 02-02-25-40; BOD 11-01-05-07; 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 PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PROVIDER OF PHYSICAL THERAPY FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.
 - 1.1 The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.
 - 1.2 The clinical education site and the provider of physical therapy should have a written statement of philosophy.
 - 1.2.1 The statement of philosophy may include comments concerning responsibilities for patient/client care, community service and resources, and educational and scholarly activities.
- 2.0 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PROVIDER OF PHYSICAL THERAPY, AND THE INDIVIDUAL STUDENT.
 - 2.1 Planning for students should take place through communication* among the Center Coordinator of Clinical Education (CCCE), the Clinical Instructors (CIs), and the Academic Coordinator/Director of Clinical Education (ACCE/DCE).
 - 2.1.1 The provider of physical therapy has clearly stated, written objectives for its clinical education programs consistent with the philosophy and requirements of each academic program.

- 2.1.2 Clinical education objectives should be written specifically for the provider of physical therapy by physical therapy personnel.
 - 2.1.3 Students should participate in planning their learning experiences according to mutually agreed-on objectives.
 - 2.1.4 CIs should be prepared to modify learning experiences to meet individual student needs, objectives, and interests.
 - 2.2 A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.
 - 2.2.1 Organized procedures for the orientation of students exist. These procedures may include providing an orientation manual, a facility tour, and information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.
 - 2.3 Evaluation of student performance is an integral part of the learning plan to ensure that objectives are met.
 - 2.3.1 Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.
 - 2.3.2 The provider of physical therapy gives both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.
- 3.0 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.
- 3.1 All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and APTA positions, policies, standards, codes, and guidelines.
 - 3.1.1 The clinical education site has evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate.
 - 3.1.2 The provider of physical therapy has a current policy and procedure manual, which includes a copy of the state/jurisdictional practice act and interpretive rules and regulations, 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, Guide to Physical Therapist Practice*, and a clinical education site code of ethics, if available.
 - 3.2 The clinical education site policies are available to the personnel and students.
 - 3.2.1 Written policies should include, but not be limited to, statements on patients/clients' rights, release of confidential information (eg, HIPAA), photographic permission, clinical research, and safety and infection control.
 - 3.2.2 The clinical education site has a mechanism for reporting unethical, illegal, unprofessional, or incompetent* practice.
- 4.0 THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.
- 4.1 The clinical education site adheres to affirmative action policies and does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, or disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.
 - 4.1.1 The clinical education site has written statements regarding nondiscrimination in its hiring, promotion, and retention practices.

- 4.2 The clinical education site does not discriminate against students and ensures that each student is provided equal opportunities, learning experiences, and benefits.
 - 4.2.1 The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.*
 - 4.2.2 The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.
 - 4.2.3 The clinical education site makes reasonable accommodations for personnel and students according to ADA* guidelines.

- 5.0 THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.
 - 5.1 A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.
 - 5.1.1 A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.
 - 5.2 The clinical education site demonstrates support of the participation of its personnel in clinical education activities.
 - 5.2.1 The clinical education site promotes participation of personnel as CIs and CCCEs.
 - 5.2.2 The clinical education site facilitates growth of clinical educators by providing educational opportunities related to clinical education such as in-service presentations, CI training and credentialing programs, and attendance at clinical education conferences.
 - 5.2.3 The clinical education site demonstrates commitment to clinical education by reasonable allocation of resources.
 - 5.3 Administrative support should be demonstrated by the inclusion of a statement of educational commitment within the clinical education site's philosophy statement.
- 5.4 A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanism, policies and procedures, sample forms, and a listing of current academic program relationships.

- 6.0 THE CLINICAL EDUCATION SITE HAS A VARIETY* OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.
 - 6.1 Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.
 - 6.1.1 The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,* prognosis,* intervention, outcomes, and re-examination (see *Guide to Physical Therapist Practice*).
 - 6.1.2 Provision of a "variety of learning experiences" may include, but should not be limited to, patient/client acuity, continuum of care, presence of a PT working with a PTA, complexity of patient/client diagnoses and environment, health care systems, and health promotion.
 - 6.1.3 The clinical education site provides a clinical experience appropriate to the students' level of education and prior experiences.
 - 6.1.4 The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion, prevention, and wellness programs.

- 6.1.5 The provider of physical therapy has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.
- 6.1.6 The provider of physical therapy indicates the types of clinical learning experiences that are offered (e.g., observational, part-time, full-time).
- 6.2 Other learning experiences should include opportunities in practice management (e.g., indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration,* resource (financial and human) management, public relations and marketing, and social responsibility and advocacy. For physical therapist assistant students, these opportunities may include education, administration, and social responsibility and advocacy.
 - 6.2.1 The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.
 - 6.2.2 The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.
 - 6.2.3 The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.
 - 6.2.4 The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal clubs, continuing education/in-services, literature review, case studies, and clinical research.

7.0 THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

- 7.1 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.
 - 7.1.1 Less tangible characteristics of the site's personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.
- 7.2 There is evidence of continuing and effective communication within the clinical education site.
 - 7.2.1 Possible mechanisms of verbal communication might include personnel meetings, advisory committee meetings, and interaction with other care providers, referral agencies, and consumers.
 - 7.2.2 Possible written communications available includes regular monthly or yearly reports, memorandums, and evaluations.*
 - 7.2.3 Possible use of information technology includes e-mail, voice mail, computer documentation, electronic pagers, literature searches on the Internet, and use of APTA's Hooked-on-Evidence database and Open Door, and the PT CPI Web.
- 7.3 The physical environment for clinical education should include adequate space for the student to conduct patient/client interventions and practice management activities.
 - 7.3.1 The physical environment may include some or all of the following physical resources: lockers for personal belongings, study/charting area, area for private conferences, classroom/conference space, library resources, and access to the Internet.
 - 7.3.2 Patient/client-care areas are of adequate size to accommodate patients/clients, personnel, students, and necessary equipment.

- 7.4 The learning environment need not be elaborate, but should be organized, dynamic, and challenging.
- 8.0 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.
 - 8.1 Evidence exists that, prior to arrival, students are advised in writing of the availability of support services within the clinical education site and procedures for access to such services.
 - 8.1.1 Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.
 - 8.1.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.
- 9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.
 - 9.1 Current job descriptions exist which are consistent with the respective state/jurisdictional practice acts and rules and regulations, and are available for all physical therapy personnel.
 - 9.1.1 Job responsibilities reflecting clinical education activities are clearly defined within the job descriptions of all physical therapy personnel.
 - 9.2 Students are informed of the roles and responsibilities of all levels of personnel within the clinical education site and provider of physical therapy and how these responsibilities are distinguished from one another.
 - 9.3 The clinical education site and the provider of physical therapy should have a current policy and procedure manual that includes a written organizational chart for the provider of physical therapy and for the provider of physical therapy in relation to the clinical education site.
 - 9.3.1 The physical therapy organizational chart clearly identifies the lines of communication to be used by the student during clinical education experiences.*
 - 9.3.2 Organizational charts should also reflect all personnel relationships, including the person to whom the students are responsible while at the clinical education site.
- 10.0 THE PHYSICAL THERAPY PERSONNEL ARE ADEQUATE IN NUMBER TO PROVIDE AN EDUCATIONAL PROGRAM FOR STUDENTS.
 - 10.1 Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines.
 - 10.1.1 Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.
 - 10.2 Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, state/jurisdictional practice act, and the length of the clinical education assignments.
 - 10.2.1 Alternative approaches to student supervision should be considered where feasible. Examples may include two or more students to one supervisor, and split supervision by two or more CIs or split supervision by rotation.

- 10.3 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.
- 11.0 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.
- 11.1 To qualify as a Center Coordinator of Clinical Education (CCCE), the individual should meet the *Guidelines: Center Coordinators of Clinical Education*. Preferably, a physical therapist and/or a physical therapist assistant are designated as the CCCE. Various alternatives may exist, including, but not limited to, non-physical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.*
- 11.1.1 If the CCCE *is a physical therapist or physical therapist assistant*, the CCCE should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.
- 11.1.2 If the CCCE *is not from the physical therapy profession*, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist assistant who is experienced as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of physical therapist students is delegated to a physical therapist. Direct clinical supervision of the physical therapist assistant student is delegated to a physical therapist or a physical therapist working with a physical therapist assistant.
- 11.2 Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the CCCE serving as the key contact person for the clinical education site with academic programs.
- 12.0 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.
- 12.1 To qualify as a Clinical Instructor (CI), individuals should meet the *Guidelines for Clinical Instructors*.
- 12.1.1 One year of clinical experience with demonstrated clinical competence is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.
- 12.1.2 CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
- 12.1.3. CIs should preferably complete a clinical instructor-credentialing program such as APTA's Clinical Instructor Education and Credentialing Program.
- 12.2 CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.
- 12.2.1 Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.
- 12.2.2 The CI is evaluated on the actual application of educational principles.
- 12.3 The primary CI for physical therapist students must be a physical therapist.

- 12.4 The PT working with the PTA is the preferred model of clinical instruction for the physical therapist assistant student to ensure that the student learns the appropriate aspects of the physical therapist assistant role.
 - 12.4.1 Where the physical therapist is the CI, the preferred roles of the physical therapist assistant are to serve as a role model for the physical therapist assistant student and to maintain an active role in the feedback and evaluation of the physical therapist assistant student.
 - 12.4.2 Where the physical therapist assistant is the CI working with the PT, the preferred roles of the physical therapist are to observe and consult on an ongoing basis, to model the essentials of the PT/PTA relationship, and to maintain an active role in feedback and evaluation of the physical therapist assistant students.
 - 12.4.3 Regardless of who functions as the CI, a physical therapist will be the patient/client care team leader with ultimate responsibility for the provision of physical therapy services to all patients/clients for whom the physical therapist assistant student provides interventions.

- 13.0 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.
 - 13.1 The clinical education site personnel, when appropriate, provide a variety of learning opportunities consistent with their areas of expertise.
 - 13.1.1 Special expertise may be offered by select physical therapy personnel or by other professional disciplines that can broaden the knowledge and competence of students.
 - 13.1.2 Special knowledge and expertise can be shared with students through in-service education, demonstrations, lectures, observational experiences, clinical case conferences, meetings, or rotational assignments.
 - 13.1.3 The involvement of the individual student in these experiences is determined by the CI.

- 14.0 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI and CCCE) TRAINING AND DEVELOPMENT.
 - 14.1 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.
 - 14.1.1 The ACCE and the CCCE may collaborate on arrangements for presenting materials on clinical teaching to the CIs.
 - 14.1.2 The clinical education site should provide support for attendance at clinical education conferences and clinical teaching seminars on the consortia, regional, component, and national levels.
 - 14.1.3 APTA's Clinical Instructor Education and Credentialing Program is recommended for clinical educators.

- 15.0 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.
 - 15.1 The clinical education site's policy and procedure manuals outline policies concerning on- the-job training, in-service education, continuing education, and post-professional physical therapist/post-entry level physical therapist assistant study.
 - 15.2 The clinical education site supports personnel participation in various development programs through mechanisms such as release time for in-services, on-site continuing education programs, or financial support and educational time for external seminars and workshops.

- 15.3 In-service education programs are scheduled on a regular basis and should be planned by personnel of the clinical education site.
- 15.4 Student participation in career development activities is expected and encouraged.
- 16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.
 - 16.1 Activities may include, but are not limited to, self-improvement activities, professional development and career enhancement activities, membership in professional associations including the American Physical Therapy Association activities related to offices or committees, paper or verbal presentations, community and human service organization activities, and other special activities.
 - 16.2 The physical therapy personnel should be encouraged to be active at local, state, component, or national levels.
 - 16.3 The physical therapy personnel should provide students with information about professional activities and encourage their participation.
 - 16.4 The physical therapy personnel should be knowledgeable of professional issues.
 - 16.5 Physical therapy personnel should model APTA's core values for professionalism.
- 17.0 THE PROVIDER OF PHYSICAL THERAPY HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.
 - 17.1 Performance evaluations of physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.
 - 17.2 Evaluation of the provider of physical therapy should occur at regularly scheduled intervals.
 - 17.2.1 Evaluation methods may include, but are not limited to, continuous quality improvement, peer review, utilization review, medical audit, program evaluation, and consumer satisfaction monitors.
 - 17.2.2 Evaluations should be continuous and include all aspects of the service, including, but not limited to, consultation, education, critical inquiry, and administration.
 - 17.3 The clinical education site has successfully met the requirements of appropriate external agencies.
 - 17.4 The provider of physical therapy involves students in the review processes as possible.
 - 17.5 The physical therapy clinical education program should be reviewed and revised as changes occur in objectives, programs, and personnel.

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.

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*. 2nd 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)

[Document updated: 12/14/2009]

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