Wichita State University
Department of Physical Therapy

Clinical Education Handbook
# Clinical Education Handbook

## Table of Contents

- DEPARTMENT OF PHYSICAL THERAPY
  - Mission Statement 4

- CLINICAL EDUCATION FACULTY
  - Center Coordinator of Clinical Education 4
  - Clinical Instructor 4
  - Director of Clinical Education 4
  - Clinical Instructor Qualifications 5

- CLINICAL EDUCATION MODELS
  - 1-1 Model 5
  - 1-2 Model 5
  - 2-1 Model 5

- CLINICAL EDUCATION SITES
  - Current Sites 6
  - Establishing New Clinical Sites 6
  - Clinical Site Contract/Agreement 6
  - Affiliation at a Site of Future Employment 6
  - Evaluation and Communication with Clinical Sites 7
  - Dissemination of Student Information to Assigned Clinical Sites 7
  - Clinical Visits 7

- CLINICAL EDUCATION REQUIREMENTS
  - General Requirements 7
  - Physical Examination 8
  - CPR Certification 8
  - Health Insurance 8
  - Student Professional Liability Insurance 9
  - Student Information and Waiver Form 9
  - Criminal Background Checks 9
  - Drug Screen 9
  - Clinical Education Tuition 9
  - Potential Health Risks 9
  - HIPAA Compliance 9

- CLINICAL EDUCATION POLICIES
  - Assignment Guidelines 10
  - Dress and Appearance Guidelines 10
  - Student Absences 11
  - Student Impairment 11
  - Exposure to Workplace Injury 12
  - Client Incident or Injury 12
Incident Reporting 12
Patient/Client Rights 12
Clinical Site Property 12
Professional Behavior 12
Clinical Education Costs 12

CLINICAL EDUCATION CURRICULUM
PT 800 Objectives 13
PT 850 Objectives 14
PT 900 Objectives 15
PT 950 Objectives 17
PT 970 Objectives 18

EVALUATION AND GRADING OF CLINICAL COURSES
Assignment of Grades for Clinical Courses 20
Student Evaluation of CI and Clinical Assignment 20
Evaluation of DCE 20
Clinical Performance Instrument (CPI) 20
Failure to Meet Clinical Guidelines 20
Clinical Remediation Guidelines 21

GENERAL RESPONSIBILITIES
DCE 21
CCCE 22
CI 22
Student 22

OTHER INFORMATION
Clinical Faculty Privileges 23
Evaluation of the Clinical Experience 23
WSU Needle Stick and Blood to Blood Exposure Protocol 23
Sample of Clinical Agreement 24
Mission Statement
The mission of clinical education at Wichita State University (WSU) is to augment the academic curriculum by providing a variety of clinical learning experiences to facilitate the formation of knowledge, skills, professional judgment and behaviors, and values necessary for students to provide safe, professional, ethical and quality physical therapy care.

CLINICAL EDUCATION FACULTY
The members of the clinical education faculty are the Center Coordinator of Clinical Education (CCCE), the Clinical Instructor (CI) and the Director of Clinical Education (DCE), the Assistant Director of Clinical Education (ADCE) and the Program Coordinator of Clinical Education and Admissions (PCCEA).

Center Coordinator of Clinical Education
The CCCE is the physical therapist, physical therapist assistant, or other health professional at the clinical facility who coordinates the clinical education program offered by the facility. If the affiliating site has a limited number of staff members the department director may serve as the CCCE. The CCCE should be an individual who is proficient as a clinician, organized, experienced in clinical education, interested in students, and knowledgeable of the clinic and its resources. The CCCE should also possess good interpersonal skills.

The CCCE serves as the direct communication link between the DCE and the CI on clinical education issues. All mailings from the DCE are forwarded to the CCCE. The CCCE is responsible for providing the school with yearly updated information on the clinical facility and the clinical staff as well as forwarding all pertinent information from the school to the CI.

The CCCE is the contact person for student assignments. The CCCE is the direct supervisor of the CI and provides overall supervision of students involved in clinical education. The CCCE serves as a resource for the CI, works with the CI to develop student learning situations, and provides opportunities for the development and growth of the CI.

Clinical Instructor
The CI is a licensed physical therapist employed at the clinical facility who provides direct day-to-day student teaching and supervision. The CI is assigned a student by the CCCE for a specified amount of time and guides the student’s learning experience. The CI communicates directly with the assigned student throughout the rotation and provides direct supervision and verbal feedback. The CI is responsible for completing the formal student evaluation, on the school’s Student Performance Report, which provides feedback to the student and to the school regarding the student’s clinical performance. The CI is the primary contact person for the student but may schedule student supervision by other staff members or student observation in other areas in order to enhance the student’s learning experience.

Director and Assistant Director of Clinical Education
The DCE is a full-time faculty member with administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the WSU academic program. The DCE’s primary responsibilities are to plan, coordinate, facilitate, administer and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:

- Develop, monitor and refine the clinical education component of the curriculum,
- Ensure quality learning experiences for students during clinical education,
- Evaluate students’ performance and their ability to integrate didactic and clinical learning experiences and to progress within the curriculum,
- Educate students, clinical and academic faculty about clinical education,
- Ensure that the clinical learning environment demonstrates characteristics of sound patient management, ethical and professional behavior, and currency with physical therapy practice,
- Ensure that the clinical education program maximizes available resources,
- Provide documented assessment of the clinical education component, and
- Develop strategies to actively engage core faculty participation in clinical education planning, implementation and assessment.
To meet these responsibilities, the DCE/ADCE serves as a liaison between the physical therapy program and the clinical education site. The DCE/ADCE is responsible for the establishment of clinical education sites and clinical faculty standards, selection and evaluation of clinical education sites, and fosters the ongoing development of clinical education programs and their faculty. A model statement of the DCE/ADCE position responsibilities is available in the DCE’s office for your review.

Program Coordinator of Clinical Education and Admissions

Your Clinical Education faculty and staff at Wichita State University are:

Dr. Jennifer E. Celso, PT, DPT, WCS  Dr. Mike Rogers, PT, DPT  Krista Hedrick
Director of Clinical Education  Assistant Director of Clinical Education  Program Coordinator of Clinical Education and Admissions
Email: jennifer.celso@wichita.edu  Email: mike.rogers@wichita.edu  Email: krista.hedrick@wichita.edu
Phone: 316-978-5648  Phone: 316-978-3617  Phone: 316-978-5770
Fax: 316-978-3005
Cell: 316-371-5088

Clinical Education Office Address:  WSU and Department of Physical Therapy Mailing Address:
358 N. Main  1845 Fairmount
Wichita, KS 67203  Wichita, KS 67260-0210

Clinical Instructor Qualifications
The qualifications for a physical therapist to become a CI are as follows: licensure in the state of practice, at least one year of clinical experience, knowledge in the clinical setting, and a desire to work with students. The APTA has established a volunteer CI Credentialing Program and, since 1998, Wichita State University has sponsored this workshop regularly.

CLINICAL EDUCATION MODELS
Several clinical education models are utilized by the WSU Department of Physical Therapy. These are:

- **1 - 1 model**: In this model one student is assigned to a single CI. The student and CI are paired together for the duration of the rotation.

- **1 - 2 model**: In this model one student is assigned to two CIs. The CIs generally share a full-time position at the facility and generally share the same patient load. In this model either one or both CIs may take a role in the formal student evaluation process.

- **2 - 1 model**: In this model two students are assigned to one CI. The students may be from either the same or different schools. Also, the students may both be PT students or a PT/PTA student combination.

Whenever possible, students will be informed by the DCE/ADCE of the type of clinical education model being used for their rotations. Sometimes this information is not known or may change suddenly due to clinical staffing changes. Students should be prepared to participate in any of these models and demonstrate flexibility when sudden changes occur.

The DCE/ADCE has materials which further explain these clinical education models. Please feel free to request these materials for your review.
CLINICAL EDUCATION SITES

The PT Program at WSU currently affiliates with a variety of clinical sites throughout the United States. These sites include hospitals, rehabilitation centers, private outpatient clinics, school systems, pediatric facilities, nursing homes, home health agencies and sports facilities.

Current Sites
Currently the PT Program affiliates with approximately 500 clinical sites. A Clinical Site Information Form (CSIF) is obtained for each clinical facility. The CSIF has valuable information about each clinical facility and should be reviewed by the student prior to selection of clinical sites or before attending an assigned clinical site.

Establishing New Clinical Sites
Clinical education is a vital component of the professional curriculum and student site placements should be a quality part of the learning experience. Specific criteria and considerations are necessary for establishing a new clinical site. A facility may be considered as a clinical site if both parties (i.e., the facility and WSU) express an interest in establishing an affiliation.

A clinical site may be established by student request, but is not guaranteed. A student may inquire about a potential site; however, the DCE makes the final decision regarding establishment of a new site. Clinical sites are ultimately established if there is a strong need for a particular type of facility or if the facility is considered exceptional. The following criteria exist for the consideration of development of a new site:

- Site is of a type or at a location needed for the program.
- Site currently has an active student program in place or is interested in establishing one.
- Site is in agreement to pursue and develop an ongoing clinical affiliation relationship with program.
- Site has adequate staffing for student learning.
- Site willing to utilize the Wichita State University Standard Affiliation Agreement or willing to modify their facility contract to the satisfaction of WSU General Counsel.

Students should inquire with the DCE regarding interest in establishing a new clinical site for specific details and procedures. If the DCE indicates interest in establishing a relationship with a new facility, the student should be prepared to present the name of the facility contact along with the name, address and phone number of facility. A significant amount of time is involved in establishing a new clinical site. The time involved ranges from several months to one year. In general, students should use the following time line when approaching the DCE regarding the possibility of setting up a new clinical site:

First year PT students - at beginning of fall semester.
Second year PT students - at beginning of fall semester.

Clinical Site Contract/Agreement
Wichita State University College of Health Professions has a standard affiliation agreement written and approved by the WSU General Counsel. Because the terms of agreement, and the rights and responsibilities of the student are outlined in this agreement, students should take the time to review this agreement prior to an affiliation. Sometimes facilities require the University to use the facility’s standard agreement. If this situation arises, the student will be informed so that he/she may review this agreement. Agreements can be viewed by contacting the DCE/ADCE or the DCE Administrative Assistant. Students are only allowed to do clinical internships at sites in which a legal written agreement exists between WSU and the site.

Affiliation at a Site of Future Employment
Some physical therapy students accept employment positions prior to completion of the professional program. Other students have entered into a financial agreement with a particular facility (e.g., the facility pays the student’s tuition in return for a year of work). To avoid potential conflicts of interest, the Department of Physical Therapy discourages student placement for a clinical affiliation at a clinical site at which they have accepted a position of employment or one in which they have been previously employed by.
Evaluation and Communication with Clinical Sites
Evaluation of the clinical site occurs both formally and informally on a regular basis through written and verbal means with the clinical site. Information can be obtained from the Clinical Site Information Form (CSIF) for learning opportunities meeting the basic site selection standards in the APTA Guidelines and Self-Assessment for Clinical Education.

Formal evaluation is completed using the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form. Ratings of some good learning experiences, student program needs further development, or student clinical education program is not adequately developed at this time would trigger an investigation by the DCE as to the reason(s) for such rating(s) from the student, and when appropriate a discussion with the CCCE and/or CI would also take place. Informal evaluation occurs during clinical site visits, and phone and email conversations with the CCCE and CI(s).

Dissemination of Student Information to Assigned Clinical Sites
Prior to a student internship, pertinent information is provided to the CCCE and CI at the assigned clinical site. Approximately four weeks prior to the start of a clinical internship the following information is sent to the:

CCCE
- Student Information Form & Health Screening Information
- Clinical Education Policies
- CPI Quick Start Guide

CI
- Student Information Form & Health Screening Information
- Student Biosheet
- Student Draft Learning Contract
- Student Self-Assessment Form
- Student Learning Style Questionnaire
- Clinical Education Policies
- CPI Quick Start Guide

In addition, clinical information is available to clinical sites on the department web site or by contacting the DCE.

Clinical Visits
Visits to clinical sites by the DCE/ADCE or designee are scheduled to occur every 1-3 years for routinely used facilities within the state of Kansas. Routinely used sites outside the state may be visited approximately every 5 years. Clinical visits generally serve three purposes: (1) to evaluate the facility (2) to evaluate the student’s performance while working in the facility, and (3) to promote the University - Facility relationship. Clinical visits may be in the form of a physical visit to the facility, or may be conducted via a phone call or email.

Generally, it is the DCE or Assistant DCE who makes the clinical visit. Occasionally, other program faculty may also make visits depending upon the situation. Time and financial constraints do not make it feasible to physically visit each student on every rotation; however, every effort is made to contact the student and CI either in person, by phone, or via email during each rotation. Visits may include a phone visit, a virtual visit or email, or a physical visit to the site.

CLINICAL EDUCATION REQUIREMENTS
Students are expected to adhere to all rules, policies and regulations of the University, Department, and clinical site.

General Requirements
Students must meet the following requirements in a timely manner before they will be allowed to participate in the clinical education program. These requirements are required by the WSU Department of Physical Therapy and/or the clinical facility. Students must be prepared to submit these required materials as requested.
Physical Examination

Students are required to complete a **yearly physical examination.** This examination may be scheduled either with their physician or with SHS (located in room 209 of Ahlberg Hall, 978-3620) using the physical examination form provided by the department then given to SHS. Student Health Services offers frequent physical examination clinics throughout the year. The physical examination must include the following:

- Documentation initially of a negative 2-step Tuberculosis (TB) skin test and then annual TB skin tests. If you have a positive TB skin test, documentation of a negative chest x-ray is required.
- Evidence of Measles Mumps and Rubella immunity is required and must be documented by one of the following methods:
  - Two (2) MMR immunizations after 12 months of age, or
  - Documentation of a positive Rubeola and Rubella titers, or
  - Student birth date on or before December 31, 1956.
- Varicella (Chicken Pox) immunity is required. Documentation is accepted either through:
  - A Varicella Titer indicating immunity, or by
  - documentation of two (2) Varicella immunizations.
- Documentation of a Tetanus Toxoid and Diphtheria vaccination or booster with the last 10 years.
- Proof of immunity to Pertussis as evidenced by receipt of a single dose of Tdap. Those aged less than 64 who do not have documentation of Tdap immunization should receive a single dose of Tdap if it has been at least 2 years since receipt of a tetanus toxoid-containing vaccine.
- Hepatitis B immunization is not presently required, but is **highly recommended.** If you have started or completed this series, you must provide documentation of the immunization dates. If you decline the Hepatitis B immunization series you must complete and submit a signed Hepatitis B Immunization Waiver.
- Influenza vaccine is not presently required, but is **highly recommended.** If you have received the vaccine, you must provide documentation of the date received. If you decline the influenza vaccine, then you must complete and submit an Influenza Vaccine Waiver. Please note that some facilities require an influenza vaccination and if you do not have one, you will not be allowed in their clinics for observation or clinical rotations.

Verification of immunizations and other health requirements must be completed and submitted to Student Health Services each year at requested times.

CPR Certification

Continuous CPR certification is required throughout the program. Students are required to attend a four hour mandatory CPR certification training session which will be held at the beginning of the first summer semester. Cost of the mandatory training is approximately $30.00 - $40.00. Signup for the session will be at the Orientation Session immediately before the first summer semester in the program. At that time, students will be required to submit the required course cost in cash or check, and sign up for one of the sessions. Upon successful completion of the training, students will be issued a certificate of having completed the American Heart Association Healthcare Provider Adult, Infant & Child CPR & AED training course. This certificate will be good for two years. During the spring of the second year in the program, the student will be required to complete the course again (pay the required fee, sign-up for one of the offered courses, pass the course and receive a certificate).

Health Insurance

Continuous health insurance coverage throughout the professional programs is required. It is the student’s responsibility to maintain and verify continuous health insurance coverage with the DCE Administrative Assistant. If the student does not have current health insurance coverage he/she may pick up an application form in Student Health Services (SHS) or write for an application at Insurance Services, Inc., P.O. Box 8126, Wichita, KS 67208-0126 or request an application by phone at 316-686-3373.

Student Professional Liability Insurance

Students are required to purchase and maintain professional liability insurance at the amounts of $1,000,000 per occurrence / $3,000,000 aggregate throughout the program. Information will be provided to each incoming student
concerning student professional liability insurance. Proof of student professional liability insurance should be provided to the DCE Administrative Assistant.

**Student Information and Waiver Form**
Students are required to complete and submit a completed Student Information and Waiver Form to the DCE Administrative Assistant at the conclusion of the program Orientation Session held immediately before the start of the first Summer Semester. A signed Waiver Form is required to release the professional liability, CPR certification, health insurance, physical examination information, and other pertinent information to the clinical sites to which students are assigned. If the waiver is not signed, clinical assignments could be limited, which could jeopardize the student’s ability to complete the clinical education portion of the professional program. Part of the form also authorizes the sending of the information via the internet.

**Criminal Background Checks**
Criminal background checks are required for entrance into the program. At the time you finalized your acceptance into the program, you signed a Student Acknowledgement and Authorization Regarding Clinical Experience Form giving consent to complete a background check. Most clinical sites require that students have a background check completed before they enter the clinical facility for any observations, practicums or clinical rotations/affiliations. For this reason, you will need to complete a background check through Validity Screening Solutions. Information on this will be provided to students at the time of acceptance into the program. Please note that some clinical sites may require completion of a background check within one year of the completion of the clinical rotation. If you are assigned to such a site, you will be responsible for obtaining the additional background check and for covering the cost of it.

**Drug Screens**
At this time, drug screens are not required for entrance into the program. However, please be aware that some clinical sites may require completion of a drug screen prior to beginning a clinical experience at their facility. If you are assigned to such a clinical site, you will be responsible for obtaining, passing, and covering the cost of the required drug screen.

**Clinical Education Tuition**
Payment of tuition is required for all clinical courses.

**Potential Health Risks**
Clinical practice poses the potential for exposure to hazardous materials, infectious agents and personal injury. Prior to beginning clinical internships, students must complete the bloodborne pathogen/universal precaution training in PT 741 Clinical Practicum and Seminar I course. Students must also successfully complete any additional training that may be required by an assigned clinical site. It is the student’s responsibility to seek all the information required to comply with an assigned clinical site’s policies and procedures including but not limited to those for infection control, use/storage/labeling of hazardous materials, fire and emergency procedures, security, and incident reporting of personal or patient injury.

**HIPAA Compliance and Blood Born Pathogen/Standard Precautions Training**
Students are required to complete training for awareness and compliance with the patient privacy regulations of the Health Insurance Portability and Accountability Act as well as standard precautions during the first summer of the program and updated every summer during the program. Students are required to strictly adhere to all HIPAA standards and Standard Precautions. Students must protect patient confidentiality and are not to discuss the patient/client condition outside the clinical setting. Clients may be discussed with classmates and faculty for education purposes only, and only after all patient identifiers have been removed.
Assignment Guidelines
• The DCE/ADCE is responsible for assigning clinical rotations, for assigning grades in clinical courses, and for official contact and correspondence with the clinical education faculty. Students are not to contact a clinical site to establish an affiliation agreement or change scheduled clinical rotations without prior permission of the DCE.

• Clinical assignments are made to assure student experiences in a variety of physical therapy settings. All students will complete a clinical rotation in at least 3 of the following 5 categories: inpatient acute care, an outpatient orthopedic, a skilled nursing facility or home health experience, an inpatient neurological rehabilitation hospital setting, and a specialty setting (pediatrics, women’s health, spine clinic, manual therapy clinic, or worker’s compensation setting) internship prior to graduation. Assignments are approved and/or made by the DCE/ADCE in consultation with the CCCE and student. Assignments may be changed by the DCE/ADCE if the CCCE indicates that changes in staffing will not allow an appropriate educational experience for the student. The academic program will make every effort to place students in clinical affiliations so that they will graduate at the appropriate time. In some instances, however, this may not be possible.

• Clinical assignments are approved and/or made by the DCE/ADCE with consideration to student requests for improvement of specific skills and desire to participate in a specific specialty or geographic area. The economic and social constraints of each student will also be considered. Every effort will be made to place students in clinical rotations with these factors in mind; however, in some instances this may not be possible.

• Students are only allowed to do clinical internships at sites in which a legal written agreement exists between WSU and the site.

• Students are not permitted to receive payment of any kind for their clinical rotation as this negates the student liability insurance contract.

• All hours of assigned clinical education must be completed for a grade to be assigned.

• The student is responsible for knowing the hours, location, and contact person for each facility. The DCE/ADCE will supply the student with this information prior to the clinical rotation. The student is responsible for travel to and from each clinical site, and for room and board while at the clinical assignment. It is the student’s responsibility to familiarize him/herself with the affiliation agreement for each assigned clinical site. Students are expected to uphold the terms of the agreement.

• The student is to be prompt for all scheduled clinical education assignments (e.g. clinics, demonstrations, rounds, in-service programs, etc.)

• Each student is required to purchase a WSU Physical Therapy Department student name tag which is to be worn during all clinical rotations.

Dress and Appearance Guidelines
Because clinical dress is an important consideration for both safety and professionalism, the following guidelines are provided. Students are to check with their CI to ascertain the dress and appearance standards of their clinical facility. Students must meet the standards of the clinical facility to which they are assigned.

• Clinical dress will be considered slacks (not blue jeans) with a business casual top/shirt or polo (short sleeves are recommended).
• WSU student name tag should be worn at all times when in the clinical setting.

• When not on a clinical assignment, students are not to wear the WSU name tag. In addition, if not on clinical rotation students may not sign health care records using SPT because they are not functioning as a WSU student.

• Soled shoes with either a leather or canvas upper with a good arch support are recommended. Sandals or shoes with open toes are not allowed while in the clinical assignment.

• Earrings, bracelets, necklaces and rings should be kept to a minimum while in uniform, (Medical Alert items exempted). Small posts for pierced ears are acceptable and only rings that will not potentially scratch a patient may be worn. Fingernails are to be kept short and most facilities do not allow nail polish of any kind.

• Facial piercings (other than typical pierced ears with a single studded earring in each ear) or earlobe gauging are not allowed.

• While on clinical assignment, long hair (shoulder length or longer) should be tied back and secured so as not to fall forward over the shoulders. Beards and mustaches are expected to be clean and trimmed.

• Students are expected to be neat and clean. Avoid strong perfumes or shaving lotions when in the clinic.

• Chewing of gum is not allowed in the clinic.

Student Absences
The clinical education portion of the students’ education, in many ways, bridges the gap from academia to their first professional employment position. Many of the policies and procedures adopted for clinical education actually reflect policies and procedures which students will encounter in their employment. The clinical education portion of the students’ education is a very intense period in which their attendance and participation is required. The clinicians expect students to adhere to the highest level of professional conduct and to seek every opportunity to grow professionally. Any time students are absent or tardy from their clinical rotation it greatly undermines their ability to become a valued member of the health care team. With this in mind, I would like to share with you the clinical education attendance policy:

• Each student is allowed only one excused absence per clinical course. An excused absence is considered a personal illness, an illness of an immediate family member, or a prearranged absence (with the CI/CCCE and DCE/ADCE). The DCE, ADCE, CCCE, clinical instructor and Program faculty will deal with students with extenuating or special circumstances on an individual basis, if needed.

• It is required that both the CI and DCE/ADCE be notified to excuse an absence.

• In case of an illness during the clinical rotation, the student must notify the CI or CCCE at the beginning of the work day as well as the DCE/ADCE. If this is not done, the absence will be considered unexcused.

• All clinical time beyond the one excused absence per clinical course must be made up. This make-up time will be at the discretion of the clinical facility. Many facilities do not work on weekends or allow students to work on weekends, which means that the clinical rotation may have to be extended or rescheduled which could delay the student’s course sequence progression.

• Tardiness, unexcused absences, or abuse of excused absences will not be tolerated. Any unexcused absence or reoccurrence of tardiness could result in a failing grade for that clinical rotation.

• Interest in attending professional meetings during assigned clinical days should be made known to the DCE/ADCE. The DCE/ADCE in cooperation with the CCCE may be able to make arrangements for the student to attend professional meetings during clinical courses.
**Student Impairment**
For safety reasons, students are expected to be alert at all times during clinical assignment. If a student is considered impaired (impairment means appearance of under the influence of drugs and/or alcohol) by the CI and/or CCCE, they will notify the DCE/ADCE immediately and the DCE/ADCE will make arrangements for appropriate transportation of the student from the clinical site. The student will be asked to seek medical attention to determine the cause of impairment. If the impairment is deemed to be the result of non-prescribed use of controlled substances (drugs and/or alcohol) then the student will be suspended from clinical rotations and required to seek appropriate assistance.

- For the first offense, the student will be removed from the clinical facility and after the DCE/ADCE consults with the CI and CCCE, a determination will be made if the student will be allowed to remain at that clinical facility for the duration of his/her rotation. Factors will include the extent of impairment and appropriate safety considerations for the student, clinical personnel as well as for the patients. Students may be asked to seek counseling or attendance of a substance abuse program. An appropriate listing of resources will be made available to the student. If the clinical facility will not retain the student or if the student has been absent from the clinical rotation for an extended period making it impossible for him/her to fulfill the requirements of that rotation, an alternate clinical rotation may be sought for the student. The student will not be allowed to return to clinical rotations until evidence is provided from an appropriate health care provider documenting that the student can perform effectively and safely in the clinic. Program faculty will individually consider each student’s ability to progress through the program.

- For the second offense during the duration of the clinical education program, the student will be dismissed from the program. The student may reapply to the program if he/she provides documented evidence of successful completion of a substance abuse program as determined by a licensed professional within the field of chemical dependency.

**Exposure to Workplace Injury**
In the event of an exposure to an infectious agent or hazardous material or injury at the clinical site, the student should seek treatment through the site’s employee health department. The student must follow site protocol for injury or exposure reporting and must promptly notify the CCCE, CI and DCE.

**Client Incident or Injury**
Students are to immediately report all incidents or accidents involving clients to their CI. The CI should report the occurrence as required by clinical site policy and procedure. It is the responsibility of the CCCE to contact the DCE to inform him/her of such incidents or accidents. All matters regarding such occurrences are to be processed according to facility policy and procedure.

**Incident Reporting**
An incident out of the ordinary involving or witnessed by a student should be immediately reported to the CI, and the appropriate clinical site incident report form should be completed. The DCE should be contacted as soon as possible, but no later than 24 hours of the incident. For a needle stick or blood to blood exposure, please see page 23.

**Patient/Client Rights**
Students are obligated to obtain informed consent. Students must disclose his/her status as a physical therapy student and provide the client with the name of the supervising therapist. A client has the right to refuse treatment by the student without effects on services.

**Clinical Site Property**
All clinical site resources are considered proprietary. Students may not remove or copy resources or materials from the clinical site without consent of the CCCE.

**Professional Behavior**
Students are expected to exhibit professional behavior. Any behavior exhibited by the student that is deemed inappropriate by the DCE, ADCE, the CI or the CCCE may result in failure of the clinical internship. Repeated or multiple issues with professional behavior may result in failure of a clinical course.
**Clinical Education Costs**

Students are responsible for the costs incurred during their clinical rotations. Students should plan for the financial costs of clinical education above and beyond the costs of tuition. Some sites offer housing or stipends as part of their clinical education program; however, this is the exception, as there are only a few sites which offer housing or stipends. Students are encouraged to review the Clinical Site Information Forms for this information.

**CLINICAL EDUCATION CURRICULUM**

Physical Therapy students complete five clinical education courses during the professional curriculum: PT 800 Clinical Education I, PT 850 Clinical Education II, PT 900 Clinical Education III, PT 950 Clinical Education IV, and PT 970 Clinical Education V.

**PT 800 Clinical Education I:** Occurs during the second summer semester in the program. It is a four week, full-time, clinical internship. Objectives for the course are as follows:

Upon successful completion of this first clinical course, the student will apply knowledge and skills learned in the preceding academic semesters and will demonstrate the following:

**Safety**
1. Observes health and safety regulations of practice setting.
2. Maintains safe working environment.
3. Requests assistance when necessary.
4. Exhibits safety in the clinical setting to patient or client, self, and others.

**Responsible Behavior**
5. Demonstrates appropriate initiative without prompting.
6. Is punctual and dependable.
7. Exhibits good judgment.
8. Exhibits tact.
9. Appears well groomed and wears attire appropriate for practice setting.
10. Engages in clinical education to enhance own knowledge, values, and skills as a practitioner.

**Professional Behavior**
11. Maintains confidentiality of health care records and applicable information.
12. Treats others with positive regard, dignity, respect and compassion.
13. Maintains proper perspective between personal and professional affairs.
14. Identifies benefits of membership to professional organizations.
15. Exhibits nonjudgmental behavior in all professional interactions.

**Ethical Practice**
16. Abides by relevant ethical codes of conduct.
17. Abides by the policies and procedures of the practice setting.

**Communication**
18. Communicates with sensitivity to roles and contributions of all participants in client’s care.
19. Communicates effectively with physical therapy staff, patient or client and client’s family.
20. Communicates using body language consistent with the intended message.
21. Recognizes, interprets, and responds to the body language of others consistent with professional guidelines and the educational level of the learner.
22. Evaluates the effectiveness of his/her communication (interpreting verbal and nonverbal response).
23. Establishes good client rapport and prepares client for treatment by explanation of treatment and what to expect from the treatment.

**Documentation**
24. Communicates using medical terminology and abbreviations appropriate to the situation.
25. Documents all aspects of physical therapy care in a concise, organized, legible manner.

Individual/Cultural Differences
26. Communicates with sensitivity to differences in race, creed, color, gender, age, national or ethnic origin, sexual orientation, and disability or health status.

Critical Inquiry
27. Solves problems through analytical thinking

Screening/Examination
28. Takes appropriate patient or client history.
29. Identifies signs and symptoms of individuals that indicate appropriateness for physical therapy examination.

Evaluation / Diagnosis / Prognosis
30. Relates information from a client’s medical record to the physical therapy evaluation findings.

Plan of Care
31. Involves patient or client and family in goal setting.
33. Identifies persons with whom to collaborate to determine a plan of care.
34. Develops a plan of care by synthesizing information received from the collaborative process and findings from the examination.
35. Develops a plan of care that reflects thorough knowledge of indications and contraindications.

Treatment / Intervention
37. Explains interventions consistent with the plan of care.
38. Performs interventions consistent with the plan of care.
39. Exhibits awareness of contraindications and precautions of treatment intervention.

Education
40. Identifies patient education activities as they occur in the practice setting.

Professional / Social Responsibilities
41. Listens to patient or client concerns with compassion.
42. Articulates the purpose, role and benefits of APTA membership.
43. Participates in activities that support APTA and the profession.

PT 850 Clinical Education II: Occurs during the second summer semester in the program. It is a four week, full-time, clinical internship. Objectives for the course are as follows:

Safety
1. Observes health and safety regulations of practice setting.
2. Maintains safe working environment.
3. Requests assistance when necessary.
4. Exhibits safety in the clinical setting to patient or client, self, and others.

Responsible Behavior
5. Demonstrates appropriate initiative without prompting.
6. Is punctual and dependable.
7. Exhibits good judgment.
8. Exhibits tact.
9. Appears well groomed and wears attire appropriate for practice setting.
10. Engages in clinical education to enhance own knowledge, values, and skills as a practitioner.

Professional Behavior
11. Maintains confidentiality of health care records and applicable information.
12. Treats others with positive regard, dignity, respect and compassion.
13. Maintains proper perspective between personal and professional affairs.
14. Identifies benefits of membership to professional organizations.
15. Exhibits nonjudgmental behavior in all professional interactions.

Ethical Practice
16. Abides by relevant ethical codes of conduct.
17. Abides by the policies and procedures of the practice setting.

Communication
18. Communicates with sensitivity to roles and contributions of all participants in client’s care.
19. Communicates effectively with physical therapy staff, patient or client and client’s family.
20. Communicates using body language consistent with the intended message.
21. Recognizes, interprets, and responds to the body language of others consistent with professional guidelines and the educational level of the learner.
22. Evaluates the effectiveness of his/her communication (interpreting verbal and nonverbal response).
23. Establishes good client rapport and prepares client for treatment by explanation of treatment and what to expect from the treatment.

Documentation
24. Communicates using medical terminology and abbreviations appropriate to the situation.
25. Documents all aspects of physical therapy care in a concise, organized, legible manner.

Individual/Cultural Differences
26. Communicates with sensitivity to differences in race, creed, color, gender, age, national or ethnic origin, sexual orientation, and disability or health status.

Critical Inquiry
27. Solves problems through analytical thinking

Screening/Examination
28. Takes appropriate patient or client history.
29. Identifies signs and symptoms of individuals that indicate appropriateness for physical therapy examination.

Evaluation / Diagnosis / Prognosis
30. Relates information from a client’s medical record to the physical therapy evaluation findings.

Plan of Care
31. Involves patient or client and family in goal setting.
33. Identifies persons with whom to collaborate to determine a plan of care.
34. Develops a plan of care by synthesizing information received from the collaborative process and findings from the examination.
35. Develops a plan of care that reflects thorough knowledge of indications and contraindications.

Treatment / Intervention
37. Explains interventions consistent with the plan of care.
38. Performs interventions consistent with the plan of care.
39. Exhibits awareness of contraindications and precautions of treatment intervention.

Education
40. Identifies patient education activities as they occur in the practice setting.

Professional / Social Responsibilities
41. Listens to patient or client concerns with compassion.
42. Articulates the purpose, role and benefits of APTA membership.
43. Participates in activities that support APTA and the profession.

PT 900 Clinical Education III: Occurs during the third summer semester in the program. It is a ten week, full-time, clinical internship. Objectives for the course are as follows:
Upon successful completion of this course, in addition to continuing the objectives of PT 800 Clinical Education I & PT 850 Clinical Education II, the student will demonstrate the following:

Safety
1. Identifies potential emergency situations in the practice setting.
2. Assesses the nature and severity of emergency situations.

Responsible Behavior
3. Exhibits flexibility and adapts to change.
4. Exhibits appropriate self-confidence.
5. Demonstrates resourcefulness.
6. Accepts responsibility for own actions.
7. Manages conflict in constructive ways.
8. Completes scheduled assignments in a timely manner.
9. Provides feedback regarding performance, behaviors and goals to academic, clinical, and other peer or professional colleagues.

Professional Behavior
10. Adapts behaviors to the organizational setting.
11. Accepts responsibility for professional behavior.
12. Describes practice domains of other professions.

Ethical Practice
13. Seeks and weighs the expertise of others in ethical decision making.

Legal Practice
14. Seeks the expertise of others in the interpretation and application of appropriate jurisdictional laws and regulations.

Communication
15. Communicates effectively with other allied health team members.
16. Develops alternative methods of communication with clients who are hard of hearing, aphasic or otherwise language impaired.

Documentation
17. Selects and records relevant information necessary to document the delivery of physical therapy care.
18. Produces documentation that follows guidelines and format required by practice setting.

Individual/cultural Differences
19. Designs a plan of care that takes into consideration individual differences and values.

Critical Inquiry
20. Establishes patient or client care protocols using relevant outcome effectiveness and efficacy studies.
21. Identifies and selects appropriate physical therapy examination/screening procedures relevant to the chief complaint, results of screening and history of the client or patient.
22. Performs selected examination procedures on appropriate patients or clients.
23. Adapts the examination process based on patient response.
24. Interprets examination/screening findings.
Evaluation/Diagnosis/Prognosis
25. Differentiates the roles and knowledge of other health care practitioners in the diagnostic process.
26. Gathers expectations and goals from client, family, and other health personnel, as indicated.
27. Communicates with patient, family, and other practitioners relative to diagnosis or clinical impressions.
28. Considers client’s living and working environments for discharge planning.
29. Identifies factors that affect patient or client’s functional outcomes or prognosis.

Plan of Care
30. Involves patient and caregivers in the plan of care to facilitate self-management and independence.
31. Assesses the extent to which the plan is acceptable to the patient, client and family and adjusts the plan accordingly.
32. Describes the roles and responsibilities of other practitioners in delivering an appropriate plan of care.
33. Develops a plan of care designed to achieve patient or client outcomes based on impairment and disability that are effective and within resource constraints.
34. Justifies selection of modalities and therapeutic exercise procedures used in the plan of care.
35. Appropriately adjusts, adapts or modifies plan of care.
36. Justifies revisions of treatment goals and plan of care.

Treatment/Intervention
37. Performs treatment procedures with consideration for safety, timeliness, energy conservation, and organization.
38. Recognizes physiological and psychological changes in patients and takes appropriate action.

Education
40. Instructs client/family in home program.
41. Identifies and establishes priorities for patient, client or family educational needs.
42. Designs education activities to address identified needs.

Quality of Service Delivery
43. Identifies elements of the practice setting’s assessment activities (e.g., quality assurance, peer review, or utilization review program).
44. Maintains timely, accurate and objective departmental records exclusive of patient notes.

Management of Patient Services
45. Describes roles and responsibilities of self and other practitioners in primary care, secondary care, and tertiary care delivery systems.

Resource and Fiscal Management
46. Schedules patient, equipment and space within policies and procedures of practice setting.
47. Accurately reflects patient or client care activities in all billings.

Support Personnel
48. Identifies physical therapy services that may be legally and ethically delegated.
49. Identifies appropriate personnel to whom physical therapy-related services can be legally and ethically delegated.

Professional/Social Responsibilities
50. Demonstrates willingness to adjusting his/her schedule to meet patient or client needs.
51. Exhibits sensitivity to patient or client needs beyond traditional treatment role.
52. Articulates understanding that the practice of physical therapy requires a professional commitment.

Wellness and Health Promotion
53. Applies the principles of the Health Belief Model to health promotion, prevention, and wellness to situations in the practice setting.

**PT 950 Clinical Education IV:** Occurs during the third fall semester in the program. It is a ten week, full-time, clinical internship. Objectives for the course are as follows:
Upon successful completion of this course, in addition to continuing the objectives of PT 800 Clinical Education I & PT 850 Clinical Education II, the student will demonstrate the following:
Safety
1. Identifies potential emergency situations in the practice setting.
2. Assesses the nature and severity of emergency situations.

Responsible Behavior
3. Exhibits flexibility and adapts to change.
4. Exhibits appropriate self-confidence.
5. Demonstrates resourcefulness.
6. Accepts responsibility for own actions.
7. Manages conflict in constructive ways.
8. Completes scheduled assignments in a timely manner.
9. Provides feedback regarding performance, behaviors and goals to academic, clinical, and other peer or professional colleagues.

Professional Behavior
10. Adapts behaviors to the organizational setting.
11. Accepts responsibility for professional behavior.
12. Describes practice domains of other professions.

Ethical Practice
13. Seeks and weighs the expertise of others in ethical decision making.

Legal Practice
14. Seeks the expertise of others in the interpretation and application of appropriate jurisdictional laws and regulations.

Communication
15. Communicates effectively with other allied health team members.
16. Develops alternative methods of communication with clients who are hard of hearing, aphasic or otherwise language impaired.

Documentation
17. Selects and records relevant information necessary to document the delivery of physical therapy care.
18. Produces documentation that follows guidelines and format required by practice setting.

Individual/cultural Differences
19. Designs a plan of care that takes into consideration individual differences and values.

Critical Inquiry
20. Establishes patient or client care protocols using relevant outcome effectiveness and efficacy studies.
   Screening/Examination
21. Identifies and selects appropriate physical therapy examination/screening procedures relevant to the chief complaint, results of screening and history of the client or patient.
22. Performs selected examination procedures on appropriate patients or clients.
23. Adapts the examination process based on patient response.
24. Interprets examination/screening findings.

Evaluation/Diagnosis/Prognosis
25. Differentiates the roles and knowledge of other health care practitioners in the diagnostic process.
26. Gathers expectations and goals from client, family, and other health personnel, as indicated.
27. Communicates with patient, family, and other practitioners relative to diagnosis or clinical impressions.
28. Considers client’s living and working environments for discharge planning.
29. Identifies factors that affect patient or client’s functional outcomes or prognosis.

Plan of Care
30. Involves patient and caregivers in the plan of care to facilitate self-management and independence.
31. Assesses the extent to which the plan is acceptable to the patient, client and family and adjusts the plan accordingly.
32. Describes the roles and responsibilities of other practitioners in delivering an appropriate plan of care.
33. Develops a plan of care designed to achieve patient or client outcomes based on impairment and disability that are effective and within resource constrains.
34. Justifies selection of modalities and therapeutic exercise procedures used in the plan of care.
35. Appropriately adjusts, adapts or modifies plan of care.
36. Justifies revisions of treatment goals and plan of care.

Treatment/Intervention
37. Performs treatment procedures with consideration for safety, timeliness, energy conservation, and organization.
38. Recognizes physiological and psychological changes in patients and takes appropriate action.

Education
40. Instructs client/family in home program.
41. Identifies and establishes priorities for patient, client or family educational needs.
42. Designs education activities to address identified needs.

Quality of Service Delivery
43. Identifies elements of the practice setting’s assessment activities (e.g., quality assurance, peer review, or utilization review program).
44. Maintains timely, accurate and objective departmental records exclusive of patient notes.

Management of Patient Services
45. Describes roles and responsibilities of self and other practitioners in primary care, secondary care, and tertiary care delivery systems.

Resource and Fiscal Management
46. Schedules patient, equipment and space within policies and procedures of practice setting.
47. Accurately reflects patient or client care activities in all billings.

Support Personnel
48. Identifies physical therapy services that may be legally and ethically delegated.
49. Identifies appropriate personnel to whom physical therapy-related services can be legally and ethically delegated.

Professional/Social Responsibilities
50. Demonstrates willingness to adjusting his/her schedule to meet patient or client needs.
51. Exhibits sensitivity to patient or client needs beyond traditional treatment role.
52. Articulates understanding that the practice of physical therapy requires a professional commitment.

Wellness and Health Promotion
53. Applies the principles of the Health Belief Model to health promotion, prevention, and wellness to situations in the practice setting.

**PT 970 Clinical Education V**: Occurs during the third spring semester in the program. It is a ten week, full-time, clinical internship. Objectives for the course are as follows:

Upon successful completion of this course, in addition to continuing the objectives of PT 950 Clinical Education IV, the student will demonstrate the following:

Safety
1. Identifies and implements initial steps of crisis intervention.

Responsible Behavior
2. Participates in ongoing self-assessment activities.

Professional Behavior
3. Defends the importance of life-long learning as a professional responsibility.
4. Demonstrate commitment toward continued professional growth.
5. Exhibits behaviors consistent with professional and jurisdictional guidelines in all interactions.
Ethical Practice
6. Reports violations of ethical practice.

Legal Practice
7. Recognizes and reports violations of laws and regulations to the appropriate jurisdictional agency.
8. Is knowledgeable about appropriate referral resources.

Communication
9. Communicates effectively with groups in the community.
10. Contributes positively in patient care conferences to establish a working relationship between all departments involved in the client’s care.
11. Contributes constructively to staff discussion groups, in service training and other pertinent meetings.

Documentation
12. Justifies documentation procedures for communicating within a health care facility, with doctors, attorneys, employers and insurance carriers.

Individual/cultural Differences
13. Defends the representation of individual and cultural differences in practice, research, and education.

Critical Inquiry
14. Critically evaluates published research articles relevant to physical therapy and applies this information to clinical practice.

Screening/Examination
15. Performs screening/examination following applicable guidelines.
16. Describes appropriate and available referral resources.
17. Identifies signs and symptoms of individuals that detect injuries and behaviors signifying domestic violence.

Evaluation/Diagnosis/Prognosis
18. Correlates all information obtained to produce an accurate assessment of client’s status.
19. Makes appropriate clinical judgments based on clinical findings, extent of loss of function, social considerations, and the patient’s or client’s overall physical function and health status.
20. Modifies prognosis based on changing interventions and patient or client responses.
21. Performs formal periodic reassessment of the status of the patient or client.

Plan of Care
22. Designs, implements, and manages a cost-effective plan of care that is consistent with relevant legal, ethical, and professional obligations and administrative policies and procedures.
23. Coordinates with others to provide efficient and effective care.
24. Discusses discharge alternatives with client, family, and other health care professionals.
25. Analyzes the influence of administrative policies and procedures on patient care.
26. Makes decisions about plan of care based on outcomes effectiveness.

Treatment/Intervention
27. Provides treatment/intervention according to guidelines of practice setting and applicable practice guidelines.
28. Instructs patients, groups of patients, families and other care givers to impart information regarding patient’s condition, treatment, and transition to his/her role at home, at work, or in the community.
29. Provides instruction in maintenance and prevention activities.
30. Assesses the effectiveness of treatment procedures.

Education
31. Evaluates the effectiveness of educational activities.
32. Modifies educational activities considering learner’s needs, characteristics, and capabilities.
33. Conducts educational activities for a variety of audiences, such as patients, family, other professionals, care givers, clinical educators, community, policymakers, payers, and peers using a variety of instructional strategies.
Quality of Service Delivery
34. Follows established guidelines for the delivery of physical therapy services (e.g. critical/clinical pathways, protocols).
35. Ascertains availability and access to reimbursement for patient or client care.
36. Identify opportunities to advocate for appropriate patient services, reimbursement, and access to care.

Management of Patient Services
37. Assumes an appropriate leadership role in the coordination and management of care provided to the patient or client.
38. Makes appropriate referral in a timely manner to physical therapy colleagues and other practitioners based on patient or client needs.
39. Identifies where appropriate advocacy is needed in regards to patient services and available resources.

Resource and Fiscal Management
40. Identifies differences between fiscal intermediaries and how they affect the department and patient care.
41. Exhibits practice within the guidelines of appropriate fiscal intermediaries.
42. Negotiates with reimbursement entities for changes in individual patient services.

Support Personnel
43. Assesses and modifies performance of delegated tasks based on observations and reports.
44. Is accountable for delegated tasks.

Professional/Social Responsibilities
45. Participates in social agencies and advocacy groups.
46. Identifies mechanisms to impact legislation and regulations.
47. Recognizes responsibility to contribute time, energy, or money to voluntary associations.
48. Describes the intrinsic rewards of providing pro bono services.
49. Determines whether services would be provided on a pro bono basis or whether billing is appropriate at practice setting.

Wellness and Health Promotion
50. Implements prevention and wellness programs appropriately.
51. Educates patients or clients on health promotion, wellness, and health maintenance.
52. Defends the availability of health promotion, prevention and wellness programs across the life span.

EVALUATION AND GRADING OF CLINICAL COURSES
Satisfactory performance in each clinical rotation and clinical course is a requirement for advancement through the program and for graduation. The CI working with the student is responsible for completing the Clinical Performance Instrument (CPI) and for giving frequent feedback to both the school and student in a timely manner. Students are encouraged to seek frequent feedback from the CI concerning their progress. The DCE/ADCE is the person who actually assigns the clinical education grade based upon CI feedback, student performance and student adherence to program rules, regulations and policies. The level of student performance expectations progresses towards entry-level competency as the student progresses through the clinical education program.

Assignment of Grades for Clinical Courses
Each student is responsible for becoming familiar with the Clinical Grading Guidelines for each clinical internship. Each student’s grade will be based on the guidelines established for the course and will be provided to the student at the beginning of each course.

Student Evaluation of CI and Clinical Assignment
Following each clinical assignment, the student is required to complete the Student Assessment of Clinical Rotation Form. This form evaluates both the clinical experience and the CI(s) performance.

Evaluation of DCE/ADCE
Each student will have the opportunity to evaluate the DCE/ADCE following designated clinical education courses. For the PT program, DCE evaluation takes place following PT 850 Clinical Education II and PT 970 Clinical Education V.

Clinical Performance Instrument (CPI)
At the end of PT 800 and PT 850, and at the mid-term and end of PT 900, PT 950 and PT 970, students will be required to complete a self-assessment utilizing the CPI and the assigned CI will be required to complete a CPI on the student.
Failure to Meet Clinical Guidelines

1. Failure to meet the clinical education requirements, policies and guidelines could result in the student receiving a failing grade for the clinical course regardless of the level of evaluation given by a CI.

2. A failing grade is considered anything below a grade of "C" for PT 900, PT 950, and PT 970 and an “U” for unsatisfactory for PT 800 or PT 850. This is evidenced by documentation by the CI on the CPI that the student should not receive credit for the rotation, an inappropriate level of performance on the CPI, or failure to complete other clinical course requirements.

3. A passing grade (grade of C or better or “S” for satisfactory, no adverse documentation by the CI, and appropriate level of performance scores) is required before the student is allowed to proceed with the next clinical education course.

4. A student is allowed the opportunity to remediate only one clinical rotation during the curriculum. If a student receives a failing grade from one rotation, then remediates that rotation with a passing grade, the passing grade will be issued to the student. If the student fails the remediation clinical or a subsequent clinical rotation, then he/she will be dismissed from the program.

5. When a remedial rotation is indicated, the DCE will schedule it immediately following successful completion of the academic remediation and before the student is allowed to proceed with subsequent clinical rotation assignments.

Clinical Remediation Guidelines

If the assignment of a failing grade is anticipated, the following steps will be taken by the CI.

1. The CI informs the DCE/ADCE and CCCE of the student’s failing performance as early in the rotation as possible and identifies specific areas of concern.

2. The CI strives to maintain a coaching role to assist the student in focusing on areas of concern by:
   a. discussing with the student his/her performance early in the rotation and on a regular basis;
   b. describing acceptable behavior or clinical performance to the student;
   c. defining to the student the desired change in behavior or clinical performance when unacceptable or problematic behavior is identified; and
   d. monitoring the student's progress on a regular basis and providing opportunities for success.

If a student is assigned a failing grade, the following steps will be taken by the DCE/ADCE.

- Identify, with the student, specify areas for academic remediation and set specific goals/objectives to improve performance.
- The student will enter into academic remediation with specific faculty until specific goals/objectives have been met.
- Once student has successfully completed academic remediation, another clinical rotation will be assigned.
- If student successfully completes the remedial clinical rotation, he/she may continue with the program sequence; however, if the student fails the remediation clinical or a subsequent clinical rotation then he/she will be dismissed from the program.

GENERAL RESPONSIBILITIES

DCE/ADCE

The DCE/ADCE is dedicated to facilitating each student’s successful completion of all clinical education courses by fulfilling the following responsibilities:

1. Assure that written legal agreements are in place between the University and the clinical site, and that they are updated as needed. A current signed agreement must be on file before a student is allowed to do an internship at the clinical site.

2. Assign all eligible students to clinical education internships per program policies and procedures.

3. Orientate students to the purpose, process and policies and procedures related to clinical education.

4. Maintain open communication with each CCCE and/or CI by any method deemed appropriate. This communication should occur before, during and after assigned internships.
5. Maintain reference information describing each clinical education site and its policies, procedures and resources.
6. Develop new clinical education experiences that meet the guidelines, policies and procedures established by the department.
7. Provide pertinent and required course information to CCCEs, CIs and students.
8. Evaluate material submitted by students for fulfillment of the requirements of each clinical education course.
9. Evaluate the CI’s assessment of each student’s performance and determine the course grade in compliance with program policies and procedures.
10. If challenges, conflicts or problems arise during the student’s clinical internship, upon notification, the DCE/ADCE will maintain contact with the appropriate person(s), to ensure successful resolution of the issue.
11. When appropriate, the DCE/ADCE will terminate a student from a clinical internship.
12. Arrange remediation experiences for students who are eligible for remediation.
13. Provide feedback as appropriate (positive and negative) to clinical sites.
14. Assess clinical education needs of the CCCEs and CIs and provide training as appropriate.
15. Conduct clinical education opportunities to facilitate development of the CCCEs and CIs.
16. Assignment of student grades for all clinical education courses.

CCCE
The CCCE is dedicated to facilitating successful completion of student experiences at their clinical site by abiding by fulfilling the following responsibilities:
1. Provide the philosophy of the clinical site and provide consistent student expectations.
2. Prior to allowing a student to complete an internship at the clinical site, assure that there is a contractual agreement in place between WSU and the clinical site.
3. Keep student records and information secure and confidential.
4. Provide student orientation which includes at minimum, information about: safety, emergency and security procedures; department policies and procedures that may impact student performance and/or evaluation; and any other information pertinent to successful completion of a student internship.
5. Communicates with the DCE regarding coordination of: student assignments, student schedules, clinical education planning and evaluation, and CI development.
6. Maintain appropriate communication with the DCE about the clinical site and student internships.
7. Assign physical therapists to act as CIs who meet the WSU clinical instructor requirements.
8. Assist in planning and problem solving with the CI/student team in an effective and efficient manner.
9. Encourages feedback from students, the DCE, CI(s) and other interested individuals.
10. Evaluates the clinical education resources and needs of the site.
11. Manages and supervises the clinical education program at the site.

CI
The CI is dedicated to facilitating a successful learning experience for each student assigned to them in order to meet program and student learning objectives by fulfilling the following responsibilities:
1. Effectively structure the clinical internship to offer the best learning opportunity for the student.
2. Submit current and required information to the DCE.
3. Provide effective and efficient formative and summative feedback to students during clinical internship.
4. Complete all required paperwork for each assigned student.
5. Understand and abide by the clinical education policies and procedures of the WSU Department of Physical Therapy.
6. Provide assigned students with an orientation to the clinical site and any written and unwritten policies that impact student evaluation.
7. Communicate with the DCE when student has been advised of unsatisfactory performance, unsatisfactory progress, or when a remediation plan has been initiated.
8. Provide student with appropriate supervision that will allow for evaluation of the student’s skills, knowledge and attitudes.
9. Model professionalism and maintain a professional relationship with the student.

Student
The student should fulfill the following responsibilities:
1. Abide by all policies, procedures and requirements outlined in all clinical course syllabi and in the Clinical Education Handbook.
2. Take responsibility for own learning and demonstrate professionalism at all times.
3. Inform the DCE as soon as a problem related to clinical education is identified.
4. Abide by the requirements of the written agreement between the program and each clinical site.
5. Abide by assigned clinical sites’ policies and procedures.
6. Fulfill all duties and assignments made by the CCCE, CI and DCE.

OTHER INFORMATION

Clinical Faculty Privileges
CCCEs and CIs are considered non-paid adjunct faculty of the College of Health Professions at WSU. Although there is no salary associated with being a CCCE or CI, you are eligible for a WSU I.D. which allows you certain benefits such as discounts for theater and other cultural activities, discount for membership in the Heskett Center, use of the library and bookstore, and waiver of the student fee (not tuition) for enrollment in credit courses. To make use of these benefits, you must have obtain the photo-ID Shocker Card. If you do not have a Shocker Card, you may obtain one free of charge by first contacting the DCE to initiate the proper paperwork, then by bringing your copy of the appointment letter and OHR 300 form to the department of Human Resources and they will issue you a green form that you can take with you to the WSU Card Center in the Rhatigan Student Center anytime between the hours of 8:00 a.m. – 7:00 p.m. Monday and Tuesday and 8:00 a.m. – 5:00 p.m. Wednesday through Friday. For more information concerning your privileges, please contact the DCE.

Evaluation of the Clinical Experience
The Physical Therapist Clinical Performance Instrument is the official evaluation instrument used by CIs to evaluate student performance during clinical internships.

WSU Needle Stick or Blood to Blood Exposure Protocol
1. The student should familiarize him/herself with the facility's policy for reporting injuries and follow both the facility's and WSU Student Health Services' Policy for the reporting of injuries.
2. Upon injury or exposure (blood to blood), the student will notify his/her clinical instructor immediately. In addition, the student will notify WSU Student Health Services (978-3620) as soon as possible, preferably within 24 hours, and complete a WSU Student Health Incident Report
3. Student Health Services will contract the health facility where exposure occurred to ascertain the status of the individual who provided exposure.
4. Student Health Services will inform the student of recommendations and offer appropriate preventive measures.
5. The WSU Student Health Incident Report Form and final disposition will be maintained in the student's health record in Student Health Services on the WSU Campus.
AFFILIATION AGREEMENT

WICHITA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS

and the Facility

«Clinical_Site_Name»
«Address_Line_1»
«Address_Line_2»
«City», «State» «Zip_Code»

Phone: «Phone_Number»

Head of Facility:

«Head_of_Facility»
«Title»

Effective Dates of Agreement

7/1/2013 to 6/31/2018
AFFILIATION AGREEMENT

WICHITA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
and

«Clinical_Site_Name»

THIS AGREEMENT is by and between WICHITA STATE UNIVERSITY, a state educational institution of Kansas, 1845 Fairmount, Wichita, Kansas 67260-0043, contracting on behalf of its College of Health Professions (hereinafter “the University”) and «Clinical_Site_Name», (hereinafter “the Facility”), and sets forth the intended joint and/or individual responsibilities of the parties in the education of students enrolled in programs at the Facility.

WHEREAS, the University is a state educational institution of Kansas;

WHEREAS, the University is authorized by K.S.A. 76-721, to enter into contracts with other parties for purposes related to the operation and function of the University; and

WHEREAS, the University through the College of Health Professions has programs designed to provide education for various healthcare professionals;

WHEREAS, «Clinical_Site_Name» is a health care facility in the state of Kansas and desires to make its facilities available to the University for the purpose of experiential learning for the students of the College of Health Professions;

NOW THEREFORE, in consideration of the above premises and the individual and mutual promises of the parties hereinafter set forth, and for other good and valuable consideration, it is hereby agreed by and between the parties that:

1. The terms of each and every provision in this agreement shall prevail and control the terms of any other provision in any other document relating to this affiliation.

2. All contracted agreements shall be subject to the laws of the State of Kansas.

3. Neither the State of Kansas nor any agency thereof shall hold harmless or indemnify any contractor for any liability whatsoever; furthermore, neither the State of Kansas nor any agency thereof shall purchase or be required to purchase any insurance against loss or damage to any personal property to which this contract relates.

4. The Facility represents and agrees that its representatives executing this contract, and any attachment hereto, are fully authorized to agree to all provisions herein.

5. The University and the Facility mutually agree to make no distinction among students covered by this Agreement, on the basis of race, religion, color, national origin, gender, age,
sexual orientation, marital status, political affiliation, status as a Veteran, genetic information or disability.

6. The educational records and information relating to participating students shall be maintained by the University in accordance with the Family Educational Rights and Privacy Act of 1974.

7. This agreement shall be in effect for a period of five (5) years from the date of execution, unless canceled by either party with not less than sixty (60) days notice. This agreement will be reviewed by each party annually or when requested by either party, and shall be effective even if persons, positions, and/or titles are changed. Students who are attending practicums at the Facility at the time of the termination will be allowed to complete the practicum.

8. That to the extent that requirements of the Health Insurance Portability and Accountability Act of 1996 apply to the activities of students participating in the clinical learning experience at the Facility, as authorized by this agreement, the University agrees to comply with said requirements.

9. That the University and the Facility shall:
   
   A. Jointly arrange meetings between them to evaluate and improve teaching methods, resolve specific problems, and propose changes in curriculum design.

   B. Jointly stipulate the appropriate uniform in which the students will be required to appear while in the Facility.

   C. Provide each other with timely notice of changes in the curriculum, in the availability of learning opportunities, and in staff affecting clinical teaching.

   D. Jointly determine, prior to each semester, the number of students to be assigned to the Facility, the time and length of the practicum(s).

   E. That the Facility shall permit graduate level students, if any, to participate in research activities when possible; the students will obtain written permission from Agency and University before beginning research.

   F. That the Facility shall permit graduate level students, if any, to be directly involved in clinical teaching under the supervision of Agency staff and/or the University liaison.

10. The University shall:
   
   A. Provide the Facility with the following information no less than ten (10) days before the practicum begins:

      a. Name and contact information of student(s)
      b. Dates and hours of assignment(s)
c. Each student’s academic class designation
d. Philosophy, purpose and learning objectives

B. Permit visits of the Facility staff for the purpose of observing, auditing, and participating in the teaching process, and attending planning meetings.

C. Provide the Preceptor (individual supervising the student) with the appropriate forms to evaluate student performance when needed.

D. Designate a faculty member who shall act as a liaison to the Facility on clinical practicum matters.

E. Upon request of the Facility, withdraw any student from the Facility when his/her work, conduct or health may be deemed detrimental to patients or clients.

F. For patient-care-related practicums, require that each student maintains health insurance for the duration of the student at the Facility.

G. Retain final responsibility for the curriculum design, delivery, quality and modification.

H. Assign no more than as mutually agreed upon students to the Facility.

I. Allow faculty to visit the Facility as needed when a student is assigned to the Facility.

J. For patient-care-related practicums, require that each student maintains professional liability insurance with a minimum of $1,000,000/$3,000,000 at no expense to the Facility.

K. Not provide a salary as compensation to the personnel of the Facility.

L. Instruct students to adhere to Facility policies and procedures.

M. Instruct students on the confidentiality of information relevant to client care or institutional matters.

11. The Facility shall:

A. Permit visits of University faculty and accreditation evaluators for the purpose of observing, auditing or participating in the teaching process, attending meetings, or evaluating for accreditation.

B. Provide the student selected learning experiences in order to accomplish the educational objectives of the practicum.

C. Inform of, and make available, when possible, clinical and related facilities (library, cafeteria, lounges, parking, conference rooms, office or work space, classrooms, and dressing rooms) needed for the learning experiences.
D. Inform and provide University faculty and students with the Facility’s policies and procedures, and safety rules and regulations.

E. Avoid using students in lieu of professional or non-professional staff.

F. Where possible, provide emergency care to the students in case of accident or illness while in the Facility, at no expense to the Facility.

G. Retain responsibility for all aspects of patient care and is ultimately responsible for all patient care in the Facility.

H. Furnish instruction, assignment of patients and/or related learning experiences, supervision, and evaluation of students during their practicum in conformance with the educational objectives of the program.

I. Consult with the University as early as possible regarding concerns about a student to avoid the necessity of a request for withdrawal.

J. Agree that personnel of the Facility are not employees of the University.
TERMS OF AGREEMENT:

This agreement shall become effective on 7/1/2013.

FOR THE UNIVERSITY:

_______________________________________  Date
Ted D. Ayres                           
Vice President and General Counsel     
Wichita State University

_______________________________________  Date
Stephen D. Arnold, Ph.D.               
Associate Dean                        
College of Health Professions         
Wichita State University

FOR THE FACILITY:

_______________________________________  Date
«Head_of_Facility»                     
«Title»                                
«Clinical_Site_Name»