

PHYSICAL THERAPY DEPARTMENT

DOCTOR OF PHYSICAL THERAPY PROGRAM

CLINICAL EDUCATION MANUAL

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PURPOSE OF THE MANUAL

The clinical education component of the physical therapists' education is designed to provide the opportunity to apply cognitive, psychomotor, and affective knowledge in the clinical setting. While students initially learn and practice this knowledge in the classroom, integration of this knowledge occurs only when working with patients or clients with actual pathology, impairment, functional limitation, or disability.

The purpose of this manual is to provide information, policies, and procedures for all who are directly involved in clinical education. This includes the student, the clinical instructor, the site coordinator of clinical education, the Director of Clinical Education, and the academic faculty. It is only through the coordinated efforts of all parties involved that the clinical education process is successful in preparing competent clinicians.

Thank you to all clinical instructors and site coordinators in providing the opportunity for Clarke University physical therapist students to become competent clinicians.

I. THE MISSION STATEMENT OF CLARKE UNIVERSITY

Clarke University is a Catholic academic community that believes learning is lifelong and life changing. We inspire intellectual curiosity, cultural engagement, professional preparedness, spiritual exploration, and a commitment to contributing to the common good in a global society.

CLARKE UNIVERSITY CORE VALUES STATEMENT

Clarke University is a learning community that lives by four core values: Education, Charity, Justice, and Freedom. These values emanate from our founder Mary Frances Clarke, the Sisters of Charity of the Blessed Virgin Mary, and those who follow their example to provide learning experiences that are relevant and forward looking.

EDUCATION:
As a community seeking wisdom, we help all to appreciate learning opportunities that enable persons to reach their full potential.

CHARITY:
As a community seeking to welcome all, we contribute to the well-being of others and the common good.

JUSTICE:
As a community standing with others, we strive to create a society that recognizes the dignity, equality and rights of all people and to respond faithfully to one another.

FREEDOM:
As a community seeking to live authentic lives, we invite all to be open to God's love and to be true to their best selves.

II. MISSION STATEMENT & PHILOSOPHY OF THE PHYSICAL THERAPY PROGRAM

Mission Statement of the Physical Therapy Department

The Clarke University Physical Therapy Department is part of the caring, learning community at Clarke University, committed to excellence in physical therapy education and dedicated to educating individuals who are prepared to contribute to society as physical therapy professionals in a variety of settings. We are part of the supportive environment that inspires intellectual curiosity, cultural engagement, professional preparedness, spiritual exploration, and a commitment to the common good in a global society. As educators, we will encourage lifelong learning by providing continuing education to therapists in the State of Iowa as well as the tri-state region. The faculty will be active in community and professional organizations.

We provide a supportive environment for learning while fostering the critical thinking and ethical decision-making skills required to participate in the rapidly changing health care environment.

We build upon the core values of Clarke University including spiritual values, cultural appreciation, and acceptance of diversity of people and ideas.

Clarke University physical therapy faculty, students, and graduates strive for a spirit of collaboration with the health care community to achieve optimum health and wellness for clients served.

Philosophy of the Physical Therapy Program

Physical therapy is a health profession dedicated to the improvement of the quality of life through the prevention, rehabilitation, and management of acute or prolonged movement dysfunction, pain, and other health-related conditions. A guiding principle for physical therapists is to effectively and efficiently facilitate increased functional ability of patients/clients. Through treatment and education, patients/clients and caregivers are enabled to assume responsibility for their functional recovery and health thereby decreasing the cost of disability to society.

At Clarke, a liberal arts education serves as an integral component of physical therapy professional education. Indeed, the physical therapy student develops an understanding and appreciation for the structural, functional, psychosocial, emotional, and spiritual dimensions of humans. Individuals are recognized as unique composites of body, mind, and spirit and in response physical therapy interventions are based on individual patient/client needs.

The faculty recognizes that the delivery of health care is undergoing significant change and that the future of health care and physical therapy, specifically, is uncertain. Accordingly, the physical therapy graduate must appreciate the diversity in roles and practice settings and understand that physical therapy is not an aggregation of facts and techniques but an evolving practice. The faculty believes that the best preparation for such changing roles is a commitment to life-long learning and critical thinking. Consequently, student reflection and critical thinking are fostered during all phases of the professional Program in order to develop the problem-solving skills that are essential to competent practice.

Graduates have requisite skills to practice physical therapy as generalists who can appropriately adapt to practice across all health care settings and patient conditions. It is essential that graduates are prepared to collaborate with other health professionals in the delivery of health care services. Physical therapist graduates are expected to be culturally sensitive, professional, and service oriented practitioners who demonstrate safe and effective practice within an ethical framework. Clinical management, communication, and scholarship form the foundation for professional practice.

III. ACCREDITATION

Clarke University's accreditation status can be found at: https://www.clarke.edu/academics/doctor-of-physical-therapy/

IV. PHYSICAL THERAPY CURRICULUM

The curricular plan at Clarke University was initially envisioned to be a five-year program with the students beginning the professional phase in the second semester of their junior year. Students in the classes of 1999 – 2002 completed their MS in PT degree in the five-year program. However, as a result of the accreditation process, the revised accreditation standards, and the increasing complexity of health care, the faculty decided to transition to a six-year program. Since the fall of 2000, all students admitted as freshman have followed the revised curricular plan. Graduating classes from 2002 – 2005 received MS PT degree and classes from 2006 and beyond will receive their Doctor in Physical Therapy (DPT) degree in the six-year program.

Physical Therapy Prerequisites

General Biology	General Physics I
Human Anatomy & Physiology I	General Physics II
Human Anatomy & Physiology II	Introductory Psychology
General Chemistry I	Upper-level Psychology
General Chemistry II	Math as necessary for Physics

NOTES: The following is a tentative curriculum and is subject to change. The following is a tentative curriculum and is subject to change. The curricular plan was developed to provide students with essential content to optimize success in the program and on the National Physical Therapy Examination. Clarke undergraduate students who take courses out of sequence prior to entering the professional physical therapy curriculum are strongly advised to repeat any courses in which they did not earn a grade of B or better.

The DPT curriculum is outlined on the following page.

CURRICULUM - DPT
YEAR 1*

FALL		Credits
BIOL 510	Human Gross Anatomy	4
BIOL 520	Human Physiology	4
DPT 514	Functional Anatomy & Biomechanics	3
DPT 515	Issues in Healthcare	2
DPT 518	Physical Agents	3
TOTAL		**16**

SPRING		Credits
BIOL 525	Exercise Physiology	4
BIOL 545	Neuroscience	4
DPT 524	Patient Care	3
DPT 526	Intro to PT Exam & Intervention	4
DPT 528	Therapeutic Exercise	2
DPT 529	Clinical Practicum I	1
TOTAL		**18**

SUMMER		Credits
DPT 631	Clinical Education Experience I (8 weeks)	8

*SENIOR YEAR: BEGINNING OF THE PROFESSIONAL PHASE (DPT) OF THE PHYSICAL THERAPY PROGRAM

YEAR 2

FALL		Credits
DPT 612	Pathophysiology	3
DPT 613	Neuromuscular PT I	4
DPT 614	Musculoskeletal PT I	4
DPT 615	Education & Consulting in PT	2
DPT 618	Professional Practice I	3
DPT 619	Clinical Practicum II	1
DPT 641	Research Design	3
TOTAL		**20**

SPRING		Credits
DPT 620	Integumentary PT	1
DPT 621	Pharmacology	2
DPT 623	Neuromuscular PT II	4
DPT 624	Musculoskeletal PT II	4
DPT 626	Cardiopulmonary PT	2
DPT 629	Clinical Practicum III	1
DPT 632	Clinical Education Experience II (4-Week Winterim)	4
DPT 642	Doctoral Project I	**1**
TOTAL		**19**

SUMMER		Credits
DPT 733	Clinical Education Experience III (8 weeks)	8

YEAR 3

FALL		Credits
DPT 710 or 716	Advanced Specialty Elective or Pediatric Specialty Elective	1-2
DPT 711	Orthotics and Prosthetics In PT	2
DPT 712	Primary care in PT	3
DPT 713	Neuromuscular PT III	4
DPT 714	Musculoskeletal PT III	4
DPT 718	Professional Practice II	3
DPT 743	Doctoral Project II	2
TOTAL		**19-20**

SPRING		Credits
DPT 734	Clinical Education Experience IV (8 weeks)	8
DPT 735	Clinical Education Experience V (8 weeks)	8
DPT 720	Graduate Seminar	3
TOTAL		**19**

V. CLINICAL EDUCATION POLICIES SECTION

DESCRIPTION OF CLINICAL EDUCATION

The Clinical Education Experience Sequence is the clinical education component of the program and begins following the first year in the professional phase. This sequence is designed to give students the opportunity to apply classroom knowledge and skills in the clinical setting and to achieve entry-level competency in clinical practice. Five full-time Clinical Education Experience courses are required. The first Clinical Education Experience (eight weeks) occurs during the summer break between the first and second year in the professional phase. The second Clinical Education Experience (four/five weeks) occurs during the winter break between the fall and spring semesters of the second year in the professional phase of the curriculum. The third Clinical Education Experience (eight weeks) occurs during the summer break between the second and third year of the professional phase of the curriculum. The final Clinical Education Experiences (sixteen weeks) take place in the spring quarter of the third year of the professional phase of the curriculum.

In order to appropriately plan for a Clinical Education Experience, it is necessary for the clinical instructor to be familiar with the academic preparation of Clarke University students. In the subsequent section, the Clarke University faculty have identified the specific skills and techniques that students are prepared to perform at the various stages of their education.

PT 631: Clinical Education Experience I

At the completion of the first year in the professional program, students are prepared to:

- Observe universal body substance precautions and patient safety in all examination and intervention procedures
- Participate in basic examination procedures including:
  - ⇒ Patient interview
  - ⇒ Posture assessment
  - ⇒ Functional task analysis including bed mobility, transfers, wheelchair mobility, pre-gait and gait
  - ⇒ Goniometry
  - ⇒ PROM and end-feel assessment
  - ⇒ Gross and specific manual muscle testing
  - ⇒ Palpation
  - ⇒ Vital signs
  - ⇒ Differentiation between the components of the ICF model: health condition, body structures and functions, activities, participation, and contextual factors

- Participate in treatment techniques including:
  - ⇒ electric and thermal modalities
  - ⇒ massage
  - ⇒ therapeutic exercise including passive and active motion, resisted motion, and stretching
  - ⇒ functional training including bed mobility, transfers, wheelchair mobility, pre-gait, and gait

- Perform documentation in SOAP format which includes appropriate information, using proper terminology and abbreviations

At the completion of the first year in the professional program, students are ***not yet*** prepared to:

⇒ Perform independent care of clients with multiple complex medical issues and/or in intensive care units (students have had only basic exposure to inpatient equipment such as IVs, cardiac monitors, oxygen tanks, hospital bed components, etc.)

⇒ Perform specific orthopedic and neurological testing (These topics are covered in coursework during the second year)

⇒ Perform specific joint mobilization techniques or grading of mobilization (Concepts of joint mobilization have been introduced based on arthrokinematics, but students have not had training in specific techniques)

⇒ Perform complete independent examination and assessment

PT 632: Clinical Education Experience II

At the completion of the first year and subsequent fall semester of the second year in the professional program, students are prepared to:

- Perform <u>partial</u> patient examinations for patients including:
  - ⇒ Patient interview
  - ⇒ Posture assessment
  - ⇒ Functional task analysis including basic mobility, wheelchair mobility, transfers, pre-gait and gait
  - ⇒ Goniometry
  - ⇒ PROM and end-feel assessment
  - ⇒ Gross and specific manual muscle testing
  - ⇒ Palpation
  - ⇒ General lower extremity orthopedic and neurological testing
  - ⇒ Vital signs
  - ⇒ Differentiation between health condition, body structures and functions, activities, participation, and contextual factors

- Participate in treatment techniques including
  - ⇒ Electric and thermal modalities
  - ⇒ massage
  - ⇒ therapeutic exercise including passive and active motion, resisted motion and stretching
  - ⇒ functional training including bed mobility, transfers, wheelchair mobility, pre-gait and gait

- Perform documentation in SOAP format which includes appropriate information, using proper terminology and abbreviations

Students are ***not yet*** prepared to:

⇒ Perform complete independent examination and assessment

PT 733: Clinical Education Experience III

At the completion of the second year in the professional program, students are prepared to:

- Perform complete patient examinations for patients including:
  - ⇒ patient interview

⇒ posture assessment
⇒ functional task analysis including mobility, transfers, wheelchair mobility, pre-gait, and gait
⇒ goniometry
⇒ PROM and end-feel assessment
⇒ muscle performance assessment including gross and specific manual muscle testing
⇒ neurological testing including sensation, reflexes, and neural tension testing
⇒ balance and postural control assessment
⇒ palpation
⇒ specific orthopedic, cardiopulmonary, and neurological testing
⇒ vital signs

- Synthesize examination findings and identify impaired body structures and functions, activities, participation and contextual factors

- Write goals with reasonable time frames that are functional, measurable, and achievable

- Create intervention plan and identify anticipated outcomes and timeframes for common orthopedic and neurological problems

- Perform interventions including
  ⇒ patient education
  ⇒ electric and thermal modalities
  ⇒ therapeutic exercise with and without equipment including passive and active motion, strengthening, flexibility, balance, and coordination.
  ⇒ functional training including activities of daily living and instrumented activities of daily living.
  ⇒ manual therapy including joint and soft tissue mobilization
  ⇒ wound care

- Monitor and respond to changes in patient condition during examination and treatment

- Observe universal body substance precautions and patient safety in all examination and intervention procedures

- Communicate and collaborate with patients, family, other health care providers, and third party payors in coordinating efficient and effective care

- Perform documentation in SOAP format which includes appropriate information, uses proper terminology and abbreviations, and is completed in a timely fashion

PT 734-735: Clinical Education Experiences IV-V
At the completion of the first semester of the third year in the professional program, students have finished all PT coursework and are prepared to function in examination, evaluation, intervention, and consultation across age groups and pathologies.

VI. CLINICAL EDUCATION DEFINITIONS

To ensure proper communication, select definitions concerning clinical education are given:

A. *Director of Clinical Education* (DCE). The licensed physical therapist employed by the academic facility that develops, organizes, supervises, and coordinates the clinical education component of the physical therapy curriculum.

B. *Academic Facility* (AF). The accredited educational institution that provides the entry level curriculum in the professional preparation of physical therapy students.

C. *Site Coordinator of Clinical Education* (SCCE). The licensed physical therapist employed and designated by the clinical facility to organize, direct, supervise, coordinate, and evaluate the clinical education program in that facility.

D. *Clinical Educational Facility* (CEF). An accredited or approved health care facility that provides the physical therapy student with a learning laboratory and patient contact for the development of physical therapy competencies.

E. *Clinical Instructor* (CI). The licensed physical therapist employed by the clinical educational facility that is designated by the Site Coordinator of Clinical Education to supervise and evaluate the activities of the physical therapy students.

F. *Letter of Agreement*. The written document which defines the agreement made between the academic facility and the clinical education facility. This document outlines the rights and responsibilities of all parties.

G. *APTA Clinical Site Profiles Report*. The document which is completed by the SCCE at the CEF and provides information about the CEF for the DCE and students.

H. *American Physical Therapy Association Clinical Performance Instrument PT*. The written document that is completed by the student and the CI at both the half-way point of the Clinical Education Experience and at the close of the Clinical Education Experience.

VII. RESPONSIBILITIES OF PARTICIPANTS

A. Director and Assistant Director of Clinical Education

1. Clinical Education Program Planning and Implementation

a) Develop, review, and revise clinical education policies and procedures.

b) Plan and implement the academic program's clinical education component in collaboration with the Program Director, academic faculty, clinical faculty, and students.

c) Develop and coordinate the evaluation process for clinical education. Review, revise, and implement evaluation instruments.

d) Receive student performance reports from clinical faculty and recommend a grade for the Clinical Education Experience course.

e) Monitor the academic performance of students to ensure they meet criteria for completing the Clinical Education Experience.

f) Use appropriate intervention strategies with the SCCE and CI in situations where students are demonstrating difficulties while on Clinical Education Experiences.

g) Implement immunization and preventative health policies and procedures consistent with federal, state, institutional, and CEF requirements.

h) Negotiate Letter of Agreement with CEFs consistent with institutional

policy and state law. (Appendix 1)

i) Negotiate and implement liability protection of students consistent with institutional policy and CEF requirements.

j) Participate in regional, state, and national clinical education activities/programs.

k) Maintain clinical education records including:
   (1) CEF database
   (2) Clinical Site Information Form for each CEF
   (3) Utilization of CEFs
   (4) Letter of Agreement for each CEF

2. Communication

a) Disseminate information about the academic facility to the clinical faculty. This information should include:
   (1) philosophy and mission of the academic program
   (2) program curriculum
   (3) clinical education policies and procedures
   (4) evaluation tool and criteria
   (5) performance objectives for each Clinical Education Experience
   (6) student assignments
   (7) clinical faculty development opportunities

b) Placement of students in CEFs, to include:
   (1) informing students of clinical education policies and procedures.
   (2) making information on CEFs available to students to facilitate selection process.
   (3) preparing clinical rotation assignments and informing students promptly as well as coordinating mailings to CEFs.

c) Communicate with SCCEs, CIs, and students to assess student performance and progress.

d) Interact with students regarding their clinical performance as needed.

e) Supervise clinical contacts made by academic faculty with students at mid-clinical experience; provide guidelines for information collection.

f) Arrange periodic visits to CEFs as needed to discuss student issues.

3. Clinical Site Development

a) Identify criteria for clinical site selection and utilization.

b) Maintain current files on all CEFs as required by CAPTE.

c) Coordinate, monitor, and update CEF Letters of Agreement and information forms.

d) Maintain sufficient number and diversity of clinical sites to meet clinical teaching needs.

e) Assist clinical centers in development process.

4. Clinical Faculty Development

a) Assist the SCCEs in developing, implementing, and evaluating clinical faculty development programs.

b) Provide training programs for clinical faculty.

c) Involve clinical faculty in preparation of accreditation documentation and outcome performance assessment of students.

B. Site Coordinator of Clinical Education

1. Identify, organize, develop, and coordinate the specific learning experiences within the CEF.
2. Organize, direct, supervise, coordinate, and evaluate the clinical instruction of the student assigned to their CEF.
3. Participate with the DCE in developing, implementing, and evaluating clinical faculty development programs.
4. Maintain communication with the DCE, CI, and the assigned student during the Clinical Education Experience (i.e., notification of student problems and progress).
5. Follow the APTA Guidelines for Coordinators of Clinical Education. (Appendix 3)
6. Ensure that the clinical site meets the APTA Guidelines for Clinical Education Sites. (Appendix 4)

C. Clinical Instructors

1. Plan for the arrival of the student by sending appropriate CEF information to the student, reviewing student information, and reviewing student goals.
2. Assist SCCE in completion of orientation to the CEF.
3. Provide supervision and guidance to the student.
4. Perform written and verbal evaluations of the student's performance at mid-term and final with completion of necessary evaluative forms.
5. Promptly recognize student performance problems and identify such problems to the student.
6. Contact SCCE and DCE promptly if appropriate remediation's of student performance problems are not met.
7. Follow the APTA Guidelines for Clinical Instructors. (Appendix 5)

D. Student Physical Therapists

1. Prior to the student's arrival at the assigned CEF, the student is responsible for:

a) Reviewing the responsibilities of the academic educational facility (AF) and the CEF as stated in the Letter of Agreement.
b) Reviewing the APTA Clinical Site Profiles concerning the assigned CEF that is found in the Physical Therapy Department CEF file cabinet.
c) Reviewing the School's Student Handbook and the Program's Graduate Catalog and Handbook and Clinical Education Manual.
d) Paying all fees including tuition and liability insurance.
e) Completing the Student Information Sheet and filing a copy with the DCE.
f) Sending to the CEF a minimum of four to six weeks prior to the assigned starting date:
    (1) letter of introduction
    (2) required health and immunization records as described in each CEF's clinical file by the given deadline.
    (3) Student Information Sheet
    (4) Request for Accommodations if necessary (clinical accommodations may take several weeks to arrange because the implementation is an interactive process between the student, the Disability Services Coordinator, the DCE (and/or Assistant DCE), the CEF and/or the CI. Requesting early is essential if accommodations are to be timely and effective.
g) Making housing and travel arrangements as necessary.
h) Completing any additional requirements specified by the CEF by the given deadline.
i) Responding to any communications from AF and CEF in a professional and timely manner (same day response or within 24 hours).
j) Students are not permitted to contact the clinical site prior to their clinical experience unless specifically directed and approved to do so by the DCE

2. While at the assigned CEF, the student is responsible for:

a) Adhering to the policies and procedures of the CEF and the physical therapy department.
b) Adhering to the CEF and AF dress code policies.
c) Adhering to the policies and procedures of Clarke University as stated within the student handbook and the Physical Therapy Graduate Catalog and Handbook.
d) Attending the CEF according to the schedule as designated by the CI and SCCE. The student must arrive to CEF on time daily and conform to work hours. Two (2) excused absences are allowed without make-up; excused absences beyond two days require make-up as allowed by the CEF (See Section, Attendance).
e) Notifying the DCE and the SCCE prior to the start of the work day in the event of any absence.
f) Completing a weekly log (see Section, Clinical Education Experience Log) and submitting a copy to the DCE at the end of each Clinical Education Experience.
g) Designing and implementing an in-service education program as required by

the CEF.

h) Participating in professional activities (staff meetings, in-services) of the CEF as allowed by the SCCE and CI.

i) Participating in the evaluation of their clinical mastery using the APTA Clinical Performance Instrument PT and notifying the DCE if there is a lack of progress from midterm to final on the evaluation.

j) Evaluating the effectiveness of the Clinical Education Experience at the CEF and returning a copy of the CEF evaluation form to the DCE.

k) Meeting all the objectives outlined in the Clinical Education Experience Syllabus.

l) Responding to any communications from AF and CEF in a professional and timely manner (same day response or within 24 hours).

3. It is highly recommended that students do not work an additional job during the time of clinical education experiences. The clinical education experiences are a full-time work schedule and require additional work for preparation outside of scheduled clinic time. The department's expectation is that clinical education experiences remain top priority for students. If a student chooses to work during a clinical education experience and there are negative impacts on clinical performance, attendance, or responsibilities as outlined in the DPT Handbook and the Clinical Education Manual, there will be subsequent consequences as appropriate to the situation. Unsatisfactory performance on clinical education experiences.

4. Failure to meet the listed responsibilities may result in one of following:

a) cancellation of the Clinical Education Experience
b) academic probation
c) academic dismissal

The decision regarding the consequence of not meeting responsibilities will be made by the Program Director, the DCE, and the student's academic advisor, in consultation with the SCCE and the CI, if appropriate.

VIII. SELECTION OF CLINICAL EDUCATION FACILITIES

The Director of Clinical Education (DCE) is responsible for directing and screening possible CEFs and the type(s) of clinical experience available to ensure high quality learning experiences in a variety of settings meeting CAPTE requirements for depth and breadth across clinical settings for t h e physical therapy students. This will include, but is not limited to acute care, inpatient rehab, skilled nursing facilities, nursing homes, outpatient orthopedics, neurologic rehab, and pediatric physical therapy.

The process of clinical site selection is as follows:

A. Contact with potential clinical sites by the institution to establish availability of clinical sites and type(s) of learning experiences available.

B. Clinical sites indicating availability are sent the APTA Clinical Site Profiles form and

Letter of Agreement form for completion. These are returned to the DCE for review and necessary AF signatures.

C. DCE (or representative) visits available clinical sites which can provide appropriate learning experiences. The visit should include a tour of the facility, a meeting with the SCCE, and a meeting with the CIs, if available.

D. Based on the information gathered in steps B and C, the following criteria are evaluated. These criteria are drawn from the APTA Guidelines for Clinical Education Sites.

1. Is there a person designated as a SCCE to coordinate the assignments and activities of students?

2. Does the clinical site have specific criteria for selection of CIs?

3. Is there a development program for the CIs? Describe:

4. Does the clinical site have a written statement of philosophy regarding clinical education? If so, is that philosophy compatible with that of the academic facility?

5. Is there a procedure for student orientation to the clinical site? Is there a student manual?

6. Does the clinical site have specific objectives for clinical education?

7. Do students and CIs meet on a regular basis (daily, weekly) to discuss student progress?

8. Do CIs complete an evaluation tool at midterm and final and discuss results with student?

9. What type of learning experiences are offered for students?

10. Does the physical therapy staff demonstrate characteristics such as expertise, contemporary knowledge, flexibility, and positive working relationships?

11. Are there support services available for students (housing, food, parking, desk space)?

12. Is the clinical site accredited by an external agency?

13. Is there clarity in the various roles of personnel at the clinical site?

14. Is the site on e-mail?

15. Letter of Agreement status - will facility complete?

16. APTA Clinical Site Profiles- is one completed and up to date?

E. If obvious deficiencies exist in a specific area, the DCE will identify the problem and communicate it to the appropriate personnel at the clinical site. The effort of the DCE will be to work with the clinical site in order to develop it as a clinical educational facility. If there is resistance to correction of the deficiencies, the site will not be used by Clarke University as a site for clinical education.

IX. CLINICAL EDUCATION EXPERIENCE ASSIGNMENTS

A. The DCE is responsible for assigning students to their Clinical Education Experiences. For Clinical Education Experience I-III selection will be based on a lottery system. For Clinical Education Experiences IV-V, students will meet with the DCE and discuss their preferences for clinical assignments. The DCE and student will then choose the most appropriate site for the student based on educational needs of the student. The geographical location of a clinical setting will be of secondary importance in site selection; primary importance is given to matching students with appropriate clinical experiences.

B. The assignments for the Clinical Education Experience Sequence are to be completed during these regularly scheduled times:

1. Clinical Education Experience I: During the spring semester prior to the first year of the professional phase of the program
2. Clinical Education Experience II and III: During the spring semester of the first year of the professional phase of the program
3. Clinical Education Experience IV - V: During the spring semester of the second year of the professional phase of the program

C. Failure of a student to complete CPR/First Aid or health requirements (Sections XV and XVI) by October 1st each year in the professional phase of the DPT program may result in the student forfeiting their Clinical Education Experience lottery pick or special request for Clinical Education Experience site during Clinical Education Experience assignments. He/she will be assigned Clinical Education Experience(s) following the placement of all other students. The only exceptions to this policy are major illness, non-elective surgical procedure, or family emergency. In such cases, the student will be assigned based on preference, as possible.

D. Failure of a student to complete CPR/First Aid or health requirements (Sections XV and XVI of the Clarke University DPT Clinical Education Manual) by October 1st each year in the professional phase of the DPT program will result in a reduction of the course grade in Clinical Practicum during the subsequent semester by one letter grade. For third year students, the reduction will be applied to the grade in DPT 712 Primary Care.

E. If a student is absent during the time of clinical assignments, he/she will be assigned to a facility following the placement of all other students. The only exceptions to this policy are major illness, non-elective surgical procedure, or family emergency. In such cases, the student will be assigned based on preference, as possible.

F. There may be opportunities for a student to partake in a clinical education experience which requires application and/or interview with the clinical site, or other additional steps as determined by the site, to be selected for the clinical education experience. If a student elects to pursue one of these clinical sites for their clinical education experience, the student must follow the following process:

1. The student will schedule a meeting with the DCE to discuss the

requirements of the experience and determine appropriateness of site for the student.

2. The DCE will identify the respective faculty member from whom the student will need to get approval to pursue the clinical education experience.
3. The student will share their approval from the identified respective faculty member with the DCE.
4. In the process of application and/or interview, or completion of other professional requirements for acceptance to the experience, the student is required to share all communications between student and the site with the DCE (i.e. email, summary of phone conversations) in the same calendar day that communication is received.

G. Students who have interest in considering/pursuing a clinical residency following graduation from the DPT Program are required to notify the DCE with their expressed interest by at least 2 months prior to the residency of interest's application deadline or by November 1st of the final year in the DPT program. If a student elects to pursue application for a clinical residency, the student must communicate this intention with the DCE to discuss best practices for the application process. To be eligible for excused absences for potential interviews, the following must be met.

1. The student will schedule a meeting with the DCE to discuss the residency(s) of interest prior to application.
2. The DCE will identify the respective faculty member from whom the student will need to get approval to pursue the residency.
3. The student will share their approval from identified respective faculty member with the DCE.
4. In the process of application and/or interview, or completion of other professional requirements for the residency(s), the student is required to share all communications between student and the site with the DCE (i.e. email, summary of phone conversations) in the same calendar day that communication is received.
5. The student will communicate potential interview dates/times with the DCE prior to confirming the interview.
6. For interviews occurring during classes, course instructors must also give approval for absences. For interviews occurring during patient care hours while on clinical experiences, the DCE must give approval, and the DCE will contact the SCCE to get site approval.

X. STUDENT AGREEMENT

Following assignment of clinical sites, students are notified in writing of their placement. Students must sign a Student Agreement Form which indicates their knowledge of the assignment and an understanding of their responsibilities. Copies of the stated health and immunization records will be submitted and kept current with the Director of Clinical Education (DCE).

XI. STUDENT INFORMATION SHEET

A. The Student Information Sheet is used to provide information to the assigned SCCE, CI, and the DCE for each experience. This form includes the following components:

1. general information
2. transportation status
3. health status/health insurance
4. liability insurance
5. special interests
6. previous clinical experience
7. personal goals

B. The physical therapy student is responsible for the following:

1. completing the Student Information Sheet, including any medical/health disclosures, and making two copies for each Clinical Education Experience.
2. sending one copy of the form to the assigned clinical educational facility and the second to the DCE for each Clinical Education Experience at least four weeks prior to the start date of the Clinical Education Experience.

C. The DCE is responsible for filing a copy of the student data sheet for each Clinical Education Experience.

D. Failure of the student to meet this requirement may result in cancellation of the clinical experience.

XII. TRANSPORTATION/LODGING

The students are responsible for providing their own transportation and lodging for all clinical learning experiences associated with the curriculum. These learning experiences include the Clinical Education Experience sequence and clinical courses which may involve periodic local travel away from the main campus. Therefore, students must have access to a car or other means of transportation to enable them to travel to the clinical sites.

XIII. DISCRIMINATION/SEXUAL HARASSMENT

A. Clarke University and the CEF shall not discriminate against any student based on the student's race, color, religion, sex, national origin, age, or ancestry. In addition, the physical therapy program supports the guideline of not discriminating based on disability or health status and sexual orientation. In the case of a student requesting a day off from a clinical site as a result of the observance of a religious holiday, requests should be addressed to the DCE and SCCE for consideration.

B. Clarke University and the CEF shall not discriminate against any student on the basis of disability if such student is a "qualified individual with a disability," as defined by the Americans with Disabilities Act of 1990 and amendments. The CEFs are required to make reasonable accommodations for students with disabilities.

C. Clarke University and the CEF prohibit sexual harassment of or by students, clinical staff, and faculty. Refer to the Clarke University Sexual Harassment Policy; https://www.clarke.edu/wp- content/uploads/Student-Handbook.pdf page 31)

Any specific allegations of sexual harassment will be handled according to the procedures outlined in that policy. Each situation will be dealt with on an individual basis and may result in the removal of a student from the CEF if deemed necessary. Any act of sexual harassment by a Clarke University student may result in dismissal from the program.

XIV. CLINICAL DRESS CODE

When students are involved in clinical settings, they must dress appropriately for that facility. They must meet the dress code expectations of the CEF. If no dress expectations are communicated to the student, the student should wear the following:

A. Overall Guidelines
1. All clothes should be neat, clean (no spots or odor), and pressed.
2. Clothing should fit well and allow for comfortable movement and should ensure coverage of tattoos on the torso. Clothing should not be excessively baggy or tight.
3. Clothes should not be tattered or have holes
4. Lab coats should be worn if the facility requires.
5. Nametags should be worn at all times.

B. Pants
1. Wear casual-styled slacks.
2. Not acceptable: Jeans of any style, shorts of any style, tight fitting pants through the buttocks and thighs: such as leggings or "skinny/slim cut" pants.
3. Low-rise pants are not acceptable unless a shirt can adequately provide coverage when completing any squatting or reaching activities. No undergarments should be visible when bending or squatting.
4. Pants should not reveal undergarments when bending over; visible undergarments are not acceptable.
5. Tight fitting pants through the buttocks and thigh are unacceptable unless a shirt can adequately provide coverage.
6. Shorts are not appropriate.

C. Tops
1. Shirts and blouses of various styles that coordinate with slacks, as well as polo-style tops are acceptable. T-shirts are not appropriate.
2. Shirts should not expose the midriff when reaching overhead or bending over.
3. Shirts should not be see-through (revealing undergarments).
4. Shirts that are low cut in front and/or loose are inappropriate unless another shirt is worn underneath.
5. Sleeveless tops are inappropriate unless approved in clinic policy.

D. Scrubs
1. Scrubs are appropriate to wear in practicum. They should not be skintight, and the fit should allow for comfortable patient care.
2. A clinical education facility may or may not allow for scrubs.

E. Shoes

1. Closed-toed shoes are required and must be always worn with socks or stockings.
2. Sandals/open-toed shoes and high heels are not acceptable.
3. Should be clean and professional in appearance.

F. Clarke ID
1. Clarke University name tags must be always worn during clinical practicum and on clinical experiences.
2. If you forget your ID, you should wear a name tag sticker available in the PT office or clinic.

G. Jewelry
1. Jewelry should be traditional/conservative and should be kept to a minimum.
2. Dangling earrings and long necklaces (>18 inches) are not allowed due to safety and practicality issues.
3. Wearing expensive Jewelry is not advised.
4. Students wearing earrings should ensure that they are inconspicuous or very simple.
5. FACIAL JEWELRY
    a) Pierced ears and small nose studs are permitted.
    b) Ear gauging or stretching, and/or septum piercing is not permitted
    c)
    d) Exceptions are made only for cultural or religious mandates.

H. Fragrance
1. Strong smelling perfumes or cologne, scented lotions etc. Should be avoided when treating patients. Light perfume or cologne is acceptable.
2. Deodorant should be worn at all times.

I. Hair
1. Long hair should be secured up and back, so it does not get in the way of patient interactions
2. Hair, beards, mustaches, and sideburns should be clean and neatly styled.

J. Tattoos
1. Students may have visible tattoos within the following guidelines:
    a) Tattoos should be minimal, tasteful, and, when possible, covered by clothing. Offensive tattoos such as those with racism, nudity, violent acts, and/or vulgar language must be covered.
    b) Facial, neck, and hand tattoos will be subject to faculty or clinical site evaluation and may be required to be covered.
2. Due to the cultural sensitivities of tattoo art, any students' tattoos may be considered offensive to patients, customers, or co-workers. Any patient or customer complaint will require the tattoos to be covered.

K. Fingernails
1. Nail polish (regular, gel, shellac) with no chips, can be worn in patient care.
2. Nails should be clean and neatly trimmed to within 1/8" of white fingernail growth showing.
3. No artificial/acrylic nails or overlays are allowed.

XV. CPR/BASIC FIRST AID REQUIREMENT

Each student shall hold a current annual CPR and current biannual Basic First Aid certification taken after August 1 and completed by October 1st for each year in the professional phase of the program. These certifications must remain current until graduation.

XVI. HEALTH REQUIREMENTS

A. All physical therapy students are required to have completed all federally mandated/school related immunizations and provide a record of immunizations for participation in clinical experiences and coursework in the Clarke University Physical Therapy Program by October 1st of the first semester of the professional phase of the program.

B. Proof of all requirements listed in this section will be required to be upheld by October 1st each year in the professional phase of the program. Failure to do so may result in the student forfeiting their Clinical Education Experience lottery pick or special request for Clinical Education Experience site (see IX of the Clarke University DPT Clinical Education Manual). Failure to complete all health requirements by October 1st each year will result in a reduction of the course grade in Clinical Practicum during the subsequent semester by one letter grade. For third year students, the reduction will be applied to the grade in DPT 712 Primary Care.

C. Clarke University warrants that each student assigned to care for patients has been instructed in universal body substance precautions, proper infection control policies, and HIPAA regulations annually. Clarke University shall furnish proof of the student's universal precautions, bloodborne pathogen training, and HIPAA regulation training to the clinical site. In accordance with HIPAA and the patient's right to choose. Patients/Clients have the right to refuse treatment by a student. Students are expected to support the patient's right to choose their care provider.

D. Clarke University shall also furnish proof of the student's background check, mandatory reporter training and any additional drug screening requirements as requested by the CEF. The results of a student's background check may preclude participation in Clinical Education Experience(s) and/or clinical practicum. In these circumstances, a replacement site is not guaranteed. If a student is unable to meet the requirements to participate in the required clinical education experience or practicum this will prevent continuation/completion of the Doctor of Physical Therapy Program.

E. Students are required to annually meet all health certification requirements as designated by the clinical site, including but not limited to physical examination, two-step tuberculosis testing (Mantoux PPD test), flu shot (or declination waiver due to allergy), proof of health insurance, and cardiopulmonary resuscitation certification. Required proof will be the responsibility of the student. Students born after January 1, 1957 must have documentation of two MMR vaccinations, proof of chicken pox (month/year) or varicella vaccination, proof of hepatitis B vaccinations, proof of positive rubella, titer, proof of positive hepatitis titer and varicella titer,

proof of current Tdap immunization and proof of current First Aid Certification. It is the student's responsibility to show proof of all health testing and to be aware of site-specific requirements.

F. If a student did not receive the Hepatitis B Vaccination series as a child or the Hepatitis B titer was non-reactive/non-immune, evidence that they have received the 1st shot in the Hepatitis B Series is due by September of the first semester of the professional phase in the graduate program. Evidence of receipt of the 2nd shot in the Hepatitis B Vaccination series is required to be completed by November 15th of the first semester of the professional phase in the graduate program for clearance to participate in clinical practicum. Evidence of receipt of the 3rd shot in the Hepatitis B vaccination series is required to be completed by April 15th in the second semester of the professional phase in the graduate program for continued clearance of participation in clinical practicum and patient care services. Students needing to repeat the Hepatitis B vaccination series are required to repeat a Hepatitis B titer in the fall of the second year of the professional phase in the graduate program, at the time of health requirement updates, to demonstrate immunity.

G. If a student is seropositive for hepatitis B surface antigen, they must disclose this to the DCE, SCCE, and CI. These students will be withheld from patient care until there is a written release by a physician and approval of the infection control agency at the clinical site.

H. Documentation of the full COVID-19 vaccination series and booster(s) (NOTE: Pfizer-BioNTech and/or Moderna have been specifically required by some clinical education facilities) has been required by clinical sites in order to participate in patient care. Choosing to not receive the COVID-19 vaccination may jeopardize your ability to participate in Clinical Education Experiences, and other patient care experiences that may occur in facilities outside of Clarke University. Any clinical site may refuse students who have incomplete vaccinations. The vaccinations required can vary by clinical site. Exemption policies will be specific to the individual facility. Inability to participate in clinical education experiences, and/or other patient care experiences may delay progression within the DPT program and could potentially prevent continuation/completion of the Doctor of Physical Therapy Program.

I. Physical therapy students who are unable to receive certain vaccines due to medical or religious reasons must have a signed and dated waiver form (available on the Iowa Department of Health and Human Services website). Medical waivers must be signed and dated by the student's primary care provider submitted to the Physical Therapy Department by the deadline for health records (October 1st). Waivers will be placed into their permanent physical therapy student file. Requests for exemption from specific vaccinations for personal reasons must be made to the DCE and Program Chair. Any clinical site may refuse students who have medical waivers/incomplete vaccinations. The vaccinations required can vary by clinical site. Exemption/waiver policies will be specific to the individual facility, and the individual facility will determine if a waiver is accepted. Inability to participate in clinical practicum and/or clinical education experiences would prevent continuation/completion of the Doctor of Physical Therapy Program.

J. N95 Mask Fit Testing Requirement: Being fit with an OSHA approved N95 respirator mask following OSHA fit testing guidelines has been required by clinical sites in order to participate in patient care. Students are required to complete N95 mask fit testing on an approved mask. Any costs associated with N95 fit testing is the responsibility of the student.

K. If a student sustains an injury while on the Clarke University campus, the Clarke University Health Services should be notified as soon as possible and the university procedure according to Health Services Clinical Procedure manual will be followed. If a student sustains an injury while assigned to a clinical site, the agency protocol should be followed, the injury reported to the clinical instructor and to Clarke University Health Services as well as the DCE. Needle sticks and mucous membrane/non-intact skin exposure to body fluids constitute an injury. In all instances of injury while on campus or while engaged in required clinical experience, the student should complete an incident report form: if on Clarke University Campus forms are located on the campus security website, if on a Clinical Education Experience a form for their facility should be completed. Payment for medical treatment necessary following an injury is the student's responsibility.

L. Students are responsible for notifying their DCE, CI and/or SCCE in the case of any absence. In the case of an acute illness such as a cold, sore throat, or flu, students are expected to submit medical documentation that they can return to the clinic. Students must abide by the Clarke University Attendance Policy (see XVIII of the Clarke University DPT Clinical Education Manual) of the clinical site regarding illness and attendance.

XVII. SOCIAL MEDIA/HIPAA POLICY

There is a consensus among DPT faculty regarding communication and sharing of information related to interventions, patients/classmates/any persons, and/or discussion of cases/patient care/situations via social media or e-mail avenues. Any communication, sharing of information regarding intervention ideas for certain diagnosis and/or individuals or discussion about patient care/situations absolutely cannot be done on any e-mail or social media venues. This includes those social media groups or sites that may be private, closed, discussion boards, or any electronic communication apps or platforms; even those that are considered password protected.

The DPT faculty agree that you may collect intervention ideas on your own (i.e. print off exercises at facilities WITHOUT identifying information) which you can share as hard copies with your classmates when you return to campus following your clinical experiences. In doing this, there should be absolutely no electronic sharing of information of any kind.

Electronic and/or patient/individual identifiable information that is shared or posted in any of the manners we've outlined, or in any other manner that is similar, is a violation of HIPAA and will be grounds for unprofessional and unethical behavior which could lead to probation and/or dismissal from the DPT program as outlined in the DPT Student Handbook. Should students have concerns or get "stuck" and feel that they need assistance with patient care and/or interventions while on a clinical experience, they can seek out faculty assistance using the faculty roster contact information listed in the DPT Student Handbook.

In accordance with HIPAA and the patient's right to choose. Patients/Clients have the right to refuse treatment by a student. Students are expected to support the patient's right to choose their care provider.

XVIII. LIABILITY INSURANCE

Prior to the first semester of the professional phase of the program, the physical therapy students are required to obtain malpractice insurance. The cost of the insurance policy is part of the student fees assessed by the University. Students are billed for this insurance policy in the fall semester of each year in the professional program. Students will be assessed these fees until completion of the program including any remediation Clinical Education Experiences if required.

XIX. ATTENDANCE FOR THE CLINICAL EDUCATION EXPERIENCE SEQUENCE

A. The physical therapy student is expected to attend the clinical educational facility (CEF) according to the schedule set by the SCCE and the CI. Usually, this is eight hours/day, five days/week for the assigned number of weeks:

1. **Clinical Education Experience I**: Eight weeks (summer after first year in professional program)
2. **Clinical Education Experience II**: Four/Five weeks (winter break between fall and spring semester of second year in professional program)
3. **Clinical Education Experience III**: Eight weeks (summer after second year in professional program)
4. **Clinical Education Experience IV-V**: 16 weeks (final semester of third year in professional program)

B.

1. The student is expected to arrive to the location of the Clinical Education Experience by noon the day before the start date of the Clinical Education Experience (ex: if the location of the Clinical Education Experience is Chicago, IL and the start date of the Clinical Education Experience is Jan 2, then the student must be in Chicago, IL by noon Jan 1).
2. The student must arrive at the CEF on time daily and conform to work hours as established by the CEF.
3. The student is expected to attend the Clinical Education Experience for all days as scheduled. The DCE must be notified if any time is missed.
4. Two (2) excused absences are allowed without make-up.
5. Safety in travel is of utmost concern. Use caution with inclement weather. Students are still expected to attend the Clinical Education Experience if the facility is open. If your clinical facility closes or your clinical instructor specifically tells you to avoid travel due to inclement weather, then you will be excused. You must notify the DCE if the site is closed and/or you are not attending the clinical experience.
6. The conditions included in a legitimate (excused) absence are: illness days with a MD note, death in the immediate family, religious observance, and inclement weather as described in (5) and Clarke University sponsored activities.
7. The (2) excused absences are not to be taken as personal days.
8. Unexcused absences are not allowed and are grounds for immediate dismissal from the program. Unexcused absences will be determined by DCE in consultation with the Program Director and/or the SCCE and CI. Any missed days will be required to be made up. The student will receive an Academic/Clinical Critical Incident Report

and the incident will be discussed among the physical therapy faculty. The physical therapy faculty will meet to review the student's record and make one or more of the following recommendations: placement on probation, failure of the Clinical Education Experience, recommendation for withdrawal and/or dismissal from the program.

9. Excused absences beyond 2 days require make-up as allowed by the CEF.
10. Under certain conditions arrangements may be made for making up time lost as a result of a legitimate absence.
11. It is highly recommended that students DO NOT work an additional job during the time of clinical education experiences. The clinical education experiences are a full-time work schedule and require additional work for preparation outside of scheduled clinic time. The clinical education experiences should be first priority for students. If a student chooses to work during a clinical education experience and there are impacts on performance, attendance, or responsibilities as outlined in the DPT Handbook and the Clinical Education Manual, there will be subsequent consequences as appropriate to the situation which may prevent continuation/completion of the Doctor of Physical Therapy Program.

XX. BACKUP SUPERVISION

A. A plan must exist for supervision of the physical therapy student at all clinical educational facilities that employ only one licensed physical therapist in the case of the absence of that PT. This backup system is to be utilized only on a short-term basis and only in emergency situations when the Clinical Instructor must be absent (i.e., illness or death in the family).

B. The SCCE is responsible for the following:

1. Notifying the student of the backup procedure during orientation.
2. Notifying the student of the backup clinical instructor for the involved day.
3. Notifying the backup clinical instructor of the need to supervise the student for the involved day.
4. Notifying the Director of Clinical Education (DCE) of the plan for the backup supervision.
5. Notifying the DCE when the backup plan is activated.

C. The student is responsible for the following:

1. Knowing the backup supervision plan.
2. Working under the supervision of the backup clinical instructor for the short-term period.

D. The backup Clinical Instructor is responsible for the following:

1. Organizing, directing, supervising, and evaluating the activities of the student for the short-term period.
2. Reporting to the SCCE the outcome of the involved days.

XXI. CLINICAL EDUCATION EXPERIENCE LOG

The Clinical Education Experience Sequence Log is used to keep a weekly record of the student's professional growth in professional behavior, communication, evaluation, program planning, and treatment. The Log is used to promote reflection and to assist the students in assessing their own clinical competence.

A. The physical therapy student is responsible for the following:
   1. Completing the Clinical Education Experience Log on a weekly basis on 3-hole punched paper and bound in your Clinical Education Experience binder. Each log entry should be written in ink or typed and be legible. It should include at minimum:
      a) Record of diagnoses of new patients seen; treatments performed; any other experiences.
      b) Student's personal response/reflection to experiences during the week.
      c) Discussion of strengths/weakness, successes/failures during the week.
      d) Goals for next week.
   2. Sharing the Log with the clinical instructor and requesting signed feedback on a weekly basis.
   3. Submitting the log to the DCE/Assistant DCE at the end of the Clinical Education Experience.
   4. Make the entire Log available to the SCCE and CI on an as needed basis.

B. The CI is responsible for:
   1. Reviewing the student's Log on a weekly basis.
   2. Offering comments within the Log regarding appropriateness of note and student direction.
   3. Sign and date note following review of student's weekly note.

C. The DCE/Assistant DCE is responsible for:
   1. Reviewing the log at the end of the Clinical Education Experience to assess the completion and quality of the log.
   2. Offering feedback to the student, CI, and SCCE as appropriate.

XXII. EVALUATION OF STUDENT CLINICAL PERFORMANCE

A. Students will be evaluated by the CI at the clinical site with written reports at minimum of midterm (formative) and final (summative) points of the clinical experience.

B. The APTA Clinical Performance Instrument PT (Appendix 2) will be used by the CI for evaluation. This evaluation tool was designed to provide a uniform and consistent national instrument to measure physical therapist student performance for all levels of clinical experience.

C. Site-specific feedback forms, daily or weekly, should be written according to site policy and procedure.

D. At no time following completion of the Clinical Education Experience will a student contact the facility, SCCE, or CI in regards to their performance evaluation without the express written consent of the DCE or Program Director.

Violation of this will be dealt with as unprofessional behavior, Section XVIII-D in Clarke University Policy and Procedure Manual and may result in dismissal from the program.

XXIII. CLINICAL EDUCATION EXPERIENCE VISITS

A. The DCE will supervise at least one visit or telephone conference per Clinical Education Experience course for each student. The visit should be made with the student and the Clinical Instructor and/or the SCCE around the midpoint of each Clinical Education Experience. Such contacts will be made by the DCE or an appointed representative of the DCE. A representative for the DCE may be one of the academic physical therapy faculty. The DCE and/or representative is responsible for the following:

1. Scheduling the Clinical Education Experience visit or telephone conference with the SCCE and/or CI.
2. Meeting with the student at their assigned clinical site to discuss:
    a) Types of learning experiences (diagnosis seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences).
    b) Type and frequency of interaction with the CI; degree of supervision.
    c) The student's performance (strengths and weaknesses).
    d) The effectiveness of the student's academic preparation (additions, deletions, modifications).
3. Meeting with the CI (and SCCE if available) to discuss:
    a) The student comments about the clinical experience (types of learning activities and degree/type of supervision).
    b) The strengths of the student's performance.
    c) The weaknesses of the student's performance.
4. If problem(s) are identified the DCE should discuss possible solution(s) to the problem(s) with the SCCE, CI and the student.
5. Documenting the contact through the use of the Clarke University Clinical Education Experience Visit Form.
6. Filing the Clinical Education Experience Visit Form.
7. Relaying any necessary information to the academic faculty.

B. The CI is responsible for:

1. Approving the date and time of the Clinical Education Experience visit or telephone conference.
2. Completing the midterm evaluation form of the student's performance PRIOR to the arrival of the DCE or representative if possible.
3. Meeting the DCE or representative to discuss:
    a) The strengths and weaknesses of the student's performance.
    b) The thorough and effectiveness of the student's academic preparation for the clinical experience.

C. The student is responsible for:

1. Informally assessing their clinical learning experience **prior** to the DCE or representative's arrival.
2. Meeting with the DCE to discuss:
   a) Types of learning experiences (diagnosis seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences).
   b) Type and frequency of interaction with the CI; degree of supervision.
   c) Their own performance (strengths versus weaknesses).
   d) The effectiveness of their academic preparation (additions, deletions, modifications).

D. If problem(s) are determined, the DCE should discuss possible solution(s) to the problem(s) with the SCCE, CI and the student. Strategies such as learning contracts may be used to clarify student expectations.

XXIV. STUDENT EVALUATION OF THE CLINICAL EDUCATION EXPERIENCE

A. Student evaluation of the Clinical Education Experience is used to assist the development of the clinical educational facility, and to provide information for other students.

B. The Clinical Education Evaluation Form (Appendix 6) is to be completed by each physical therapy student during the final week of each Clinical Education Experience.

C. Two copies of the form should be made; one is to be given to the Director of Clinical Education (DCE) at the end of the Clinical Education Experience, and the second copy is for the CI and SCCE at the CEF.

XXV. GRADING SYSTEM FOR THE CLINICAL EDUCATION EXPERIENCE

A. The grading for the Clinical Education Experience courses is based upon a satisfactory/unsatisfactory system. To obtain credit for the course, the physical therapy student must complete the following:

1. All of the objectives for the course as described in the Clinical Education Experience syllabus.
2. Submit all required evaluative forms to the DCE.
3. Submit weekly Clinical Education Experience Log sheets to the DCE.

B. The clinical experience is evaluated by the Clinical Instructor at the midterm and at the end of the experience using the APTA Clinical Performance Instrument PT. Both evaluations are shared with the student at a mutually determined time.

C. The student will also evaluate the clinical experience and the clinical instructor using the Clinical Education Evaluation Form. This evaluation is also shared at midterm and final evaluation.
Both the student evaluation of the clinic and the final clinical evaluation of the student shall be filled out prior to the mutually agreed upon meeting time.

D. If the student is not performing at a satisfactory level at any time during the clinical experience, the Clinical Instructor (CI) or the Clinical Coordinator of Clinical Education (SCCE) should contact the Director of Clinical Education (DCE) immediately. The DCE, SCCE, CI, and student will work together to determine the problem(s) and propose solutions to remedy the situation.

E. If the student continues to perform at an unsatisfactory level at the time of the final evaluation, the CI, the SCCE, and the DCE will determine if the student should receive credit for the Clinical Education Experience.

F. Failure to receive credit in the Clinical Education Experience course will result in the student receiving one of the following grades: W (withdraw), I (incomplete), or F (fail) based on the decision of the physical therapy faculty in consultation with the DCE, SCCE, and CI.

G. If the student receives a W or an I grade, the student will meet with the student's faculty advisor, the DCE, and the Program Director to determine the most appropriate form of remediation. Remediation must be completed prior to the student starting the next full-time Clinical Education Experience. Successful completion of full-time Clinical Education Experiences is required for students to be eligible for graduation with an DPT degree.

H. A grade of F (fail) of the remediation will result in failure of the course. Refer to the policy on failure of a course in the Physical Therapy Program in the Academic Policy and Procedure Manual for further details. The student's record will be reviewed for appropriate action by the Physical Therapy faculty.

I. The DCE is responsible for the following:

1. Reviewing the completed log and the evaluative forms.
2. Assigning either a satisfactory or unsatisfactory grade to the student based upon attendance, evaluative form, and Log completion.

J. The CI and SCCE are responsible for the following:

1. Immediate notification of DCE of any problems with student.
2. Assuring that the evaluative form is completed and reviewed with the student at the mid-point and end of the Clinical Education Experience.
3. Sending in the evaluative form to the DCE at the end of the Clinical Education Experience course.

K. The student is responsible for the following:

1. Immediate notification of DCE of any major clinical problems.
2. Completing and sending in the Clinical Education Evaluation Form and the Clinical Education Experience Log to the DCE at the end of the Clinical Education Experience.

XXVI. STUDENT WITHDRAWAL POLICY

Student withdrawal from a clinical educational facility may occur for the following reasons:

A. Unsatisfactory student performance: According to the clinical educational facility, the student behaves or exhibits characteristics that are detrimental to the clinical site in carrying out its health care responsibilities. In this case, the Site Coordinator of Clinical Education (SCCE) is to direct the request for student withdrawal to the Director of Clinical Education (DCE). If the DCE is not available the request should be made to the Program Director. The Clarke University PT faculty will respond to the request within two working days.

B. Unsatisfactory clinical education experience: According to the Clarke University PT faculty, if the clinical educational experience does not meet the needs of the student, or there is knowledge of unsafe or unethical patient care at the CEF, the student will be withdrawn. The DCE will contact the SCCE and will discuss the rationale for the necessity of student withdrawal from the CEF.

XXVII. CLINICAL FACULTY APPOINTMENT

A. Definition:
A clinical faculty appointee is a health professional who has agreed to assist in providing instruction for Clarke University physical therapist students by serving as a Site Coordinator of Clinical Education (SCCE) or Clinical Instructor (CI).

B. Selection Criteria: a clinical appointee:
- who serves as a CI must be a physical therapist (PT)
- who serves as a SCCE usually is a PT, physical therapist assistant (PTA) or other designated site appointee
- should have at least one year experience in clinical practice.
- should be properly credentialed in the state in which they are practicing.
- should demonstrate interest in providing clinical education to PT students.
- should comply with the appropriate responsibilities as outlined in the Clarke University Clinical Education Manual, Section VII "Responsibilities of Participants"

C. Term of Appointment:
The clinical faculty appointment will be annual (from June 1 to May 31). The appointment will be automatically renewed each year given the appointee continues to offer their services to the University.

D. Clinical Faculty Privileges and Benefits: The clinical faculty appointee shall:
- have access to the Clarke University Nicholas J. Schrup Library with checkout privileges.
- be eligible for faculty discounts at the Clarke University bookstore.
- have access to the Robert and Ruth Kehl Recreation and Sports Complex.
- have access to tuition waiver for 3 credit hours of undergraduate studies for professional or personal growth during each appointment term.
- be eligible for discounted tuition to attend any continuing education course offered by the Clarke University Physical Therapy Department.
- receive special recognition for services provided beyond expectation as deemed appropriate by the Clarke University PT Faculty.

E. Development of Clinical Faculty:
Development of clinical faculty at the CEF results from interaction between the Director of Clinical Education (DCE) and the Site Coordinator of Clinical Education (SCCE). Clarke University Physical Therapy Program will conduct at least one workshop per year at minimal charge for clinical faculty which could include, but is not limited to, one of the following:

1. Clinical Teaching Workshop: This workshop will discuss methods of effective clinical teaching of PT students. Issues related to curriculum modification to improve the effectiveness and preparation of students will be addressed. In addition, other educational issues and topics will be covered.

2. Clinical Research/Clinical Problems Workshop: This workshop will address areas of possible clinical research and how these can be facilitated. The Clarke University faculty is committed to clinical research as a method of professional growth and experience for our students, faculty, and clinical instructors. In addition, this workshop will focus on current problems and discussion of solutions for these and other issues affecting clinical education.

3. Continuing Education Workshop: This workshop will focus on a current topic issue or technique in physical therapy that our clinical education faculty request to have discussed. In addition to utilization of Clarke University's faculty expertise, specialists in the field will come to Clarke University to conduct workshops as can be arranged. These workshops will be conducted at Clarke University and will take place over one to three days as necessary.

F. Clinical Faculty Evaluation:
Clinical faculty who serve as CIs are encouraged to make use of the APTA Self-Assessments For Clinical Instructors as a basis for self-evaluation. External sources of data for evaluation of clinical instructors include the student, SCCE, and DCE. Student feedback is available to the CI both informally during the Clinical Education Experience and formally at the conclusion of the Clinical Education Experience. At the meeting to review the student's final evaluation, the student will have completed the Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction. This formalized feedback should be reviewed by the CI and the SCCE of the facility.

The SCCE of the clinical facility is responsible for providing direct feedback to CIs on their performance as clinical teachers. This feedback should be based on direct observation of the CI and student interaction as well as discussions between the SCCE and the student. The SCCE is also responsible for identifying needs for continuing education of the clinical faculty and communication of such needs to the DCE.

G. Clinical faculty who serve as SCCEs are encouraged to make use of the APTA Self-Assessments For Coordinators of Clinical Education as a basis for self-evaluation. External sources of data for evaluation of SCCEs include the student, CI, DCE, and departmental administrators.

Clinical faculty who serve as guest presenters will receive evaluation forms from the students

regarding their presentation. In addition, these clinical faculty members will receive direct feedback from the course coordinator regarding the effectiveness of their presentation.