

## CLASS OF 2026 CLINICAL EDUCATION HANDBOOK

Physical Therapy Program  
University of Nebraska Medical Center  
984420 Nebraska Medical Center  
Omaha, NE 68198-4420

### Clinical Education Team Members:

Director of Clinical Education

Nikki Sleddens, PT, ABD, CEEAA  
Bennett Hall 3013L  
(402) 559-4625  
nicole.sleddens@unmc.edu

Assistant Director of Clinical Education

Tessa Wells, PT, DPT, CEEAA, GCS  
HSEC-CAHP Suite 249  
(308) 865-1141  
tessa.wells@unmc.edu

Clinical Education Associate

Michelle Hawkins, MS  
Bennett Hall 3013K  
(402) 559-8173  
michelle.hawkins@unmc.edu

Team Member

Kaitlyn Uwazurike, PT, DPT  
Bennett Hall 3014D  
(402) 552-3096  
kauwazurike@unmc.edu

**Clinical Education Team Email: [ptclined@unmc.edu](mailto:ptclined@unmc.edu)**

The purpose of this handbook is to provide general information, policies and procedures relating to the clinical education component of the DPT curriculum for physical therapy students and clinical instructors of the University of Nebraska Medical Center (UNMC), Physical Therapy Program in the College of Allied Health Professions. The materials in this manual are subject to change. Students and clinical instructors may access this information on the Physical Therapy Program Clinical Education webpage at <http://www.unmc.edu/alliedhealth/education/pt/clin-ed.html>.

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## ABBREVIATIONS

ADCE: Assistant Director of Clinical Education  
APTA: American Physical Therapy Association  
CAHP: College of Allied Health Professions  
CAPTE: Commission on Accreditation in Physical Therapy Education  
CI: Clinical Instructor  
CPF: Clinical Performance Form  
CPI: Clinical Performance Instrument  
DCE: Director of Clinical Education  
EXXAT: Education Management Platform used by Clinical Education  
SCCE: Site Coordinator of Clinical Education  
The Program: Physical Therapy Program

See the Comprehensive ACAPT Clinical Education Glossary here: <https://acapt.org/glossary>

## CLINICAL EDUCATION PHILOSOPHY

The mission of the Physical Therapy Program is to advance health for all by optimizing movement through education, research, and service.

In support of the educational element of this mission, the philosophy of the faculty with respect to the clinical education component of the curriculum is to provide students with the opportunity for clinical education experiences in diverse practice settings serving clients with various health conditions. Clinical education courses are recognized by faculty to be an integral part of the DPT curriculum. They allow for the clinical application of physical therapy theories and techniques acquired during lecture and laboratory instruction, and as importantly, these courses provide the student with the opportunity to acquire the knowledge, skills and abilities most effectively taught in the clinical setting.

The clinical education process is designed to provide the student with periodic clinical exposure at key times throughout the curriculum, thus enabling the student to build clinical practice skills and confidence while being exposed to a variety of clinicians, patients, and facilities. Although each student will have different clinical education experiences, the process moves the student along a continuum from observation, identification and description to analysis, demonstration, and evaluation. Consequently, the student will also progress from requiring fairly constant supervision by clinical instructors, to requiring periodic guidance, and eventually to entry level practice. Clinical faculty provide the student with clinical practice experience and knowledge specific to their practice setting. This, coupled with the program curriculum, provides the foundational base of knowledge, skills, and abilities necessary for initial physical therapist practice.

### Clinical Education Readiness

Students are required to meet Clinical Education Readiness standards set forth by the Program prior to beginning clinical education rotations. Students must, at a minimum:

- Receive a passing grade of "C" or better or "PASS" in all courses required in the physical therapy curriculum, regardless of the college, department, or program offering the course.
- Maintain a minimum cumulative grade point average (GPA) of 2.50 in each semester of the program.
- Demonstrate Professional Behaviors at a level consistent with their advancement in the DPT curriculum (see Appendix A of the Physical Therapy Program Student Handbook).

Clinical Education Readiness is evaluated collectively by the faculty throughout the DPT curriculum, both formally and informally, and is evidenced by the display of 10 Professional Behaviors (see Appendix A of the Physical Therapy Program

Student Handbook). These have been adopted by the APTA as essential for the DPT to possess for success in the profession. If a student does not meet expectations for Professional Behaviors based upon collective faculty assessment from personal interaction or observed interaction with others, clinical placement may be delayed. Students will be notified of Clinical Education Readiness concerns and will be given opportunities to remediate. All Clinical Education Readiness concerns will be handled on a case-by-case basis by the DCE/ADCE.

### **Accreditation Status**

Physical Therapy Program at UNMC is accredited by:

The Commission on Accreditation in Physical Therapy Education (CAPTE)

Address: 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085

Telephone: 703-706-3245

Email: [accreditation@apta.org](mailto:accreditation@apta.org)

Website: <http://www.capteonline.org>

## **CLINICAL EDUCATION CURRICULUM**

### **Course Numbers & Titles**

- PHYT 500 Clinical Education 1
- PHYT 600 Clinical Education 2
- PHYT 601 Clinical Education 3
- PHYT 700 Clinical Education 4
- PHYT 701 Clinical Education 5

### **Course Descriptions and Objectives**

See Course Syllabi posted on EXXAT <https://apps.exxat.com/Fusion/Account/Login> or the Clinical Education Webpage <https://www.unmc.edu/alliedhealth/education/pt/clin-ed.html>

### **Overview: Format, Expectations, Selections**

#### **General Format**

The Clinical Education component of the curriculum consists of five clinical education experiences, including one part-time and four full-time, in clinical education sites locally, statewide, and nationwide. During Semester 2 of the curriculum, students spend one day per week in the clinical setting for six weeks or equivalent activities as determined by the DCE/ADCE, gaining broad exposure to physical therapy practice. The remaining 32 weeks are completed during four full-time clinical education experiences. Clinical education experiences are expected to occur on the following schedule. The first full-time experience occurs at the beginning of Semester 4, the second occurs at the end of Semester 6, and the final two experiences are scheduled in succession, in Semester 7 and 8. Specific timing of clinical education experiences is subject to change at the discretion of DCE/ADCE.

As a collective, the Program Faculty has set the following clinical education experience requirements based upon CAPTE accreditation requirements, Program Mission and Philosophy, Curricular Goals, and contemporary physical therapy practice.

Students are **required** to participate in a variety of clinical education experiences to provide appropriate breadth and depth for entry-level practice. CAPTE defines breadth and depth as “qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth).” Full-time clinical education experiences (PHYT600, PHYT601, PHYT 700, PHYT701) must encompass a variety of

practice settings including, **at a minimum, adult inpatient and adult outpatient**. Experiences must also occur in **varied geographical locations** and must collectively provide **diverse primary patient population exposure**. Students must choose a **combination** of the following categories for their full-time clinical education experiences:

1. Clinical practice setting
  - inpatient (acute hospital, skilled nursing facility, rehab hospital, etc.)
  - outpatient (private practice, hospital-based, etc.)
  - home health
  - school
2. Diverse primary patient population
  - Exposure to patients with conditions affecting:
    - musculoskeletal system
    - neuromuscular system
    - cardiopulmonary system
    - integumentary system
3. Varied geographical locations\*
  - urban
  - rural
  - underserved/under-resourced populations
  - in-state
  - out-of-state

\*Travel outside of your home campus region should be anticipated to fulfill breadth and depth requirements.

Examples of combinations of clinical education experiences that **would** fulfill breadth and depth requirements include:

Example 1: Omaha-based student

PHYT 600: Private outpatient practice providing aquatic therapy in Kearney, NE

PHYT 601: Rural critical access hospital (inpatient, outpatient, home health, school-based pediatrics, SNF) in O'Neill, NE

PHYT700: Hospital-based outpatient practice seeing primarily patients with pelvic health conditions in Omaha, NE

PHYT701: Private outpatient practice seeing primarily patients with musculoskeletal conditions in Lincoln, NE

Practice setting	Primary patient population	Geographical location
Private practice, OP	Musculoskeletal, neuro, cardiopulmonary	Kearney, NE (rural, out of area)
Critical access hospital	All	O'Neill, NE (rural, out of area)
Hospital-based, OP	Musculoskeletal, pelvic health	Omaha, NE (urban, in area)
Private practice, OP	Musculoskeletal	Lincoln NE (urban, in area)

Example 2: Kearney-based student

PHYT 600: Acute care hospital in Salt Lake City, UT

PHYT 601: Outpatient pediatric clinic in Abilene, TX

PHYT 700: Hospital-based outpatient practice seeing primarily patients with musculoskeletal conditions in Richland, WA

PHYT 701: Private outpatient practice primarily seeing patients with musculoskeletal conditions in Montrose, CO

Practice setting	Primary patient population	Geographical location
Acute care hospital	All	Salt Lake City, UT (urban, out of area)
Private practice, OP	Pediatrics, neuromuscular	Abilene, TX (urban, out of area)
Hospital-based, OP	Musculoskeletal	Richland, WA (rural, out of area)
Private practice, OP	Musculoskeletal	Montrose, CO (rural, out of area)

Examples of combinations of clinical education experiences that **would not** fulfill depth and breadth requirements include:

Example 1: Omaha-based student

PHYT600: Private **outpatient** practice primarily seeing athletes with musculoskeletal conditions in Omaha, NE

PHYT 601: Private **outpatient** practice primarily seeing patients with musculoskeletal conditions in Hastings, NE

PHYT 700: Hospital based **outpatient** practice primarily seeing patients with musculoskeletal conditions in Kansas City, MO

PHYT701: Private **outpatient** practice primarily seeing patients with musculoskeletal conditions in Lincoln, NE

Practice setting	Primary patient population	Geographical location
Private practice, OP	Musculoskeletal, sports	Omaha, NE (urban, in area)
Private practice, OP	Musculoskeletal	Hastings, NE (rural, out of area)
Hospital-based, OP	Musculoskeletal	Kansas City, MO (urban, out of area)
Private practice, OP	Musculoskeletal	Lincoln NE (urban, in area)

\*This combination of experiences does not meet breadth requirements as the primary patient population for each of these experiences is musculoskeletal and all experiences are in the outpatient setting.

Example 2: Kearney-based student

PHYT 600: Private outpatient practice primarily seeing pediatric patients with neuromuscular conditions in Omaha, NE

PHYT 601: Hospital that sees both inpatient and outpatient pediatric patients primarily with neuromuscular conditions in Omaha, NE

PHYT700: Private outpatient practicing primarily seeing adults with vestibular conditions in Grand Island, NE

PHYT701: Private practice primarily seeing pediatric patients with neuromuscular conditions in the school or home setting in Garden City, KS

Practice setting	Primary patient population	Geographical location
Private practice, OP	Pediatrics, neuromuscular	Omaha, NE (urban, out of area)
IP/OP mix	Pediatrics, neuromuscular	Omaha, NE (urban, out of area)
Private practice, OP	Vestibular, neuromuscular	Grand Island, NE (rural, in area)
Private practice, school- or home-based	Pediatrics, neuromuscular	Garden City, KS (rural, out of area)

\*This combination of experiences does not meet breadth requirements as the primary patient population for each of these experiences is neuromuscular.

For students who enter the professional program through the Rural Health Opportunities Pathway (RHOP, KHOP), two of the four required full-time clinical education experiences **must** be in rural Nebraska (any city/town outside of Omaha metropolitan area or Lincoln; specifically, not in: Omaha, Ralston, Boys Town, Elkhorn, Lincoln, Bellevue, Papillion, La Vista, Chalco, and Offutt Air Force Base).

It is the student's responsibility to ensure that they are meeting breadth and depth requirements for graduation. All requested clinical education selections will be reviewed by the DCE/ADCE and Clinical Education Associate to ensure compliance with these requirements. **The DCE/ADCE reserves the right to modify or change placement despite student selections in order to meet program, clinical site, and/or student needs.**

**Selection Process**

The selection and assignment of clinical education placements is based on several factors including student professional goals, site availability, and Program requirements. The selection process varies depending on the clinical experience. PHYT 500 integrated clinical experiences are randomly assigned by DCE/ADCE. Assignments for the remaining experiences are made by the DCE/ADCE with consideration of student preference in accordance with program clinical education requirements as described above.

Final clinical placements are determined by the DCE/ADCE with input from the clinical education team. The DCE/ADCE reserves the right to modify or change placement to meet program, clinical site, and student needs. Please note that all scheduled clinical education experiences are subject to change without notice due to changes in a clinical site's ability to take a student or program needs.

## CLINICAL EDUCATION POLICIES AND PROCEDURES

### Expenses

Expenses associated with clinical education experiences should be anticipated and are the responsibility of the student. This may include travel, room and board, compliance requirements (drug screen, additional background check), etc.

### Prior Relationship with Clinical Site

Students may not complete a full-time clinical education experience at the same physical location of a facility where they have been previously or are currently employed.

### Clinical Education Assignments

Clinical Education related assignments are crucial to the fulfillment of obligations to the College, Program, clinical sites, and accrediting bodies. It is expected that all assignments will be completed accurately and submitted on time to meet these obligations and demonstrate professional responsibility. If an assignment is late and/or not completed accurately (according to instructions), the following actions will occur:

**First infraction:** Verbal and/or written warning given with an expected resolution date and plan for improvement.

**Second infraction:** Compliance Assessment Form (Appendix B) issued with an expected resolution date and plan for improvement. The issue will be brought to Program core faculty for discussion as this is considered a professional behavior issue affecting clinical education readiness.

**Third infraction:** any additional infractions will result in a referral to the Student Success and Performance Evaluation Committee (SSPEC) and possible disciplinary action.

Note: this assignment policy is enforced for clinical education assignments across all courses. Example: student assignment not completed for PHYT500 (first infraction), late assignment for PHYT601 (second infraction), inaccurate submission for assignment in PHYT700 (third infraction).

**Late, missing, or inaccurate assignment submissions may result in a grade of Incomplete. Students who are missing assignments will be required to attend a remediation session and/or complete a remediation reflection.**

### Clinical Education Attire

Attire should be professional, coordinated, conservative, and non-wrinkled. Business casual dress is appropriate for most clinical settings, as well as for professional functions. Students are required to comply with the dress code provided by each clinical site. In some instances, clinical sites have provided a written dress code to UNMC, and this information is posted on EXXAT with the clinical site's information. In other instances, the clinical site will notify the student prior to the clinical education experience about dress code. Some general guidelines that apply to all sites:

- Attire should be nonrestrictive, allowing for ease of movement. Apparel not appropriate for the clinical sites includes shorts or skirts more than 4" above the knee, denim in any color, yoga pants or exercise attire, capris, crop, or stirrup pants, t-shirts, sweatshirts, and shirts with logos, team names, pictures, large brand names, mottos, etc.
- Shirts and blouses must be long enough to prevent exposure of the abdomen and back while the student physical therapist is working with clients in the clinic. Appropriate shirts include, but are not limited to, button down shirts and polos.



- Dress slacks should be the appropriate fit to allow the student physical therapist to squat, kneel, bend, etc. while working with clients in the clinic without exposure of undergarments or backside. They should be the appropriate length, hitting just below the ankle, and should not drag on the ground or be excessively baggy.
- Students are encouraged to move as they would in clinic (bending, squatting, leaning, reaching, etc.) to ensure apparel provides appropriate coverage prior to arrival at a clinical site.
- Shoes should be clean and comfortable casual or dress shoes. It is recommended that shoes have a rubber sole for good traction. Sandals, work boots, and open-toed shoes must be avoided. Some clinical sites permit clinicians to wear tennis shoes if they are clean and without tears. Please refer to the dress code for a given clinical site when determining if tennis shoes are appropriate.
- Socks are to be worn at all times. Some clinical sites permit clinicians to wear no-show socks. Please refer to dress code for a given facility when determining if no-show socks are appropriate.
- All students will be presented with a white clinic jacket in their first year at the annual Professionalism Ceremony. This will be worn in those clinic settings where required.
- University issued clinical identification badges (or the equivalent issued by the clinical education site) should be worn at all times.
- Swimwear may be required in clinical facilities with aquatic programs. Swimwear should be conservative. Females must wear a one-piece. No two-piece styles permitted.
- Frequently, student physical therapists are in close contact with patients. It is important to attend to personal hygiene such as showering daily, wearing deodorant, and brushing teeth.
- Hair should be clean and well groomed. Extreme hairstyles (cutouts, patches, stripes, etc.) or unnatural hair color (blue, green, orange, red, etc.) are not acceptable. Hair that falls into a student's face when performing clinical tasks (bending, leaning, etc.) should be pulled back or up to avoid interfering with patient care, in both the clinical and laboratory setting. Beards and mustaches should be neatly trimmed.
- Jewelry may include watches, appropriate rings, and small earrings. Piercings should be limited to no more than small conservative earrings. Facial, tongue, and dental jewelry are not acceptable. Loose-fitting necklaces should be avoided.
- Tattoos must be covered unless there is a clinical site policy stating otherwise.
- Fingernails should be trimmed so as not to extend beyond the fingertips. Nail polish should not be chipped or peeling. Artificial nails are discouraged and, in many facilities, prohibited. Adhere to clinical site policy.
- Cologne, perfume, or scented lotions should not be used.

The clinical faculty may dismiss a student whose clinical attire and/or personal grooming does not meet acceptable standards when he/she reports for assigned clinical practice. The clinical faculty should immediately report the dress code violation to the DCE/ADCE.

## **Absences**

The Clinical Education Team is responsible for ensuring that students obtain the required number of clinical education hours for graduation and that absences do not disrupt the schedule of the site. It is important that students prioritize their clinical education experiences. This may mean that you are not able to attend certain events. Absences from the clinic should only occur in the event of exceptional circumstances. However, the Clinical Education Team also recognizes that there are important life events that may take place during clinical education experiences and will work with students to allow for these opportunities if they are infrequent and not disruptive to the clinic.

- Any absences from clinical education experiences, planned or unplanned, must be made up.
  - The make-up plan will be made on a case-by-case basis, with input from the CI, the student, and the DCE/ADCE.

- An unapproved absence may result in a failing grade for that clinical experience. The student may also be required to appear before the Student Success and Performance Evaluation Committee.
- If a student must miss more than two days on a given clinical education experience, the experience may have to be repeated and/or rescheduled. A group including the Clinical Education Team (DCE/ADCE, Clinical Education Associate, and assigned Program Faculty), the Program Director, and/or the Student Success and Performance Evaluation Committee will make this decision.
- If a student is anticipating a need to be absent during the clinical education experience, student should:
  - Obtain approval of absence from DCE/ADCE by emailing [ptclined@unmc.edu](mailto:ptclined@unmc.edu).
  - Obtain approval from CI once approval is received from DCE/ADCE.
  - Discuss plans for making up time with your CI. Consult with DCE/ADCE as needed.
  - Submit absence in EXXAT along with the plan for making up the missed time prior to absence.
- If a student has an unplanned absence, student should:
  - Notify CI of need to be absent as soon as possible but at least 30 minutes prior to the start of the clinical day.
  - Notify DCE/ADCE by emailing [ptclined@unmc.edu](mailto:ptclined@unmc.edu). This should be done prior to or no later than the day of the absence.
  - Discuss plans for making up time with your CI. Consult with DCE/ADCE as needed.
  - Submit absence in EXXAT along with the plan for making up the missed time within one week of absence.

Failure to comply with the requirements for make-up may result in a failing grade for that experience. If, due to extenuating circumstances, the student is required to miss a significant amount of the clinical education experience, the student may request a grade of "Incomplete" for the experience. Completion of the course requirements to remove the Incomplete grade will be based on an individualized plan of remediation.

### Calculating Clinical Education Hours

- A. The assignment of credit hours for clinical education experiences is based on a (40) forty-hour work week (1 credit hour per week). However, a major purpose of clinical education is to expose the student to the realistic practice of physical therapy. **Students are expected to work the scheduled hours and days of their CI unless the CI determines otherwise.** This may include weekend and holiday work if the CI believes it to be of educational benefit to the student. In such a case, the CI is advised to:
- Inform the student of weekend/holiday assignment(s) during orientation.
  - Provide adequate supervision and instruction for the student during weekend/holiday coverage.
  - Provide the student with the same mechanism for compensatory time (if utilized at the institution) afforded to employees.
- B. Approved absences from the clinical education experience may be made up by working extended hours during the week or on the weekend. In such a case, the weekend assignment will be made by the CI and the student will receive as much notice as time allows.
- C. Students may not petition to work extended hours or weekends to fulfill the time requirements of the clinical education experience outside of the scheduled start and end dates.

### Clinical Instructor Evaluation of Student Performance

PHYT 500 Clinical Education 1: PHYT 500 Clinical Performance Form (CPF)

PHYT 600 Clinical Education 2: PHYT 600 Clinical Performance Form (CPI 3.0)

PHYT 601 Clinical Education 3: APTA PT Clinical Performance Instrument (CPI 3.0)

PHYT 700 Clinical Education 4: APTA PT Clinical Performance Instrument (CPI 3.0)

PHYT 701 Clinical Education 5: APTA PT Clinical Performance Instrument (CPI 3.0)

Students participating in clinical education experiences will receive formal, written performance evaluations using the instruments outlined above. If concerns regarding performance are identified, the DCE/ADCE should be notified immediately.

A. The evaluation of physical therapy students in the clinical setting should provide:

- A basis for counseling and guidance through an identification of the strengths and areas for improvement.
- A means of evaluating the student's progress.
- An ongoing evaluation of the DPT curricular content and the site clinical education program.

B. To provide a valuable evaluation, the CI should:

- Read and familiarize himself/herself with the instrument and guidelines provided.
- Use the comment sections on each criterion to provide objective feedback as this greatly aids in the interpretation of the evaluation.
- Review the student's performance frequently with the student, but at minimum, conduct a formal mid-term and final evaluation for the clinical education experience.
- Ensure that both the student and the CI have completed and reviewed the assessment together.

### **Clinician CPI Review - Rapid Student Assessment Review (R-STAR Program)**

To ensure a timely, accurate, and thorough review of performance to promote student success, therapists with expertise in clinical education are utilized to perform the initial review of the assessment during full-time clinical experiences at pre-determined midterm and final dates. Students are assigned a clinical education faculty reviewer that will follow them throughout each of their experiences. The purpose of the CPI reviewer is to:

- Rapidly identify any student or clinical instructor performance issues or concerns expressed by student or the CI.
- Communicate any concerns regarding student or CI performance to DCE/ADCE
- Provide feedback to student and CI regarding the student's performance and any recommendations for student or CI to improve performance or instruction.
- Complete reviews in a timely manner.

### **Student Evaluation of Clinical Education Site**

Students are required to complete an evaluation of the clinical site and clinical instruction at the end of each full-time clinical education experience. These evaluations are to be completed by the student using the APTA Physical Therapist Student Evaluation of Clinical Instructor and Clinical Site form found on EXXAT. The CI and student will meet to review the evaluation. After the discussion, the appraisal should be signed and dated by the student and the CI and submitted to academic institution via EXXAT. The clinical education site may request a copy of the evaluation.

### **Clinical Instructor Supervision of Physical Therapy Students**

Physical therapy students may not practice in the capacity of a licensed physical therapist. Physical therapy students must always have supervision available on the premises by a licensed physical therapist during their clinical education experiences. The Program supports the *APTA Position on the Provision of Physical Therapy and Physiotherapy Services by Student Physical Therapists* available at the APTA website, <http://www.apta.org>, and reprinted below. It is the CI's responsibility to ensure that adequate supervision is always available for the student(s) during the clinical experience and that all legal guidelines are followed according to state practice acts.

- Student Physical Therapist Provision of Services HOD 06-00-18-30 (Program 32) {Amended HOD 06-96-20-33; HOD 06-95-20-11}

Student physical therapists, when participating as part of a physical therapist professional education curriculum and when acting in accordance with the American Physical Therapy Association policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a twenty-four-hour period. Telecommunications does not meet the requirement of direct supervision.

- Links to [practice acts](#) for each state can be found here: <https://www.fsbpt.org/Free-Resources/Licensing-Authorities-Contact-Information>

## Use of Social Media

[UNMC Social Media Guidelines](#) must be followed.

<https://catalog.unmc.edu/general-information/student-policies-procedures/social-media-guidelines/social-media-guidelines.pdf>

Furthermore, it is the policy of the Program that social media is your personal venue for networking and interacting. Students participating in clinical education **should not “friend” or connect with clinical instructors or patients on social media** to maintain professional and ethical boundaries.

## Medical History/Vaccinations

All students must comply with the [UNMC Immunization Policy](#)

<https://catalog.unmc.edu/general-information/student-policies-procedures/immunization-policy/>

UNMC does not pay for any pre-matriculation health requirements. This is the student's responsibility.

## UNMC Standards of Conduct for Students Regarding Alcohol and Drugs

All students are required to abide by the UNMC Student Policies and Procedures regarding a Drug Free Campus, Substance Abuse or Dependency Standards of Conduct – Alcohol and Drugs, and Substance Use Disorders as outlined in the [UNMC Catalog](#) <https://catalog.unmc.edu/general-information/student-policies-procedures/>

## Drug Screens

UNMC contracts with multiple clinical sites that require drug screening for students to be able to participate in clinical education or other learning experiences at their sites. In response to these requirements, an annual 10-panel drug screen is required. Students are responsible for all costs associated with drug screenings.

The first drug screen must be completed prior to PHYT 500 clinical experiences. The second drug screen must be completed prior to PHYT 601. Specific dates for these drug screens will be announced in class.

Students may also be required to submit additional drug screens for reasons including, but not limited to:

- Requirements by clinical facilities for additional drug screening of students who wish to do clinical experiences at those sites. Such screening may be required prior to or during the clinical education experience in accordance with the policies and procedures of that facility.
- Drug screens that are reported as indeterminate or dilute.
- Requirements related to violating pertinent drug or alcohol-related policies or laws, or to fulfill treatment requirements for a substance abuse disorder.

Drug screen results must be submitted directly to the Program via fax (402) 559-8626 or by email [ptclined@unmc.edu](mailto:ptclined@unmc.edu) utilizing the “Urine Drug Screen Reporting Form” (Appendix C). Exception: Kearney-based students who choose to complete screening through UNK Student Health and CHI must utilize the UNK Student Health form (Appendix D).

A student has the right to review the information reported by the vendor for accuracy and completeness, and to request that the vendor verify the drug screen results.

Drug screen results may be reported to clinical sites or clinical skills integration sites for clinical placements in compliance with contractual agreements.

**Students are responsible for keeping a copy of their detailed drug screen results** and having it readily available for any clinical site if requested.

Students who refuse to submit to any mandated drug screenings will be subject to the same disciplinary procedures as those with a positive result on the drug screen.

### **Positive Screening Results**

The DCE/ADCE will review all cases of students who have a positive result on a required drug screen. Prior to taking any action that may adversely affect the student, the program will inform the student of the positive result and provide them with the opportunity to work with the vendor to challenge the results of the screen.

Ultimately, it is the student’s responsibility to submit a “Urine Drug Screen Reporting Form” indicating a negative result. Any results other than “negative” will be handled according to UNMC Student Policies and Procedures regarding Student Code of Conduct outlined in the [UNMC Catalog https://catalog.unmc.edu/general-information/student-policies-procedures/code-of-conduct/](https://catalog.unmc.edu/general-information/student-policies-procedures/code-of-conduct/)

Students may be referred for evaluation and treatment through UNMC Student Health, UNMC Counseling and Student Development Office or another designated program as a condition of remaining in the program. Any substance abuse evaluation or treatment recommended or required to remain in the program will be at the expense of the student.

Students who have had disciplinary actions imposed may refer to [UNMC Catalog https://catalog.unmc.edu/nursing/student-policies/undergraduate-professional-graduate-student-disciplinary-appeal/](https://catalog.unmc.edu/nursing/student-policies/undergraduate-professional-graduate-student-disciplinary-appeal/) for further information regarding their rights.

### **Reporting Health Information to Clinical Education Sites**

UNMC is required to provide reasonable assurances to the clinical education sites that students participating in the program meet basic standards regarding health and immunization status. UNMC will provide the clinical education site with relevant health and immunization status of participating students. This information is compiled by UNMC Student Health. Students will access and upload this information found in MyRecords to EXXAT.

### **Maintaining Health Insurance**

Details regarding health insurance can be found on the Student Health Insurance webpage <https://catalog.unmc.edu/general-information/campus-services/insurance/>

All students are required to enroll in the University of Nebraska Student Health Services for outpatient, ambulatory care and inpatient insurance or demonstrate equivalent insurance from another source. All students enrolled at UNMC will be enrolled through Student Health Services (Fund B) fees for outpatient services provided through the Student Health Center on the UNMC campus. Services provided through UNMC Student Health Center will have the deductible and coinsurance charges waived.

## Acquisition of Off-Site Health Services

Details regarding acquisition of off-site health services can be found on the Student Health Services webpage <https://catalog.unmc.edu/general-information/campus-services/student-health/>

Students outside a 50-mile radius for academic purposes requiring urgent/emergent care may be seen at an area outpatient facility. Students with United Health Care Student Resources should contact Student Health at 402-559-5158 within 48 hours of the incident to obtain a referral.

## Accidental Exposure to Airborne Pathogen, Blood or Body Fluids

Details regarding accidental exposures to airborne pathogens, blood, and body fluids can be found on the Bloodborne Pathogen and Body Fluid Exposure webpage <https://catalog.unmc.edu/general-information/student-policies-procedures/blood-and-body-fluid-exposure/#bloodbournepathogenstext>

If you are on the UNMC campus, do the following:

1. Immediately call the OUCH pager number \*9-888-6824
2. The OUCH Pager representative will evaluate the potential risk of transmission and determine the appropriate post exposure prophylaxis and the need for follow-up.
3. Counseling regarding prophylaxis will be provided as part of the risk assessment and evaluation.
4. After the initial evaluation the student must call the Student Health Services appointment line at 402-559-7200 for a follow-up appointment. Follow-up care will be provided by Student Health Services.
5. Call the DCE/ADCE within 24 hours of the incident.

If you are off the UNMC campus, do the following:

1. Report the incident immediately to the supervisor at the site of the off-campus rotation and follow the written protocol for BBP (blood-borne pathogen) exposures at the site where the rotation is being completed.
2. Immediately call the OUCH pager number at 402-888-6824 to report the exposure to the OUCH Pager representative. The location for follow-up care will be determined in consultation with Student Health Services along with implementation of referrals that are necessary.
3. Call the DCE/ADCE within 24 hours of the incident.

## ADA Accommodation

Students enrolled in the DPT program are expected to meet the Essential Functions set forth by the UNMC Physical Therapy Program in order to be eligible for graduation.

For more information about Essential Functions, please see:

<http://www.unmc.edu/alliedhealth/education/pt/admission/essential.html>

The University of Nebraska Medical Center takes pride in its diverse population and is committed to providing all students the opportunity to take full advantage of its programs and facilities. In keeping with this philosophy, UNMC strives to eliminate architectural and programmatic barriers that may prevent qualified students with disabilities from obtaining an academic or professional degree. The Accessibility Services Center (ASC) provides reasonable accommodations (e.g., auxiliary aids and services or academic adjustments) to students with disabilities and/or medical conditions an equal opportunity to participate in academic programs and to promote and facilitate the integration of students with disabilities into the mainstream of university academic life. Students in need of accommodations should reach out to the ASC as soon as possible to initiate the request, as

accommodation are not retroactive in nature. However, the accountability and responsibility of accommodations is shared among faculty, students, administrators, and staff. Reasonable accommodations for students with disabilities are designed to provide equal access in a manner that does not compromise essential elements of academic programs.

|Email: [UNMCASC@unmc.edu](mailto:UNMCASC@unmc.edu) | Location: Student Life Center (SLC 2031) |Phone: 402-559-7276

For more information regarding ADA Accommodations, please refer to the policy at: <https://catalog.unmc.edu/general-information/student-policies-procedures/student-accommodation-policy>.

Additionally, the student must contact the DCE **at least three months before** the scheduled clinical education experience, as considerable lead-time is required for authorized accommodations. All requests will be handled confidentially.

## **Compliance Requirements**

### **UNMC Regulatory Compliance Training**

To participate in clinical education experiences the student must successfully complete all regulatory compliance training offered through UNMC. This includes but is not necessarily limited to annual or semi-annual completion:

1. Bloodborne Pathogens
2. Safety and Emergency Preparedness
3. Inclusive Excellence: Excellence Through Bridging Cultural Differences
4. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
5. Fundamentals of Family Educational Rights and Privacy Act (FERPA)
6. Title IX Student Training.

A Compliance Training Certificate indicating successful completion of training requirements will be uploaded by the student into EXXAT and will be provided to the clinical education site. Students can access their training/certification records training by following these steps:

- Go to “[Care](https://net.unmc.edu/care/)” (<https://net.unmc.edu/care/>)
- Go to Training tab at the top of the page
- The next screen will show the status of your online training and certification requirements
- You may print a certificate of completion any time you need to provide written documentation of your training and certification status.

Online training is completed on the Canvas Learning Management System.

### **BLS (Basic Life Support) Certification**

All students are required to demonstrate proof of BLS certification. Classes are offered through a variety of institutions, including the American Heart Association and the American Red Cross. Through the American Heart Association, the course title is, “BLS”. Through the American Red Cross, the course title is, “BLS for the Healthcare Provider”. For more information regarding training offered on campus to UNMC students at a reasonable fee, go to <https://www.unmc.edu/cce/>. Certification is required for participation in all clinical education experiences. While there are a variety of institutions that offer BLS, some clinical sites require certification through either American Heart Association or American Red Cross. Students will upload this documentation into EXXAT and may also be asked by the clinical site to provide proof of certification so they should bring their card with them to all clinical experiences.



## **Student Background Check**

All accepted CAHP students must undergo a background check. Healthcare facilities where students complete their clinical experiences require background checks. Specific procedural details will be provided to students in the CAHP New Student Orientation Course. For questions regarding background checks, contact [CAHP Enrollment Management & Student Affairs](#).

If a clinical site requests an attestation of a student background check, the clinical education can provide a form verifying that the student completed a background check at matriculation. If a clinical site requests a copy of the student's background check report, the student is required to provide this to the site. Some sites will not allow students to participate in a clinical experience based on background check findings. Students should report any legal issues that have occurred during their enrollment at UNMC if the issue could affect their ability to participate in a clinical experience. This information should be reported to the DCE/ADCE. The DCE/ADCE may need to speak with a clinical site about the student's background check information.

## **Site-Specific Requirements**

A given clinical education site may have additional requirements that include, but are not limited to, drug screenings, reporting of background check information, additional background checks, fingerprinting, mandatory orientation, attestation to Essential Functions, and/or application prior to participation in a clinical education experience. Expenses associated with completion of these requirements are the student's responsibility. It is the expectation that students will familiarize themselves with these requirements and take necessary steps to meet site specific requirements. Failure to do so could result in the experience being rescheduled. Students can obtain information regarding site specific requirements on EXXAT or may be notified by the clinical site.

## **Program Request for Clinical Education Slots**

Requests for full-time clinical education slots for the next full calendar year are sent to clinical education sites beginning in March of each year. Available sites will be posted for Physical Therapy Program students to review. The selection/assignment process will be completed in the spring for current students and fall for incoming students.

## **Information Available to Students about Clinical Education Sites**

The Program maintains a file for each site in EXXAT. This file contains information and materials about or provided by the site including links to the site website, specific site requirements and documents, and other pertinent site information. Students may also review recent student site evaluations posted in EXXAT.

## **Clinical Affiliation Agreements**

The Physical Therapy Program, facilitated by the CEA, is responsible for arranging and maintaining clinical education Affiliation Agreements between the Program and each affiliating clinical education site. The UNMC Affiliation Agreement for Clinical Education (hereafter referred to as the Agreement) includes: a statement of purpose, the objectives of UNMC and the clinical education site in establishing the Agreement, the Mutual Agreements of both parties, the Rights and Responsibilities of the individual parties, the term of the Agreement, and the procedures to be followed for renewing or terminating the Agreement. Standard agreements (UNMC template) are reviewed every three years and either terminated or renewed for a successive three-year period. Non-standard agreement terms are negotiable and are reviewed according to approved term timelines. Electronic copies of the agreement are maintained by the clinical education site, in EXXAT, the College of Allied Health Professions, and office of the Vice-Chancellor for Academic Affairs.

## **Statement on Professional Liability Coverage**

All students enrolled in the Physical Therapy Program at UNMC are covered under a comprehensive self-insured trust that acts as a general liability and professional liability policy approved by the Board of Regents of the University of Nebraska. Specific details of the coverage can be found in the UNMC Affiliation Agreement for Clinical Education. Clinical sites may request a copy of the Certificate of Insurance. This may be obtained on the [Physical Therapy Program Clinical Education webpage](https://www.unmc.edu/alliedhealth/education/pt/clin-ed.html) (<https://www.unmc.edu/alliedhealth/education/pt/clin-ed.html>) or in EXXAT.



## CLINICAL EDUCATION SITES AND CLINICAL INSTRUCTORS

### Selection of Clinical Education Sites and Clinical Instructors

The APTA Task Force on Clinical Education's voluntary guidelines for the selection of clinical education sites, clinical instructors and site coordinators for clinical education were originally approved by the APTA Board of Directors in 1992 and endorsed by the APTA House of Delegates on June 13, 1993. The APTA Board of Directors approved revisions of these guidelines in 1999 and 2004. The guidelines, descriptive criteria, and self-assessment forms have been assembled in a publication entitled "Clinical Education Guidelines and Self-Assessments for Clinical Education," published by the American Physical Therapy Association. These Guidelines are also available to APTA members online at <http://www.apta.org>. General information on the roles and qualifications of clinical education personnel, as well as general guidelines for the development and management of the clinical education program are also contained in the APTA document, "A Normative Model of Physical Therapist Professional Education: Version 2004."

The Program endorses these voluntary guidelines and promotes their use in the selection and development of clinical education sites and personnel. If a clinical site offers an area of practice that is currently not available to the students, in high demand by the students, or is deemed necessary for the program to meet clinical education needs, it will be considered by the DCE/ADCE. **Students are not to contact potential clinical sites. Requests must come from the DCE/ADCE.**

### Clinical Site Visits

Frequency of clinical site visits are based on the needs of the program, needs of the students and clinical faculty, and issues identified by the DCE/ADCE. Clinical site visits typically involve the DCE, ADCE and/or CEA meeting with the SCCE, CI, and/or the student. The following are the primary goals of clinical site visits:

- Develop relationships with clinical faculty to encourage open and frequent communication.
- Assess student clinical performance and/or problem-solve any student performance issues.
- Assess clinical site and clinical faculty and learn about the services being provided at the facility.
- Discuss and provide information regarding the UNMC clinical education program including continuing education opportunities, clinical faculty benefits/responsibilities, processing of students for clinical education, and the UNMC curriculum.
- Provide updates on clinical education which impact student clinical education.
- Potentially provide education for clinical site regarding a topic of their interest, or to enhance CI teaching/mentoring.

### Student Request to Change a Clinical Education Experience

Cancelling a clinical education experience is rarely done and is not in the best interests of the UNMC clinical education program. Once a clinical site has been informed that a student will be completing a clinical education experience at their facility, it will not be cancelled unless deemed absolutely necessary. These decisions will be made by the DCE/ADCE in consultation with faculty members on the Clinical Education Team (and in consultation with the Program Director as determined by the DCE/ADCE) on a case-by-case basis. Rescheduling clinical education experiences can be difficult and may delay graduation.

### Clinical Site Cancellation Procedure

If a student has a life-altering event which they believe will limit their ability to complete a clinical education experience, they will need to discuss this situation with the DCE/ADCE, who will then consult with faculty members of the Clinical Education Team, Student Success and Performance Evaluation Committee (SSPEC), and/or the Program Director to determine if cancelling the clinical education experience is in the student's best interest. The DCE/ADCE will then contact the student to discuss whether the request will be granted and next steps. The student may contact the Program Director if they disagree with the decision made by the DCE/Clinical Education Team.

## **Rights and Privileges of Clinical Instructors**

The specific rights and privileges of clinical faculty are formally delineated in the clinical affiliation agreement and are consistent with the rights and privileges afforded clinical faculty from other programs at UNMC. In general, the Program views the continuance of communication as a primary right of the clinical faculty. The Program maintains routine written correspondence with clinical faculty members via administrative materials sent prior to and during scheduled clinical experiences. Periodic written communication occurs on an as needed basis. Personal communication occurs through site visits, continuing education seminars, phone calls and e-mails. Additionally, clinical faculty members have access to the Program's website.

**ClIs have the right to communicate at any time to the DCE/ADCE their observations or concerns about the clinical education program or the academic preparation of students, or to contact any faculty member for consultation. ClIs have the opportunity to participate in continuing education courses provided by the Program at a discounted rate. Additionally, the DCE/ADCE and/or other faculty members may be able to provide continuing education at clinical affiliation sites upon request.**

## **Grading policy**

Final course grades are determined by the DCE/ADCE (see syllabi). The DCE/ADCE may consult with the Clinical Education Team, Program Director and/or Student Success and Performance Evaluation Committee (SSPEC) regarding student professional behavior and performance and course grading. See Appendix A for description of procedure utilized for a student who has performance concerns during the clinical experience. These concerns may be identified by the student, CI, CPI reviewers, or DCE/ADCE.

## **Verification of Student Identity for Distance Education**

Clinical Education is not distance education. However, EXXAT and CPI are accessed via username and password and contain secure information related to grading. Verification of student identity using the CPI and EXXAT is via the student's username and password. The CI signs-off on the student CPI and EXXAT Student Evaluation and Clinical Instruction, further acknowledging identity.

## **Due Process for Student Grievances**

Student shall contact the DCE/ADCE regarding a concern/complaint. The DCE/ADCE will consult with the Clinical Faculty, Clinical Education Team and the Program Director as needed. University, College of Allied Health Professions, and Program Policies and Procedures for handling student grievances as outlined in the [Physical Therapy Program Student Handbook](https://www.unmc.edu/cahphandbook/index.php/Physical_Therapy_(PT)) [https://www.unmc.edu/cahphandbook/index.php/Physical\\_Therapy\\_\(PT\)](https://www.unmc.edu/cahphandbook/index.php/Physical_Therapy_(PT)) will be followed.

## **Complaints from Outside Stakeholders**

The DCE/ADCE will forward any complaints from outside stakeholders to the Program Director. The process outlined in the [Physical Therapy Program Student Handbook](https://www.unmc.edu/cahphandbook/index.php/Physical_Therapy_(PT)) [https://www.unmc.edu/cahphandbook/index.php/Physical\\_Therapy\\_\(PT\)](https://www.unmc.edu/cahphandbook/index.php/Physical_Therapy_(PT)) will be followed.

## **Protected Health Information**

To comply with the American Recovery and Reinvestment Act of 2009, which includes Health Information Technology for Economic and Clinical Health Act (HITECH), PT students at UNMC will not remove protected health information (PHI) from any clinical facility. Nor will students transmit any PHI electronically except when doing so in the usual performance of caring for patients or clients and full knowledge of the clinical instructor. This bill established new requirements for business associates (UNMC) and covered facilities (clinical sites) with respect to handling PHI. UNMC must report any breach of confidentiality to the facility and the facility and UNMC may be subject to fines.

Approval from the CI is required to obtain information other than protected health information (e.g. protocols, images of clinic, etc.).

## **Patients' Risk-Free Right to Refuse to Participate in Clinical Education**

The CI is responsible for ensuring the risk-free right of patients to refuse to participate in clinical education.

### **Responsibilities of PT Program & Faculty**

#### **A. Responsibilities of UNMC PT Program**

- Meeting or exceeding accreditation requirements.
- Providing instruction for students to learn the knowledge, skills, and abilities necessary for initial physical therapy practice.
- Verifying the student has met minimum Program criteria in all coursework prior to clinical placement.
- Ensuring student readiness for clinical education.
- Maintaining current knowledge of the discipline through continuing professional development.

#### **B. Responsibilities of UNMC Clinical Education Team**

- Managing student placements for clinical education experiences to meet student, clinical site, and Program needs.
- Facilitating communication between UNMC and clinical sites.
- Providing orientation to new clinical sites and/or faculty.
- Updating Clinical Education Handbook and providing access to all clinical sites and students.
- Maintaining confidentiality of student records.
- Updating clinical site information in data management system.
- Developing clinical education policies and procedures.
- Managing student progression and alternative timelines of clinical education experiences.
- Providing updates to Clinical Education webpage.

#### **C. Responsibilities of Director and Assistant Director of Clinical Education**

- Planning and implementing the clinical education component of the curriculum.
- Ensuring that clinical sites provide satisfactory learning environment that promotes student safety and meets goals of clinical education experience.
- Developing clinical sites e.g. providing education to clinical education faculty to improve effectiveness of clinical education program.
- Serving as resource to the student and the CI.
- Performing site visits, phone conversations and electronic meetings/communication with clinical sites.
- Communicating with student and CI during clinical education experiences.
- Assigning grades for clinical education experience
- Keeping student and clinical education faculty informed of regulations and rules that guide clinical education for physical therapy students.
- Facilitating conflict resolution and problem-solving strategies as needed.
- Providing student advising as it relates to clinical education.
- Ensuring that all CI's and SCCE's are informed of any pertinent changes in Program policies and procedures and/or student scheduling.
- Assessing effectiveness of Clinical Education Program.
- Ensuring that all UNMC faculty are informed of any pertinent changes in clinical education policies and procedures.
- Ensuring that all members of team (CI's, SCCE's, students and faculty) are upholding their responsibilities.

#### **D. Responsibilities of Clinical Education Associate**

- Initiating, coordinating, and maintaining Affiliation Agreements to ensure agreements are current for all active clinical sites.
- Managing clinical education experience slot requests and placements in data management system.
- Confirming clinical site placement following selections.
- Ensuring required student compliance documents (immunizations, basic life support, etc.) are current.
- Sending clinical site pertinent student information at least 4-6 weeks prior to clinical education experience.

### **Rights & Responsibilities of Clinical Education Faculty**

Clinical Education Faculty do not have the same rights and responsibilities as Core Faculty. Clinical Education faculty may apply for adjunct faculty status, which provides access to the McGoogan Library resources. Clinical Education Faculty may also receive a discounted rate on UNMC hosted continuing education offerings through the Physical Therapy Program.

#### A. Responsibilities of the Site Coordinator of Clinical Education (SCCE)

- Administering, managing, and coordinating clinical assignments and learning activities for students during their clinical education experience.
- Determining the readiness of physical therapists to serve as clinical instructors.
- Supervising clinical instructors in the delivery of clinical education experiences.
- Communicating with the academic program regarding student performance.
- Serving as a resource for the student and CI
- Ensuring orientation materials including clinical site and equipment safety procedures are provided to the student.
- Providing facility policies and procedures related to site and equipment safety upon request.

#### B. Minimum Criteria for Clinical Instructors

- Licensed as a physical therapist.
- When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, one year full-time (or equivalent) post-licensure clinical experience.
- Completion of a clinical instructor credentialing program such as the APTA clinical instructor credentialing program is preferred.

#### C. Responsibilities of Clinical Instructor (CI)

- Instructing, guiding, supervising, and formally assessing the student during the clinical education experience.
- Serving as a role model to the student.
- Aiding the student in various activities during their clinical education experience to facilitate learning.
- Facilitating interprofessional education experiences.
- Maintaining communication with student and academic program.
- Providing ongoing feedback to the student.
- Providing formal documented evaluation of student performance at midterm and end of clinical experience.
- Completing clinical education assessment tool training.
- Notifying the academic program immediately of student performance concerns.
- Verifying patient informed consent is received prior to treatment by a student.
- Directing and assisting the student, per site policies and procedures, in situations that could potentially compromise the student's safety including, but not limited to, fire, and use of hazardous material or equipment.

### **Clinical Education Faculty Development Activities**

The Program will determine the need for ongoing planned development activities to improve clinical education effectiveness through:

- Interviews, conversations, surveys, panel meetings, etc. with clinical education faculty by the DCE/ADCE.
- Student evaluations of the clinical sites and CI's.
- Current trends related to clinical education.

Specific faculty development activities will be created by Program Faculty who coordinate continuing education in conjunction with the DCE/ADCE. In addition, the DCE/ADCE will provide information to clinical faculty on an as needed basis to promote clinical faculty development. This might be in the form of electronic communication, letters to sites, site visits or formal seminars.

### **Rights and Responsibilities of Students**

#### A. Student Rights

- Orientation to clinical site.
- Direct supervision.
- Formal documented feedback at mid-term and final as well as informal feedback throughout experience.
- Due process.
- Confidentiality of records.
- Access to a variety of patients/clients and experiences.
- Environment with established policies and procedures regarding safety.
-

## B. Student Responsibilities

- Adhering to College and Program Policies and Procedures.
- Maintaining professional and ethical conduct as established by the APTA.
- Adhering to clinical education site policies and procedures.
- Completing required clinical experiences.
- Consulting with CI, SCCE and/or DCE/ADCE regarding progress and/or any concerns.
- Reporting immoral, illegal or unethical behavior or concerns to appropriate personnel (e.g., SCCE, CI, DCE/ADCE).
- Submitting all required paperwork from clinical experience to DCE/ADCE by due date.
- Contact the DCE/ADCE immediately if supervision does not follow the guidelines:
  - The CI must be a PT with at least one year of experience
  - The CI must be on-site providing direct supervision of the student
    - If the CI is not available, supervising responsibilities may be given to another licensed PT.

## DPT PROGRAM PHILOSOPHY, CURRICULAR GOALS, AND OUTCOMES

### UNMC PHYSICAL THERAPY DPT PROGRAM OUTLINE OF ACADEMIC YEAR

Refer to [Physical Therapy Program](https://www.unmc.edu/alliedhealth/education/pt/index.html) (<https://www.unmc.edu/alliedhealth/education/pt/index.html>)

## COMMUNICATION WITH CLINICAL EDUCATION SITES

### Students Prohibited from Contacting Clinical Sites to Request Clinical Experiences

The Clinical Education Special Interest Group (CESIG) of the Education Section of the APTA serves the interests of individuals from academic programs and clinical facilities. It is the recommendation of the CESIG that the **request for clinical placements should come from DCE/ADCEs/ACCEs, not students**. This policy applies to accredited and developing physical therapy and physical therapist assistant programs.

### Process for Communicating with Designated Personnel

Communication with a clinical education site is most often conducted with the SCCE. This approach centralizes the dissemination of information and is intended to improve the efficiency of the planning process (especially for larger clinical education sites with multiple facilities). However, communication occurs with each clinical instructor during a clinical education experience via the midterm and final student evaluations, email, site visits and/or phone calls. To enhance direct communication with clinical instructors, the PT Program requires each student to provide the Program, during the first week of the clinical education experience, information on how to contact the assigned clinical instructor.

Establishing an agreement between a clinical site and the Program is to be done via the DCE/ADCE and CEA and the clinical site. The CEA will process the clinical education affiliation agreements. Students that have an interest in completing a clinical education experience at an unaffiliated site should speak with the DCE/ADCE and/or CEA. **Students may not attempt to set up a clinical experience on their own.**

### Information Sent to Clinical Site for Each Clinical Education Experience

The SCCE is provided access to the following information a minimum of 4-6 weeks prior to the beginning of each clinical education experience:

1. Student Information: Completed by student in EXXAT. Contains demographic and emergency contact information, personal statement and areas of interest, education and employment history, language proficiency, and honors and publications.
2. Clinical Questionnaire: Completed by the student in EXXAT. Outlines previous clinical education experiences, learning styles, strengths, areas for further development, goals, and special requests for the upcoming experience.
3. Health Screening: Uploaded to EXXAT by student. Provides documentation of immunization record and annual PPD Screening.

4. Health Insurance Card: Uploaded to EXXAT by student.
5. Compliance Training Certificate: Uploaded to EXXAT by student. Provides documentation of the following trainings:
  1. Bloodborne Pathogens
  2. Safety and Emergency Preparedness
  3. Inclusive Excellence: Excellence Through Bridging Cultural Differences
  4. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
  5. Fundamentals of Family Educational Rights and Privacy Act (FERPA)
  6. Title IX Student Training.
6. Student Resume: Uploaded to EXXAT by student.
7. Basic Life Support (BLS) card: Uploaded to EXXAT by student.
8. Urine Drug Screen Reporting Form: Uploaded to EXXAT by CEA.
9. Access to course syllabus corresponding to clinical education experience: via link to UNMC Clinical Education webpage.
10. Access to Certificate of Professional Liability Insurance: Uploaded to EXXAT by Program and available on the [UNMC Clinical Education webpage https://www.unmc.edu/alliedhealth/education/pt/clin-ed.html](https://www.unmc.edu/alliedhealth/education/pt/clin-ed.html)

### **BEHAVIORAL OBJECTIVES**

Students are required to write behavioral objectives for each clinical education experience. Additionally, many clinical education sites write objectives for a given clinical education experience. The following information is provided to assist the student and clinical instructor in the preparation of useful behavioral objectives. An objective is an intent communicated by a statement describing a proposed change in a learner - a statement of what the learner is to be like when he/she has successfully completed a learning experience. A given objective should include only one intended outcome. Well-written objectives contain an audience, a behavior, a condition, and a degree. Objectives should be specific, measurable, attainable, relevant, and should encompass a defined time period.

#### **Terms Relating to Preparing Objectives**

- A. Audience: The person from whom the behavior is requested/required. This should always be the student.
- B. Behavior: One specific, observable activity to be displayed by the learner.
- C. Condition: Relevant factors affecting the actual performance, i.e., given a case study, diagram, clinical problem; upon completion of the examination; following a demonstration by the clinical instructor.
- D. Degree: The level of achievement that indicates acceptable performance, such as:
  - To a degree of accuracy, i.e., 90%
  - To a stated proportion, i.e., 3 out of 5
  - Within a given time period
  - According to information given by a source (e.g. in compliance with criteria presented by the instructor, in accordance with recommendations of some organization or authority, etc.)

## Suggestions for Writing Objectives

The following are suggestions for verbs that may be used to describe desired behaviors pertaining to various levels of demonstration and integration of knowledge:

Knowledge Level	Application Level	Problem-Solving Level
Define	Apply	Analyze
Describe	Classify	Appraise
Discuss	Compute	Assess
Explain	Demonstrate	Breakdown
Identify	Employ	Calculate
Indicate	Find	Compare
Label	Operate	Compose
List	Perform	Construct
Locate	Predict	Create
Name	Schedule	Criticize
Note	Sketch	Design
Recall	Solve	Diagram
Recite	Use	Differentiate
Recognize	Write	Distinguish
Record	Establish	Inspect
Repeat	Evaluate	Inventory
Report	Examine	Research
Restate	Formulate	Prepare
Review	Invent	Propose
State	Judge	Rate
Show	Organize	Select
Summarize	Plan	Synthesize

Most students focus their objectives on the behaviors related to the application of examination or intervention skills. Objectives may be written for all of the elements of the Patient/Client Management Model, as well as for other administrative aspects that pertain to the effective delivery of physical therapy services (e.g., verbal or written communication skills, marketing, conflict management, etc.).

## RESUME

Students are required to submit an updated resume prior to each clinical education experience for distribution to the clinical education site. Additionally, students use the resume prepared during the final year of the program in the employment application process.



## APPENDIX A: PROCEDURE ON CLINICAL PERFORMANCE

### Process for a student who has performance concerns during the clinical experience (these concerns may be identified by the student, CI, SCCE, patient, faculty who review CPIs/CPFs, DCE/ADCE, etc.):

1. The DCE/ADCE will communicate with the student, CI, and possibly the SCCE to discuss issues related to student's performance. A clinical site visit will be conducted as determined by the DCE/ADCE.
2. The DCE/ADCE will make recommendations for improving the student's clinical performance based on the information gathered. This may include, but is not limited to, establishing a learning contract or recommending clinical instruction modifications for the student.
3. Student and appropriate team members will develop a comprehensive plan to address performance concerns. A Compliance Assessment Form (Appendix B) may be issued as part of this process.
4. The DCE/ADCE will continue to monitor the student's progress via communication with the student and the CI throughout the clinical rotation.
5. The DCE/ADCE will also assess student performance as described by the CI on the CPI or CPF.
6. The DCE/ADCE may consult with the Clinical Education Team, Program Director, or SSPEC to discuss the student performance issue.
7. If there is continued concern regarding student performance, the DCE/ADCE may go through steps 1-6 listed above to improve student performance or the student may be removed from the clinical experience. In the case of student removal, an incomplete or failing grade may be issued.
8. A remediation plan for the subsequent clinical experience or makeup clinical experience may also be developed with the student, and this may involve the CI for that upcoming clinical experience.

Process for a student who has performed below expected level at the end of their clinical experience (this may be identified by the student, clinical instructor, faculty or DCE/ADCE):

Student expectations are described in each clinical education course syllabus. As outlined in the APTA Clinical Performance Instrument (CPI), the CPI should only serve as one piece of information for determining pass/fail status. As such, at the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider: clinical setting; experience with patients or clients in that setting; relative weighting or importance of each performance criterion; expectations for that clinical experience; progression of performance from midterm to final evaluations; level of experience within the didactic and clinical components; whether or not a "red flag indicator" was used; and the congruence between the CI's narrative midterm and final comments. If a student does not achieve the expected outcome as assessed by their clinical instructor on the CPI (or the Clinical Performance Form in PHYT 500), the process for determining if the student will pass or fail the clinical education course is as follows:

1. The DCE/ADCE will speak with the clinical instructor to discuss the student's clinical performance.
2. The DCE/ADCE will speak with the student to discuss the student's clinical performance.
3. The DCE/ADCE will discuss the student's performance, CI feedback, and student feedback with at least one other faculty member on the Clinical Education Team.
4. If DCE/ADCE and other faculty member feel that student warrants a passing grade on the clinical education course based on the items discussed in #3, then the student will receive a passing grade. A remediation plan will be initiated by the DCE/ADCE if deemed appropriate for the situation.
5. If it is determined that a student did not meet expectations for a passing grade as outlined within the course syllabi, the student will receive an "Incomplete" or "Failing" grade.
6. If a failing grade is issued, the student is required to meet with the SSPEC to determine the most appropriate action. This may include dismissal from the Program. If the student is not dismissed from the Program, a Learning Contract will be established in consultation with the Clinical Education Team, which will include a remediation plan. The clinical experience will be repeated at a site determined by the Clinical Education Team the next time a clinical experience is offered, provided the remediation plan has been successfully completed. Rescheduling of a terminal experience will be completed on a case-by-case basis according to the Learning Contract.
7. A student may receive a grade of "Incomplete" for a course in which, due to extenuating circumstances, the student is unable to complete and submit required course assignments or obligations by the completion of the clinical experience, but in which satisfactory progress has been made. A grade of "Incomplete" cannot be used to remediate failing performance. A student receiving a grade of "Incomplete" may be required to meet with the SSPEC. A plan to rectify the grade of "Incomplete" will be developed. For the "Incomplete" to be removed, the student must meet all requirements outlined in said plan.
8. A failing or incomplete grade may delay graduation.



**APPENDIX B: College of Allied Health Professions  
Department of Health and Rehabilitation Sciences | Physical Therapy Program  
Clinical Education Compliance Assessment Form**

Student name: \_\_\_\_\_ Clinical Education Course: \_\_\_\_\_

**Area(s) for improvement**

- Clinical knowledge / skill performance
- Professional behavior
- Health / wellbeing
- Other \_\_\_\_\_

**Plan(s) for improvement**

- Meet with Clinical Instructor / Site Coordinator of Clinical Education
- Meet with Director of Clinical Education / Assistant Director of Clinical Education
- Meet with PT Education Advisor
- Implement Weekly Planning Form
- Review didactic course materials
- Implement structured preparation strategies
- Implement time management strategies
- Contact Counseling and Student Development Center
  - Academic Success Program
  - Services for Students with Disabilities
  - Counseling
- Other \_\_\_\_\_

**Division action/response**

- Discuss at faculty meeting on: \_\_\_\_\_
- Monitor
- Establish learning contract
- Site visit
- Referral to Student Success & Performance Evaluation Committee
- Remove from clinical site

Expected resolution date \_\_\_\_\_

**Notes:**

Student's Signature: \_\_\_\_\_

DCE / ADCE Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

## College of Allied Health Professions - Physical Therapy Program

### URINE DRUG SCREEN STUDENT INSTRUCTIONS

The University of Nebraska Medical Center (UNMC) College of Allied Health Professions (CAHP) contracts with multiple clinical sites and providers that require drug screening for students prior to participation in clinical education or other learning experiences at their sites. In response to these requirements, student drug screenings are required at predetermined times throughout the curriculum. Additional urine drug screening may occur at the request of clinical sites.

#### Follow these instructions to complete the process:

1. Drink a normal amount of water and eat a normal meal at least 2 hours prior to providing a sample to avoid a dilute or concentrated specimen.
2. Bring evidence of medications that may influence results.
3. Take the "CAHP Urine Drug Screen Reporting Form" to your choice of drug screening facility for completion of, at minimum, a 10-panel urine drug screen.
4. The provider will complete the "CAHP Urine Drug Screen Reporting Form" and return to the Physical Therapy Program by fax (402-599-8626) or e-mail (ptclined@unmc.edu).
5. Obtain a copy of the detailed drug screen results to maintain for your records. Do not send the detailed results to the Program. Only the "CAHP Urine Drug Screen Reporting Form" should be sent to the Program.
6. Any results other than "Negative" will be handled according to UNMC CAHP Student Policy and Procedures Regarding Alcohol and Drugs.

## COLLEGE OF ALLIED HEALTH PROFESSIONS URINE DRUG SCREEN REPORTING FORM

Student: \_\_\_\_\_  
Last Name First Name M.I.

NU Student ID Number: \_\_\_\_\_

Date of Screening: \_\_\_\_\_

## Provider Instructions

1. Complete, at minimum, a 10-panel Urine Drug Screen.
2. Review student medications for potential positive results. Student should bring evidence of medications that may influence results.
3. Return the "CAHP Urine Drug Screen Reporting Form" to the Physical Therapy Program by fax (402-559-8626) or e-mail ([ptclined@unmc.edu](mailto:ptclined@unmc.edu)). Do not send the detailed results to the Program.
4. Provide a copy of the detailed/full results to the student.
5. If you have questions regarding this process, please contact [ptclined@unmc.edu](mailto:ptclined@unmc.edu)

10-PANEL URINE DRUG SCREEN RESULT:  
\_\_\_\_\_

Please check one

 Positive Drug Screen Negative Drug Screen\*

\*Positive Results with a valid prescription should be reported as negative.

Name of Test Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Updated 8-11-23



# UNK Student Health Urine Drug Screen Reporting Form

Student: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

NUID: \_\_\_\_\_ Date of Screening: \_\_\_\_\_

Program Name/Contact: \_\_\_\_\_

## Urine Drug Screen Test :

7-Panel Drug Screen Test

10-Panel Drug Screen Test

## Results:

Negative Drug Screen Test

POSITIVE Drug Screen Test

★ Confirmatory testing via  
Quest laboratory recommended. Please see  
"positive results" in SH Drug Screen Process  
document for more information.

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Testing Facility:** CHI Health Good Samaritan  
10 E 31st Street  
Kearney, NE 68847

**UNK Student Health:** 2510 11th Ave. MSAB 184  
Kearney, NE 68849  
Phone: 308-865-8218  
Email: unkhealth@unk.edu