

CLASS OF 2029 CLINICAL EDUCATION HANDBOOK
Physical Therapy Program
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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 education faculty of the University of Nebraska Medical Center (UNMC), Physical Therapy Program in the College of Allied Health Professions. The materials in this handbook are subject to change. Students and clinical education faculty may access this information on the [Physical Therapy Program Clinical Education webpage](#).

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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
CEC: Clinical Education Coordinator
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
SSPEC: Student Success and Performance Evaluation Committee
The Program: Physical Therapy Program

See the Comprehensive [ACAPT Clinical Education Glossary](#)

EDUCATION MANAGEMENT PLATFORM USED BY CLINICAL EDUCATION

EXXAT is the clinical education management software that UNMC PT utilizes. Each student will have their own unique login information.

For tech help, utilize the [EXXAT Help Guides](#), [Video Tutorials](#), and [FAQs](#).

If you have accessibility needs, please utilize this website: <https://exxat.com/accessibility>. If you need assistance in using the EXXAT website or web applications or have specific questions or concerns about the accessibility of this site, please get in touch with the EXXAT team at info@exxat.com. If you encounter an accessibility issue, please be sure to specify the specific web page in your request.

CLINICAL EDUCATION PHILOSOPHY

The mission of the Physical Therapy Program (the 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 (CIs), 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. Clinical Education Readiness is also assessed using [ACAPT's Student Readiness Rubrics](#), used throughout the curriculum. 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 Director of Clinical Education/Assistant Director of Clinical Education (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

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](#) or the [Clinical Education webpage](#).

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 in 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 experiences including **at a minimum**:

- **adult inpatient**
- **adult outpatient**
- **diverse primary patient population exposure**

To meet these requirements students must choose a **combination** of the following categories for their full-time clinical education experiences:

1. Clinical practice setting across the continuum of care including:
 - inpatient (acute hospital, skilled nursing facility, rehab hospital, etc.)
 - outpatient (private practice, hospital-based, etc.)
 - home health
 - school
2. Diverse primary patient population which includes exposure to patients across the lifespan 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. If you have concerns about traveling outside of your home campus, contact the clinical education team to set up a meeting to discuss.

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 (IP/OP)	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 (IP)	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)

Practice setting	Primary patient population	Geographical location
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 depth and breadth requirements for graduation. All requested clinical education selections will be reviewed by the DCE/ADCE 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

To ensure a fair and impartial learning environment that supports unbiased evaluation and professional growth, the following guidelines apply to all clinical education placements:

1. Previous or Current Employment

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

- Students **may** be placed within the same health system or company if the clinical site is a different location and they have **not** worked in the physical therapy department at that site.
- Any prior work experience outside of the physical therapy department at the proposed site must be disclosed and will be reviewed on a case-by-case basis.

2. Family and Personal Relationships

- A CI **must not** be a relative, close personal friend, or someone with whom the student has a personal relationship that could compromise objectivity.

- Students may **not** reside with their CI or any immediate family member of the CI during the clinical experience.

3. Disclosure Requirements

- It is the student's responsibility to disclose any potential conflicts of interest related to employment history, personal relationships, or living arrangements.
- Failure to disclose such information may result in reassignment of the clinical site.

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. Failure to correctly submit pre-clinical compliance documentation may result in a delayed or rescheduled clinical education experience. Failure to correctly submit documentation during and after the experience may result in a grade of Incomplete for the clinical education course. Patterns of unprofessional behavior may result in a referral to the Student Success and Performance Evaluation Committee (SSPEC) and possible disciplinary action. Each case is handled on an individual basis at the discretion of the DCE/ADCE.

Clinical Education Attire

Professional appearance is an important aspect of representing the physical therapy profession and the UNMC Physical Therapy Program. Students are expected to dress in a manner that reflects safety and respect for patients, colleagues, and the clinical environment while also honoring individual expression and identity. Business casual dress is appropriate for most clinical settings.

General Expectations

- Clothing should be clean, well-maintained, and appropriate for a healthcare setting.
 - Avoid clothing with offensive language, imagery, or prominent logos.
- Attire should allow for safe and effective participation in patient care activities.
 - No open-toed shoes in patient care areas.
 - Avoid excessively tight or revealing clothing.
 - Avoid high-profile or loose-fitting jewelry.
- Students should wear UNMC-issued identification badge at all times.
- Personal grooming and hygiene should reflect professionalism and support infection control practices.
 - Fingernails should be trimmed so as not to extend beyond the fingertips. Nail polish should not be chipped or peeling.
 - 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. Beards and mustaches should be neatly trimmed.
 - Avoid strong fragrances that may impact patients or staff.
- Swimwear, where required, should be conservative (e.g. females must wear a one-piece, males must wear board-style shorts).

Individual Expression

The Program supports students' rights to express their gender identity and cultural or religious practices through their appearance, as long as these choices do not compromise safety, infection control standards, or the expectations of the clinical site. Students with specific needs or concerns related to dress are encouraged to discuss them with the DCE/ADCE.

Clinical Site Requirements

Students must follow the dress code policies and expectations of their assigned clinical site, even if those policies differ from the Program's guidelines.

- Clinical site dress codes take precedence over the Program's dress code.
- Students are responsible for reviewing the clinical site's dress code prior to the start of the experience and adhering to the policy.

Compliance

Failure to adhere to the clinical site or Program dress code may result in removal from the clinical site, remediation, or disciplinary action.

Clinical Education Experience Attendance

Purpose

This policy outlines expectations for attendance during clinical education experiences and emphasizes the importance of professional responsibility in meeting graduation requirements.

Policy Statement

The Clinical Education Team is responsible for ensuring that all students complete the required clinical hours for graduation while maintaining the operational integrity of clinical sites.

As professional doctoral students, you are expected to prioritize your clinical education commitments. This may occasionally require postponing or declining personal events. 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.

Absence Guidelines

Absences should be limited to exceptional circumstances.

The Clinical Education Team recognizes that meaningful life events may occur during clinical education. When such events are infrequent and minimally disruptive to the clinical site, the team will work collaboratively with students to accommodate them.

Clinical Education Absence and Make-Up Policy

Overview

All absences from clinical education—planned or unplanned—must be made up. Make-up plans are developed individually with input from:

- The CI
- The student
- The DCE/ADCE

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.

Attendance Expectations

Unapproved absences may result in a failing grade for the clinical experience. Students may also be required to appear before the SSPEC.

If a student misses more than two days of a clinical experience, it may need to be repeated or rescheduled.

This decision will be made by:

- The Clinical Education Team (DCE/ADCE and/or assigned Program Faculty)
- The Program Director
- The SSPEC

Planned Absences

If you anticipate a need to be absent:

1. Email the DCE/ADCE at ptclined@unmc.edu to request approval.
2. Obtain approval from your CI after receiving DCE/ADCE approval.
3. Discuss a make-up plan with your CI. Consult the DCE/ADCE as needed.
4. Submit the absence and make-up plan in EXXAT before the absence occurs.

Unplanned Absences

If you must miss a clinical day unexpectedly:

1. Notify your CI as soon as possible, and no later than 30 minutes before the clinical day begins.
2. Email the DCE/ADCE at ptclined@unmc.edu on or before the day of the absence.
3. Discuss a make-up plan with your CI. Consult the DCE/ADCE as needed.
4. Submit the absence and make-up plan in EXXAT within one week of the absence.

Additional Notes

Failure to follow these procedures may result in a failing grade.

If extenuating circumstances require a significant absence, students may request a grade of "Incomplete." Completion of the experience will follow an individualized remediation plan.

Calculating Clinical Education Hours

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.

Clinical Instructor Evaluation of Student Performance

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

PHYT 600 Clinical Education 2: APTA PT Clinical Performance Instrument (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.

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.

To provide a valuable evaluation, the CI should:

- Read and familiarize themselves 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 typically follow them throughout each of their experiences. The purpose of the CPI reviewer is to:

- Rapidly identify any student or CI 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 & Clinical Instruction

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 Experience and Clinical Instruction found on EXXAT. The CI and student will meet to review the evaluation. After the discussion, documentation should be submitted to academic institution via EXXAT as instructed. The clinical education site may request a copy of the evaluation.

Clinical Instructor Supervision Student Physical Therapists

Student physical therapists may not practice in the capacity of a licensed physical therapist. Student physical therapists 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](#). 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.

- Links to for each state can be found at [The Federation of State Boards of Physical Therapy](#)

Use of Social Media

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

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 CIs or patients on social media** to maintain professional and ethical boundaries.

Medical History/Vaccinations

All students must comply with the [UNMC 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 related to alcohol and drugs](#).

- [Drug Free Campus Policy](#)
- [Standards of Conduct for Employees and Students regarding Alcohol and Drugs](#)
- [Substance Abuse or Dependency Standards of Conduct –](#) Alcohol and Drugs, and Substance Use Disorders

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 urine drug screen that includes, at a minimum, screening for the following: amphetamine, barbiturates, benzodiazepines, cocaine, cannabinoids (THC), methadone, methamphetamine, opiates, oxycodone, phencyclidine (PCP) 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. **Drug screens completed outside the timeline provided in class will not meet the Program drug screen requirement.**

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 use disorder.

Drug screen results must be submitted directly to the Program by the provider/vendor via fax (402) 559-8626 or by emailing ptclined@unmc.edu utilizing the “Urine Drug Screen Reporting Form.” A sample of The “Urine Drug Screen Reporting Form” can be found in Appendix B and accessed in EXXAT.

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 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 Drug 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 policies outlined in the [UNMC Student Policies and Procedures regarding Student Code of Conduct](#)

Students may be referred for evaluation and treatment through [UNMC Student Health](#) , [UNMC Counseling and Psychological Services](#) , 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 [Resources for Behavioral Expectations of Students](#) 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

All students are required to maintain health insurance. Details regarding health insurance can be found on the [Student Health Insurance webpage](#)

Acquisition of Off-Site Health Services

Details regarding acquisition of off-site health services can be found on [Student Health Services webpage](#).

Exposure to Airborne Pathogens and Body Fluids

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](#).

Students should follow the procedures outlined at the link above immediately and notify the DCE/ADCE within 24 hours of the incident.

ADA Accommodation

Students enrolled in the Program are expected to meet the [Essential Functions](#) set forth by the Program to be eligible for graduation. Students requesting accommodations should contact the [Accessibility Services Center](#) as soon as they anticipate needing accommodations, as considerable lead time is required to evaluate requests and implement approved 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 of:

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

A Compliance Training Certificate indicating successful completion of the five training requirements listed above 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”](#) You will need to log in with your UNMC credentials.
- Go to the 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.

Basic Life Support Certification Requirement for Clinical Education Participation

To ensure the safety of all patients and to meet clinical site requirements, all students must provide proof of current BLS certification prior to beginning any clinical education experience.

- Certification must be completed through one of the following organizations:
 - American Heart Association
Course title: Basic Life Support (BLS)

- American Red Cross

Course title: BLS for Healthcare Providers. The Program will also accept BLS for Professional Rescuers as the initial certification but require students to obtain BLS for Healthcare Provider during re-certification.

Accessible Training Option for UNMC Students

The Students of the University of Nebraska American Physical Therapy Association (SUN-APTA) typically offers Basic Life Support (BLS) certification training on each campus. Students should watch for announcements regarding upcoming training opportunities through SUN-APTA and may contact SUN-APTA representatives with any questions about registration or course availability.

Submission and Documentation

- Students must upload valid BLS certification to EXXAT before clinical placement.
- Students are also required to bring a physical or digital copy of their BLS card to each clinical site, as some facilities may request on-site proof.

Student Background Check

All accepted CAHP students must undergo a background check per the [UNMC Background Check Policy](#).

For questions regarding background checks, contact [CAHP Enrollment Management & Student Affairs](#).

The clinical education team can provide an attestation that the student completed a background check at matriculation if requested by a clinical site. If a clinical site requests a copy of the student's background check report, **the student** is required to provide this to the site.

If there are any legal issues that could affect a student's ability to participate in a clinical education experience, the 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. **Some sites will not allow students to participate in a clinical education experience based on background check findings.**

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 or cancelled. Students can obtain information regarding site-specific requirements on EXXAT or may be notified of such requirements 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 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 page for each site in EXXAT which includes information about the clinical site such as 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 Clinical Education Coordinator (CEC), 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 (CAHP), 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](#) 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, CIs, 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 the [APTA webpage](#). 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 is 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 CEC meeting with the Site Coordinator of Clinical Education (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 impacts 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 DPT Program or clinical site. 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, 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 the next steps. The student may contact the Program Director with concerns about the decision made by the DCE/ACE and/or 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](#).

CIs 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. CIs 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 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.

Verification of Student Identity for Distance Education

Clinical Education is not distance education. However, EXXAT and CPI are accessed via student's 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.

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, CAHP, and Program Policies and Procedures for handling student grievances as outlined in the [Physical Therapy Program Student Handbook](#) 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](#) will be followed.

Protected Health Information

Students **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 CI. 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.

RIGHTS AND RESPONSIBILITIES

Responsibilities of Physical Therapy 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 clinical sites and students.
- Maintaining confidentiality of student records.
- Updating clinical site information in data management system.
- Developing and maintaining 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 a resource to the student, CI, and SCCE.
- Performing site visits, phone conversations and 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 the 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 the team (CI's, SCCE's, students, faculty, and staff) are upholding their clinical education responsibilities.

D. Responsibilities of Clinical Education Coordinator

- 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 pertinent student information to the clinical site 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 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 CIs.
- Supervising CIs 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.
- Protecting student information and performance according to the Family Educational Rights and Privacy Act (FERPA).

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 CI credentialing program such as the APTA Credentialed Clinical Instructor Program (CCIP) is preferred.

C. Responsibilities of Clinical Instructor

- Instructing, guiding, supervising, and formally assessing the student during the clinical education experience.
- Serving as a role model for 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.
- Protecting student information and performance according to the Family Educational Rights and Privacy Act (FERPA).

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 CIs.
- 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 University, 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 MISSION, PHILOSOPHY, AND CURRICULAR THEMES AND GOALS

Refer to the [Physical Therapy Program Student Handbook](#)

DPT PROGRAM CURRICULUM OUTLINE

Refer to the [UNMC Physical Therapy Program Curriculum](#)

COMMUNICATION WITH CLINICAL EDUCATION SITES

Students Prohibited from Contacting Clinical Sites to Request Clinical Experiences

The Clinical Education Special Interest Group (CESIG) of the APTA Academy of Education 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 therapist 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 CI during a clinical education experience via the midterm and final student evaluations, email, site visits and/or phone calls. To enhance direct communication with CIs, the Physical Therapy Program requires each student to provide the Program with each CI's contact information during the first week of the clinical education experience.

Establishing an affiliation agreement between a clinical site and the Program is to be done via the DCE/ADCE and CEC and the clinical site. Students that have an interest in completing a clinical education experience at an unaffiliated site should speak with the DCE/ADCE. **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 with access to the following information a minimum of 4-6 weeks prior to the beginning of each clinical education experience:

1. Student Profile: Completed by student in EXXAT.
 - Profile: Completed by student in EXXAT. Contains demographic and emergency contact information, personal statement and areas of interest, education and work experience, skills and accomplishments, and a copy of the student's resume.

- Additional Profile Details: Completed by the student in EXXAT. Outlines why they chose physical therapy, previous clinical education experiences, preferred learning styles, strengths, areas for further development, goals, and special requests for the upcoming experience.
- Compliance: Provides documentation of:
 - Basic Life Support
 - COVID – 19 Vaccination if applicable
 - Health insurance
 - Liability insurance
 - MMR, Varicella, Hep B, Tdap, Polio
 - TB Test or Annual Review of Symptoms.
 - Compliance Training Certificate:
 - Bloodborne Pathogens
 - Safety and Hazard Communication
 - Health Insurance Portability and Accountability Act of 1996 (HIPAA)
 - Fundamentals of Family Educational Rights and Privacy Act (FERPA)
 - Title IX Student Training.

2. Access to course syllabus corresponding to the clinical education experience.

APPENDIX A: PROCEDURE ON CLINICAL PERFORMANCE

Process for a student who has performance concerns during the clinical experience:

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.
3. The student and appropriate team members will develop a comprehensive plan to address performance concerns.
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 clinical education evaluation tool.
6. The DCE/ADCE may consult with the Clinical Education Team, Program Director, and/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 from the site, 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:

Student expectations are described in each clinical education course syllabus. The clinical education evaluation tool 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 DCE/ADCE 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 of the curriculum; whether or not an "early warning system" was used; and the congruence between the CI's rating and narrative midterm and final comments. If a student does not achieve the expected outcome as assessed by their CI on the clinical education evaluation tool, 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 CI 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.
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. A student may receive a grade of "Incomplete" for a course in which, due to extenuating circumstances, the student is unable to complete or submit required course assignments or obligations by the completion of the clinical experience, but in which satisfactory progress has been made. 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. A student receiving a grade of "Incomplete" may be required to meet with the SSPEC. A grade of "Incomplete" cannot be used to remediate failing performance.
7. 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.
8. A failing or incomplete grade may delay graduation.



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. Take the "CAHP Urine Drug Screen Reporting Form" to your choice of drug screening facility for completion of urine drug screen that includes, at a minimum, screening for the following: amphetamine, barbiturates, benzodiazepines, cocaine, cannabinoids (THC), methadone, methamphetamine, opiates, oxycodone, phencyclidine (PCP).
3. The provider will complete the "CAHP Urine Drug Screen Reporting Form" and return to the Physical Therapy Education Program by fax (402-599-8626) or e-mail (ptclined@unmc.edu).
4. 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.**
5. 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 Name:	
NU ID:	
Program:	
Date of Screening:	

Provider Instructions:

1. Complete urine drug screen that includes, at a minimum, screening for the following: amphetamine, barbiturates, benzodiazepines, cocaine, cannabinoids (THC), methadone, methamphetamine, opiates, oxycodone, phencyclidine (PCP).
2. Return the "CAHP Urine Drug Screen Reporting Form" to the Physical Therapy Education Program by fax (402-559-8626) or e-mail (ptclined@unmc.edu). Do not send the detailed results to the Program.
3. Provide a copy of the detailed/full results to the student.
4. If you have questions regarding this process, please contact ptclined@unmc.edu

Urine Drug Screen Result

Please check one:

- ☐ Negative Drug Screen*
- ☐ Positive Drug Screen

* Positive results with a valid prescription should be reported as "Negative."

Name of Test Facility:	
Address:	
Provider Signature:	
Provider Name:	
Date:	