

## **CLASS OF 2025 CLINICAL EDUCATION HANDBOOK**

Division of Physical Therapy Education  
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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 instructors of the University of Nebraska Medical Center (UNMC), Division of Physical Therapy Education 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 Division of Physical Therapy Education 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  
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

## CLINICAL EDUCATION PHILOSOPHY

The mission of the Division of Physical Therapy Education at UNMC is to improve the health of Nebraska by:

- Preparing physical therapists and other healthcare professionals to deliver evidence-based, patient-centered care as members of an interprofessional team.
- Conducting scholarly activities that contribute to the evidence and influence change in clinical and educational practice.
- Providing professional service including outreach to underserved populations.

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. The 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 Division of Physical Therapy Education prior to beginning clinical education rotations. Students must, at a minimum:

- 1) maintain a GPA of 2.33 or higher, and
- 2) demonstrate Professional Behaviors at a level consistent with their advancement in the DPT curriculum (see Appendix A of the Division of Physical Therapy Education 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 Division of Physical Therapy Education 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 Education at UNMC is accredited by:

The Commission on Accreditation in Physical Therapy Education (CAPTE)

1111 North Fairfax Street

Alexandria, Virginia 22314

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 of full-time clinical education experiences are completed during four rotations. Clinical education experiences are expected to occur on the following schedule. The first full-time experience occurs at the beginning of Semester 4, and the final three experiences are scheduled in succession, beginning in semester 6 and continuing through semester 8. Specific timing of clinical education experiences is subject to change at the discretion of DCE/ADCE.

#### **Requirements**

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 them the 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).” To gain adequate exposure to patients with movement dysfunction across the continuum of care 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. Primary patient population
  - Exposure to patients with conditions affecting:
    - musculoskeletal system
    - neuromuscular system
    - cardiopulmonary system
    - integumentary system
3. Varying 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:

- Private outpatient practice providing aquatic therapy in Kearney, NE
- Rural critical access hospital (inpatient, outpatient, home health, school-based pediatrics, SNF) in O’Neill, NE
- Hospital-based outpatient practice seeing primarily patients with pelvic health conditions in Omaha, NE
- Private outpatient practice seeing primarily patients with musculoskeletal conditions in Lincoln, NE

Example 2:

- Acute care hospital in Salt Lake City, UT
- Outpatient pediatric clinic in Abilene, TX
- Hospital-based outpatient practice seeing primarily patients with musculoskeletal conditions in Richland, WA
- Private outpatient practice primarily seeing patients with musculoskeletal conditions in Montrose, CO

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

Example 1:

- Private outpatient practice primarily seeing athletes with musculoskeletal conditions in Omaha, NE
- Private outpatient practice primarily seeing patients with musculoskeletal conditions in Hastings, NE
- Hospital based outpatient practice primarily seeing patients with musculoskeletal conditions in Kansas City, MO
- Private outpatient practice primarily seeing patients with musculoskeletal conditions in Lincoln, NE

\*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:

- Private outpatient practice primarily seeing pediatric patients with neuromuscular conditions in Omaha, NE

- Hospital that sees both inpatient and outpatient pediatric patients primarily with neuromuscular conditions in Omaha, NE
- Private outpatient practicing primarily seeing adults with vestibular conditions in Grand Island, NE
- Private outpatient practice primarily seeing pediatric patients with neuromuscular conditions in the school or home setting in Garden City, KS

\*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 Program (RHOP), 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).

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 reserve 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 reserve 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 due to 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 a facility where they have been previously or are currently employed.

### **Assignments**

Assignments are crucial to the fulfillment of obligations to the College, Division, clinical sites, and accrediting bodies. It is expected that all assignments are 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. Issue will be brought to Division core faculty for discussion as this is considered a professional behavior issue affecting clinical education readiness.

**Late, missing, or inaccurate assignment submissions may also result in a grade if Incomplete.**

### **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 are to 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 should 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 photo ID name tags (or the equivalent issued by the clinical education site) should be worn at all times. Students will have the choice to wear the standard UNMC photo ID name tag that includes their full name, or the alternative UNMC photo ID name tag that includes only their first name, unless the clinical site requires first and last names to appear on the photo ID.
- 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 which is below shoulder length 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. You will need to check facility 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 from Clinical Education Experiences**

As clinical education experiences are key in the development of entry-level practitioners, it is the Program's expectation that students will prioritize attendance during all scheduled clinical education experiences. Absences from the clinic should only occur in the event of exceptional circumstances.

- 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 Clinical Instructor, 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 greater 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 Clinical Instructor unless the Clinical

Instructor determines otherwise. This may include weekend and holiday work if the Clinical Instructor believes it to be of educational benefit to the student. In such a case, the Clinical Instructor 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 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 Clinical Instructor 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 before the scheduled end date. However, such negotiation may take place with the approval of the DCE/ADCE and CI to allow students an opportunity to participate in employment interviews or other personal commitments. These commitments shall not be more than two (2) days of any given clinical education experience.

### **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 (CPF)

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

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

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

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 Clinical Instructor should:
- Read and familiarize himself/herself with the instrument and guidelines provided.
  - Use the comment sections 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 Clinical Instructor have completed and signed the assessment.

### **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 Clinical Instructor and student will meet to review the evaluation. After the discussion, the appraisal should be signed and dated by the student and the Clinical Instructor 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 Clinical Instructor's responsibility to ensure that adequate supervision is always available for the student(s) during the clinical experience.

- 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.

### **Use of Social Media**

Per UNMC, "Use of social media, **even in personal capacity**, must comply with state and federal laws concerning patient information including the Health Insurance Portability and Accountability Act (HIPAA)" ..... "Do not disclose confidential information, including patient care events." Further, 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 UNMC students are required to provide evidence of vaccination against or immunity to the following:

- rubeola (measles)
- rubella
- mumps
- diphtheria/tetanus/pertussis
- polio (if traveled outside of the Western Hemisphere in the last 5 years)
- varicella (chicken pox)
- tuberculosis

- hepatitis B
- COVID-19
- influenza immunization is strongly recommended for all students

UNMC is not requiring students to obtain the seasonal flu shot. However, there has been an increased expectation from many of our clinical sites that students arrive with documentation of having received the flu shot or declination. Flu shot clinics are held each Fall.

If a student declines any recommended or required vaccinations, the clinical site may prohibit that student from completing a clinical experience at that facility or require those students to wear personal protective equipment during all patient clinical encounters.

UNMC does not pay for any pre-matriculation health requirements. This is the student's responsibility. If, for example, an update on MMR or Tetanus is required, students may be able to receive free vaccinations at the Douglas County Health Department. Details regarding immunization requirements can be found on the Student Health Office Immunization Requirements webpage located at <https://www.unmc.edu/familymed/studenthealth/required-immunizations/index.html>

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

All University of Nebraska Medical Center (UNMC) students are required to abide by the UNMC Student Policies and Procedures regarding alcohol and drugs as outlined in the [UNMC Catalog](https://catalog.unmc.edu/general-information/student-policies-procedures/) (https://catalog.unmc.edu/general-information/student-policies-procedures/) “

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.

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 rotations at those sites. Such screening may be required prior to commencing the clinical rotation, or during the clinical rotation 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 email [ptclined@unmc.edu](mailto:ptclined@unmc.edu) utilizing the “Urine Drug Screen Reporting Form” (Appendix C).

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 rotation 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 rotation 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 CAHP Student Policy and Procedures Regarding Alcohol and Drugs outlined in the UNMC Catalog (<https://catalog.unmc.edu/general-information/student-policies-procedures/student-health-policies-procedures/>).

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/general-information/student-policies-procedures/) (<https://catalog.unmc.edu/general-information/student-policies-procedures/>) 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/>

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

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 Blood or Body Fluids**

Details regarding accidental exposures to blood and body fluids can be found on the Blood and Body Fluid Exposure webpage <https://www.unmc.edu/familymed/studenthealth/emergency-care-or-icc/bloodbodyfluidexposure.html>

Immediately report blood or body fluid exposure. High-risk HIV exposures need post-exposure prophylactic medication within the first 1-2 hours after exposure.

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

1. Immediately call the OUCH pager number \*9-888-6824
2. The OUCH nurse will consult and advise you regarding necessary testing and/or treatment.
3. 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 nurse. 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.

### **TB Exposure Procedure**

Contact UNMC Student Health at 402-559-5158 to consult with a nurse within 48 hours. The nurse will advise you regarding necessary testing and/or treatment. The clinical site is responsible for: assessing potential risk; if necessary, securing permission and a blood sample from the patient (faculty member or student) for testing; cost of blood testing; and securing medication required for emergency treatment of high-risk exposures. The faculty member or student is responsible for obtaining follow-up care and is liable for the expense.

### **ADA Accommodation**

#### ***Accommodations for Students with Disabilities***

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

If you have a learning or physical disability and require accommodations, please contact the Accessibility Services Center. UNMC will provide reasonable accommodations for persons with documented qualifying disabilities; however, it is the student's responsibility to request accommodations. Please contact the coordinator(s) for the course(s) within the first two weeks of the semester as considerable lead-time is required for authorized accommodations. All requests will be handled confidentially.

For more information about Essential Functions, please see:

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

For more information about the Accessibility Services Center, please

see: <https://www.unmc.edu/student-success/support-services/accessibility/index.html>

Additionally, the student must contact the Director of Clinical Education **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 of: the Bloodborne Pathogens, Safety and Emergency Preparedness, Inclusive Excellence: Excellence Through Bridging Cultural Differences, Health Insurance Portability and Accountability Act of 1996 (HIPAA), Fundamentals of Family Educational Rights and Privacy



Act (FERPA), and 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
- The next screen will show the status of your online training and certification requirements and provide links to the online training.
- 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 should bring their card with them to all clinical experiences.

### **Student Background Check**

Students must complete a background check prior to their arrival on campus, in preparation for participation in clinical education experiences. Please go to the CAHP Orientation Course for detailed instructions on how to complete this compliance requirement. If you have any questions, please contact the CAHP Office of Enrollment Management & Student Affairs at 402-559-6673 or [cahpadmissions@unmc.edu](mailto:cahpadmissions@unmc.edu).

Students with documented discrepancies on the background check may be asked to meet with the CAHP Assistant Dean of Academic Affairs (ADAA). If deemed appropriate, the ADAA may also involve the Program Director and/or the DCE/ADCE. In consultation with the Program Chair and/or the DCE/ADCE, the ADAA may determine that the student may proceed in the program. Additional monitoring or other provisions may be required.

The student must report to the appropriate ADAA within 30 days any new charges or convictions other than minor traffic violations, including but not limited to: theft, assault, and illegal drug/alcohol activity. Pending charges or convictions could interfere with clinical placements, or the ability to obtain licensure for professional practice. The student must also report if they have been a defendant in a civil suit.

Involvement in criminal activity that occurs or is discovered while a student attends UNMC may result in disciplinary action, including dismissal, and will be addressed through the University’s academic or disciplinary policies.

Student Background Check (SBC) reports and related information are confidential and may only be reviewed by UNMC officials and affiliated clinical facilities in accordance with the Family Educational Records and Privacy Act (FERPA). SBC reports and related information will be maintained in the office of the ADAA or maintained electronically, according to state statute requirements.

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 PT 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 Division of Physical Therapy Education 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 Division of Physical Therapy Education 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 during clinical education experiences. 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 [Division of Physical Therapy Education 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, Department of Education, 1111 N Fairfax St., Alexandria, VA 22314. 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 UNMC Division of Physical Therapy Education 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 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 PT Program views the continuance of communication as a primary right of the clinical faculty. The PT 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 (e.g. information informing the clinical sites about students participating in the care of patients with Medicare Parts A and B). Personal communication occurs through site visits, continuing education seminars, phone calls and e-mails. Additionally, clinical faculty members have access to the PT Program's website.

**Clinical instructors 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. Clinical instructors have the opportunity to participate in continuing education courses provided by the PT 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 (outlined in the Division of PT Education Student Handbook and the Clinical Education Handbook) will be followed. DCE/ADCE will communicate with the student to achieve an acceptable outcome. If the student feels that the outcome is not satisfactory, they may pursue the grievance as described in the [College of Allied Health Profession Handbook](https://catalog.unmc.edu/allied-health-professions/) (https://catalog.unmc.edu/allied-health-professions/).

### **Complaints from Outside Stakeholders**

Upon receipt of a complaint from a stakeholder outside of UNMC, the DCE/ADCE will discuss the issue with the stakeholder and determine if further discussion is necessary. This could include but is not limited to: Program Director, Clinical Education Team, curriculum committee, and core faculty.

### **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 clinical site (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**

- Providing an environment that encourages students to take responsibility for assigned learning tasks.
- Providing the instruction for students to learn the knowledge, skills, and behaviors necessary to become a safe and skilled practitioner.
- Assigning and communicating with students during their clinical experiences.
- Communicating with the CI's and SCCE's about the UNMC curriculum.
- Ensuring that all members of team: CI's, SCCE's, students and faculty are upholding their responsibilities to maintain a positive learning environment.
- Maintaining current knowledge of the discipline through continuing professional development.
- Meeting or exceeding accreditation requirements.
- Ensuring student readiness for clinical education prior to clinical assignment.

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

- Planning and implementing the clinical education component of the curriculum.
- Developing clinical sites.
- Communicating between UNMC and clinical sites.
- Providing orientation to new clinical sites and/or faculty.
- Scheduling and assigning student placements to clinical education experiences.
- Performing site visits, phone conversations and electronic meetings/communication with clinical sites.
- Coordinating contact with student and CI during clinical education experiences as needed.
- Providing education to clinical education faculty as needed on topics to improve effectiveness of clinical education program.
- Assessing effectiveness of Clinical Education Program.
- Assigning grades for clinical education experience and facilitating confidentiality of student records.
- Updating Clinical Education Handbook as needed and providing access to all clinical sites and students via Clinical Education webpage.
- Serving as resource to the student and the CI.
- Keeping student and clinical education faculty informed of regulations and rules that guide clinical education for PT students.
- Facilitating conflict resolution and problem-solving strategies as needed.
- Ensuring that clinical sites meet minimum criteria.
- Providing the instruction for students' knowledge, skills, and behaviors necessary to become a safe and skilled practitioner with Program faculty.
- Providing student advising as it relates to clinical education.
- Providing an environment that encourages students to take responsibility for their assigned learning tasks.
- Promoting an environment of compassion, respect, empathy, and dignity in providing care to patients.
- Maintaining current knowledge of the discipline through continuing professional development.
- Ensuring that all CI's and SCCE's are informed of any pertinent changes in Program policies and procedures and/or student scheduling.
- Verifying the student has met minimum Program criteria in all coursework prior to clinical placement.

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

- Updating and reviewing clinical site database annually and as needed, prior to clinical assignment.

- Sending requests for clinical slots.
- Ensuring Affiliation Agreements are current.
- Updating clinical site information in EXXAT in conjunction with the DCE/ADCE.
- Notifying clinical sites of the assigned student's name and pertinent 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 Division of Physical Therapy Education.

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

- Coordinating and scheduling clinical experiences with DCE/ADCE.
- Providing orientation materials including safety procedures related to clinical site and equipment or arranging for these to be provided by CI.
- Delegating CI responsibilities to qualified staff PT.
- Serving as a resource for the CI.
- Informing CI of all pertinent information from the UNMC PT Program.
- Providing communication and problem-solving strategies for the student and CI as needed.
- Providing necessary documentation to the Program's DCE/ADCE and/or Clinical Education Associate including, but not limited to: the Affiliation Agreement, slot requests, and clinical site information/requirements.
- Providing facility policies and procedures related to site and equipment safety upon request of the DCE/ADCE.
- May request information regarding background checks. The Program can provide and attestation of the completion of a background check, but the request for a copy of the report or specific details of a background check is made to the student.

#### **B. Minimum Criteria for Clinical Instructors**

- Licensed as a Physical Therapist.
- One year of clinical experience
- Completion of a clinical instructor credentialing program such as the APTA clinical instructor education and credentialing program is preferred.

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

- Providing direct supervision of the student and if not available, assigning this to another licensed PT.
- Providing orientation and instruction to the student.
- Serving as a role model, educator, advisor, evaluator and clinical resource person for the duration of the student's clinical education experience.
- Aiding the student in various clinical experiences to facilitate learning.
- Assuming responsibility for determining which experiences are appropriate for PT student involvement.
- Maintaining communication with student and DCE/ADCE.
- Providing ongoing feedback to the student.
- Providing formal documented evaluation of student performance at midterm and end of clinical experience.
- Participating in training as needed to utilize CPI and CPF.
- Notifying the DCE/ADCE immediately if a student is having difficulty with performance criterion on the CPI or CPF.
- Notifying the DCE/ADCE immediately if the CI checks the Significant Concerns Box on any criterion on the CPI.
- 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 directed at improving 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 clinical instructors
- Current trends related to clinical education

Specific faculty development activities will be created by the Program Faculty who coordinates 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 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 established by the APTA at all times during clinical courses.
- Adhering to clinical education site's 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 CI and 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 EDUCATION DPT PROGRAM OUTLINE OF ACADEMIC YEAR**

Refer to [Division of Physical Therapy Education](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. The CESIG conducts meetings at CSM in February and at ELC in October. At the October 2016 CESIG meeting there was discussion amongst members related to students contacting clinical sites requesting clinical experiences and the challenges this presents. During this meeting, clinical education representatives from across the country reported widespread acceptance of the position that students would be instructed not to contact clinical sites requesting clinical experiences. **The request for clinical placements is to come from DCE/ADCEs/ACCEs.** 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 CPI or CPF 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 PT program is to be done via the DCE/ADCE and the clinical site. The Clinical Education Associate 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. **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:

- Student Information: Completed by student in EXXAT. Containing demographic and emergency contact information, personal statement and areas of interest, education and employment history, language proficiency, and honors and publications,
- Clinical Questionnaire: Completed by the student in EXXAT. Outlining previous clinical education experiences, learning styles, strengths, areas for further development, goals, and special requests for the upcoming experience.
- Health Screening: Uploaded to EXXAT by student. Provides documentation of immunization record and annual PPD Screening.
- Health Insurance Card: Uploaded to EXXAT by student.
- Compliance Training Certificate: Uploaded to EXXAT by student. Provides documentation of the following trainings:
  - Inclusive Excellence: Excellence Through Bridging Cultural Differences
  - Title IX Student Training
  - Fundamentals of FERPA
  - Bloodborne Pathogens
  - Safety and Emergency Preparedness
  - HIPAA
- Student Resume: Uploaded to EXXAT by student.
- Basic Life Support (BLS) card: Uploaded to EXXAT by student.
- Access to course syllabus corresponding to that clinical education experience: Via link to UNMC Clinical Education webpage
- Access to Certificate of Professional Liability Insurance: Uploaded to EXXAT by Program.

### **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. The terms “resume” and “curriculum vitae” are often used interchangeably, although they represent quite different approaches to recording and representing experience and accomplishments. A resume is often viewed as a 1–2-page summary of the applicant’s educational background, employment history and accomplishments. Although the curriculum vitae (CV) communicates similar information about the individual, it is often a much more detailed document and can be several pages in length.



## 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) will 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/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) there is flexibility for the DCE/ADCE to determine if a student's performance meets, or does not meet, the expectations of the Program. The CPI instructions state, "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 'significant concerns' box was checked; and the congruence between the CI's narrative midterm and final comments related to the five performance dimensions and the ratings provided." 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 500/600), 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. In the event that 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. In order 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 | Division of Physical Therapy Education**  
**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 Education

### 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 Division of Physical Therapy Education 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 Education 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 circle one-

Negative Drug Screen\*

Positive 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 1-20-21