The purpose of this manual 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, Department 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 Department of Physical Therapy Education Clinical Education webpage at http://www.unmc.edu/alliedhealth/education/pt/clin-ed.html.
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CLINICAL EDUCATION PHILOSOPHY

The mission of the Department of Physical Therapy Education at the University of Nebraska Medical Center 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 inter-professional 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 a variety of practice settings serving clients with different 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 is designed to move 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 specialty knowledge. This, coupled with the program curriculum, provides the foundational base of knowledge, skills and abilities necessary to begin entry level practice.

Accreditation Status

Physical Therapy Education at the University of Nebraska Medical Center 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
Website: http://www.capteonline.org
CLINICAL EDUCATION CURRICULUM

Course Numbers & Titles

- PHYT 550 Clinical Education I
- PHYT 650 Clinical Education II
- PHYT 750 Clinical Education III
- PHYT 751 Clinical Education IV
- PHYT 752 Clinical Education V

Course Descriptions and Objectives

See Course Syllabi posted on Canvas or the Clinical Education Webpage located at http://www.unmc.edu/alliedhealth/education/pt/clin-ed.html

Overview: Format, Requirements, Selections

General Format

The Clinical Education component of the curriculum consists of five clinical education experiences, including one part-time and four full-time internships 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 a total of 80 contact hours, gaining broad exposure to physical therapy practice. The remaining 32 weeks of full-time clinical internships are completed during four 8 week rotations. The first 8-week internship occurs at the completion of the second year (Semester 6) and the final three culminating internships are scheduled in succession, beginning in approximately the second half of semester 7 and continuing throughout semester 8.

Requirements

The Program faculty believes it is in the best interest of each student to participate in a variety of clinical education experiences. Students are required to participate in at least one full time clinical experience in the following practice areas: inpatient, outpatient orthopedic, a practice that addresses the treatment of persons with conditions primarily affecting the neurologic system (Adult Rehabilitation or Pediatrics) and a setting outside the metro areas of Omaha and Lincoln (for those students on the Omaha campus) or outside the central Nebraska region (for those students on the Kearney campus). Students are encouraged to select clinical education placements that not only vary by type but also by geographic location. Travel and housing expenses associated with clinical education experiences and internships are anticipated and are the responsibility of the student. Students may not complete a clinical education internship at a facility where they have been previously or are currently employed. For students who enter the professional program through the Rural Health Opportunities Program (RHOP) two of the four required clinical internships will be in rural Nebraska. It is the student’s responsibility to ensure that they are meeting this graduation requirement. The Director of Clinical Education and the Clinical Education Coordinator will review all placements for each clinical education experience to confirm student compliance.

Selection Process

The selection and assignment of clinical education placements is based on a number of factors including student professional goals, site availability, and Program requirements. Students are assigned to clinical sites for their PHYT 550 integrated clinical experiences by the DCE. For the remaining 8 week clinical experiences (PHYT 650, 750, 751, and 752), students are allowed to select their clinical internships as part of a student negotiation process, under the guidance of the DCE and in accordance with program clinical education requirements which are described in the Clinical Education manual. Students are provided with data each spring regarding the clinical education internships offered by affiliating sites for the upcoming calendar year. Students preview this information in preparation for the clinical selections and negotiations process which occurs in the spring semester. Final clinical placements are determined by the Director of Clinical Education with input from the clinical education team. The Director of Clinical Education reserves the right to modify or change placement despite student selections 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**

**Attire on Clinical Education Experiences**

Attire should be professional, coordinated, conservative, and non-wrinkled. Generally speaking, 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 Canvas (Clinical Site Information). In other instances, the clinical site will notify the student prior to the internship 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 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.

- 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 2 earrings. Facial, tongue, and dental jewelry are not acceptable. Loose fitting necklaces should be avoided.

- Tattoos must be covered.
• 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 Director of Clinical Education.

Absences from Clinical Education Experiences

All absences from clinical internships must be reported to and approved by the site Clinical Instructor. All absences during a given clinical education internship must also be reported to the Director of Clinical Education. If a student must miss greater than two days on a given clinical internship, the internship may have to be repeated and/or rescheduled. A group including the Director of Clinical Education, the Program Director, and/or the Student Performance Evaluation Committee will make this decision.

Failure to comply with the requirements for make-up will result in a grade of "F" 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.

It is the expectation of the UNMC PT Program that students will make up all time missed during a clinical education experience. The mechanism for this will be made on a case by case basis, with input from the Clinical Instructor, the student, and the Director of Clinical Education. An unapproved absence will result in a failing grade for that clinical education experience and the student will appear before the Student Performance Evaluation Committee.

Calculating Clinical Education Hours

A. The assignment of credit hours for clinical education internships 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 should be expected to work the length of days worked by the Clinical Instructor, unless the Clinical Instructor deems otherwise. Weekend work is allowable 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 assignment(s) during the orientation period to the clinical education experience.
• Provide adequate supervision and instruction for the student during weekend coverage.
• Provide for the student the same mechanism for compensatory time (if utilized at the institution) afforded employees.

B. Approved absences from clinical practice may be made up through working extended hours or on the weekend. In such 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 in order to fulfill the time requirements of the clinical education experience for the purpose of completing the experience before the scheduled end date. However, such negotiation may take place at the discretion of the clinical instructor and the Director of Clinical Education to allow students an opportunity to participate in employment interviews or other personal commitments. These commitments should consume no more than two days on any given internship.

Clinical Instructor Evaluation of Student Performance

Students participating in part-time clinical experiences will be evaluated utilizing the Student Clinical Performance Form provided by the academic institution.

Students participating in full-time clinical education internships will receive formal, written performance evaluations using the APTA Clinical Performance Instrument (CPI). If concerns regarding performance are identified by the Clinical Instructor, the Director of Clinical Education 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. In order to provide a valuable evaluation, the Clinical Instructor should:

- Read and familiarize himself/herself with the CPI and guidelines provided;
- Use the comment sections frequently as this greatly aids in the interpretation of the evaluation;
- Review the student's performance frequently with the student, but at minimum, conduct a mid-term and final formal evaluation for the clinical education internships; and
- Ensure that both the student and the Clinical Instructor have completed and signed the CPI on-line.

Role of the Clinical Education Faculty CPI Reviewer

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

- 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.
- Provide feedback to student and CI regarding the student's performance and any recommendations for student or CI to improve performance or instruction.
- Complete CPI reviews in a timely manner.

Student Evaluation of Clinical Education Site

Students are required to complete an evaluation at the end of each full-time clinical internship of the clinical site and clinical instruction. These evaluations are to be completed by the student using the Student Evaluation of Clinical Site form. A time should be reserved for the student to review the document with the Clinical Instructor. After the discussion, the appraisal should be signed and dated by the student and the Clinical Instructor, and submitted to academic institution. The clinical education site may request a copy of the evaluation.

Travel between Final Two Clinical Education Experiences

Beginning in 2015, there will no longer be a one week break between the PHYT 751 and PHYT 752 clinicals. This change was made to accommodate those students who would like to take the licensure exam in late April. Please, contact the DCE if you believe the amount of time allotted for travel between your clinical sites is not sufficient.

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 have supervision available on the premises by a licensed physical therapist at all times 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 available for the student(s) at all times during the clinical.

- 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 the University of Nebraska Medical Center “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 patients on social media.

**Student Health: 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 (required annually)
- hepatitis B
- influenza immunization is strongly recommended for all students

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

**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, including evidence of required immunizations. This information is compiled by UNMC Student Health and available for review by the student.

Currently, 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 seasonal flu shot. Flu shot clinics are held each Fall at UNMC for the benefit of Faculty and students. In the event that a student declines the flu shot, some clinical sites have been requiring those students to wear a mask during all patient clinical encounters.

**Maintaining Health Insurance**

All students will be required to be enrolled in the University of Nebraska Student Health Services for outpatient, ambulatory care and inpatient insurance or demonstrate the approval equivalent insurance from another source. All students enrolled at the University of Nebraska Medical Center 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. Details regarding health insurance may be found on Student Health Office webpage located at [http://www.unmc.edu/familymed/studenthealth/student-health-office.html](http://www.unmc.edu/familymed/studenthealth/student-health-office.html)
Questions regarding student health insurance, should be directed to the Student Development/Insurance Specialist in the Counseling and Student Development Center at (402) 559-7276 or http://www.unmc.edu/stucouns/facultystaff/index.html.

**Acquisition of Off-Site Health Services**

The UNMC Student Health Clinic will pay for services rendered when the student is on an out of town internship and cannot come to the Clinic. Outpatient care rendered at sites other than the UNMC Student Health Clinic may be obtained without pre-approval. Students should contact the Student Health clinic at (402) 559-5158 to let the student representative know about their outpatient visit. However, there are services or procedures that the clinic will not pay for such as emergency room visits, outpatient surgery and hospitalization. In these cases, students should file a claim with their insurance company. Emergency room services or inpatient hospital services may be accessed without pre-approval under the UNMC student insurance plan. (Students who do not have the UNMC student insurance should contact their insurance company and confirm whether they need pre-approval for the emergency room, outpatient surgery or hospitalization). In the event of an emergency room visit, clinical education sites will provide such services to students as would otherwise be provided to employees. The student may be responsible for the resulting charges.

**Accidental Exposure to Blood or Body Fluids**

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 Director of Clinical Education 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 off campus 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 Director of Clinical Education 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**

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

If you have a learning or physical disability and require accommodations, please contact the Services for Students with Disabilities, located in the Counseling and Student Development Center. UNMC will provide reasonable accommodations for persons with documented qualifying disabilities; however, it is the student’s responsibility to request accommodations. Additionally, the student must contact the Director of Clinical Education three months before the scheduled clinical education internship as considerable lead-time is required for authorized accommodations. All requests will be handled confidentially. For more information, you may go to the website: http://www.unmc.edu/stucouns/services/disabilities/index.html
Compliance Requirements

UNMC Regulatory Compliance Training

In order 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 completion of the Bloodborne Pathogen and Tuberculosis Training for Individuals Involved in Direct Patient Care, Safety Competency Assessment, and the Privacy, Confidentiality and Information Security Training, and one-time completion of the training related to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A Compliance Training Certificate indicating successful completion of training requirements will be provided to the clinical education site. Students can access their training/certification records and complete required online training by following these steps:

- Go to the “Care” site: 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.

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 is BLS. Through the American Red Cross the course 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. Students may be asked by the clinical site to provide proof of certification so should bring their card with them to all clinical experiences.

Criminal Background Check

Students must complete a criminal 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 Student Affairs at 402-559-6673 or cahpadmissions@unmc.edu.

Students with documented discrepancies on the background check may be asked to meet with the Director of Clinical Education, and may be referred to Student Counseling. The physical therapy Program Director may be contacted by the Director of Clinical Education to discuss any issues related to the student’s background discrepancy.

If a clinical site requests the student’s background check information, it may be provided by the Director of Clinical Education. The Director of Clinical Education may need to speak with a clinical site about the student’s background check information. Some sites do not allow students to participate in a clinical experience based on information on the background check. All physical therapy students are expected to report any legal issues which may occur during their time of enrollment at UNMC which may affect their ability to participate in a clinical internship. This information should be reported to the Director of Clinical Education and Program Director. This information will also need to be reported to clinical sites that request background check information by the same process described above.

Site Specific Requirements

A given clinical education site may have additional requirements that includes but is not limited to drug screenings, reporting of background check information, additional background checks, fingerprinting, mandatory orientation, 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 these. Failure to do so could result in the internship being rescheduled. Students can obtain information regarding site specific requirements on Canvas in the Clinical Education course, on the Clinical Site Information Form (CSIF) or may be notified by the clinical site.
Requesting Clinical Education Slots and Notifying Sites of Use

Requests for clinical education slots for the next full calendar year will go out to clinical education sites beginning in March of each year, with a request for sites to return information to the program by the first week of April. Available sites will be posted for PT Program students to review. The selection/assignment process will be completed in the spring. All clinical education sites will be notified by or before the end of July of the PT Program’s intent to use or release offered slots.

Information Available to Students about Clinical Education Sites

It is requested that all clinical education sites affiliating with the Program will complete a Clinical Site Information Form (CSIF) and submit electronically through CPI website. Students can access this online following completion of CPI training in Semester 2 prior to their internship selections. Additionally, the Program maintains a file for each site on Canvas. This file contains information and materials about or provided by the site such as links to the site website or specific site requirements and documents. Students may also review recent student evaluations posted on Canvas.

Clinical Affiliation Agreements

The Department of Physical Therapy Education assumes accountability for arranging and maintaining clinical education 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. Agreements are reviewed every three years and either terminated or renewed for a successive three-year period. One original of the Agreement is maintained by the clinical education site and two originals are housed on the UNMC campus, one in the PT Program office and one in the office of the Vice-Chancellor for Academic Affairs.

Statement on Professional Liability Coverage

All students enrolled in the Department of Physical Therapy Education at the University of Nebraska Medical Center are covered under a comprehensive 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 are provided in the UNMC Affiliation Agreement for Clinical Education and a copy of the certificate may be obtained on the Department of Physical Therapy Education Clinical Education webpage found at http://www.unmc.edu/alliedhealth/education/pt/clin-ed.html.

CLINICAL EDUCATION SITES AND CLINICAL INSTRUCTORS

Selection of Clinical Education Sites and Clinical Instructors

The APTA Task Forces on Clinical Education voluntary guidelines for the selection of clinical education sites, clinical instructors and center 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 on line 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 Department of Physical Therapy Education of the University Nebraska Medical Center 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.
Clinical Site Visits
Selecting clinical sites to visit is based on the needs of the program, needs of the students and clinical faculty, and issues identified by the DCE. The goal is for the DCE to visit at least 20 clinical sites per year but, this may increase or decrease depending on the previously described needs. Clinical site visits typically involve the DCE meeting with the CCCE, Clinical instructor (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, problem solve any student performance issues.
- Assess clinical site and clinical faculty, 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. For example, this may include updates on Medicare requirements for the supervision of students, CI credentialing opportunities, or CEU’s for clinical instructors in Nebraska.
- Potentially provide education for clinical site regarding a topic of their interest or to enhance CI teaching/mentoring.

Student Request to Change a Clinical Internship
Cancelling internships 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 an internship at their facility, it will not be cancelled unless deemed absolutely necessary. These decisions will be made by the DCE in consultation with faculty members on the Clinical Education Team (and in consultation with the Program Director if necessary as determined by the DCE) on a case by case basis. Rescheduling clinical internships can be difficult.

Clinical Site Cancellation Procedure:
If a student has a life altering event which they believe will limit their ability to complete an internship they will need to discuss this situation with the Director of Clinical Education (DCE). The DCE will consult with faculty members of the Clinical Education Team and/or the Program Director to determine if cancelling the internship is warranted. The DCE will then contact the student to discuss whether the request will be granted. The student may contact the Program Director to attempt to remediate 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 (such as 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 Director of Clinical Education 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. Additionally, the Director of Clinical Education and/or other faculty members may be able to provide continuing education at clinical affiliation sites upon request.
Complaints Outside of Due Process (e.g. clinical ed. sites)

Upon receipt of a complaint from a clinical site, the DCE will discuss the issue with the site and determine if further, discussion with the appropriate stakeholders is necessary. This includes but is not limited to: Program Director, curriculum committee, core faculty, Assistant Director of Clinical Education, Clinical Education Coordinator and/or Clinical Education Team Members.

Grading policy

Final course grades are determined by the Director of Clinical Education (see syllabi). The DCE may consult with Clinical Education Team, Program Director and/or Student Performance Evaluation Committee (SPEC) regarding student’s performance and grade for course. See Appendix B for description of procedure utilized when students perform below expected level on clinical experiences.

Verification of Student Identity for Distance Education

Clinical Education is not distance education however the learning management system and CPI are accessed via username and password and contain secure information related to grading. Verification of student identity using the CPI is via the username and password access to enter the CPI web. The CI signs off on the student CPI further acknowledging identity.

Due Process for Student Grievances

Student shall contact the DCE regarding a concern/complaint. The DCE will consult with the Clinical Faculty, Clinical Education Team and the Program Director as needed. All Program Policies and Procedures (including the Program Student Handbook and the Clinical Education Manual) will be followed. DCE will communicate with the student to achieve an acceptable outcome. If the student feels that outcome is not satisfactory then the student may pursue their grievance as described in the College of Allied Health Profession Handbook.

Protected Health Information

In order 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 the University of Nebraska Medical Center WILL NOT remove any 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.

Use of information other than protected health information (e.g. protocols) and obtaining authorized use of images or material about individual. Approval from the clinical instructor is required to obtain information such as protocols, images of clinic, etc.

Patients Right To Risk-Free Right to Refuse to Participate In Clinical Education

The clinical site (clinical instructor) 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 CCCE’s about the UNMC curriculum.
- Ensuring that all members of team: CI’s, CCCE’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 internships.
• Performing site visits, phone conversations and electronic meetings/communication with clinical sites.
• Coordinating contact with student and CI during clinical internships 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 Manual, 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 taking 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 CCCE’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 Coordinator

• Updating and reviewing clinical site database annually and as needed, prior to clinical assignment.
• Send Clinical Education Request Forms and requesting Clinical Site Information Form updates annually.
• Reviewing Affiliation Agreements are current.
• Update clinical site information on Canvas in conjunction with the Director of Clinical Education.
• Notifying clinical site the assigned student’s name at least 4-6 weeks prior to clinical internship.

Rights & Responsibilities of Clinical Education Faculty

Clinical Education Faculty do not have the same rights and responsibilities as Core Faculty. The CCCE’s do have access to the McGoogan Library resources and clinical faculty has received a discounted rate on UNMC hosted continuing education offerings through the Department of Physical Therapy.

A. Responsibilities of the Center Coordinator Of Clinical Education (CCCE)

• Coordinating and scheduling clinical experiences with DCE.
• 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 resource for the CI.
• Informing CI of all pertinent information from the UNMC PT Program.
• Provide communication and problem-solving strategies for the student and CI as needed.
• Provide necessary documentation to the Program’s DCE including the Affiliation Agreement, Clinical Experience Request Form, Clinical Site Information Form (CSIF), and CPI.
• Provide facility policies and procedures related to site and equipment safety upon request of the DCE.
• May request information regarding background checks. The request for information regarding background checks is made to the DCE.

B. Minimum Criteria for Clinical Instructors

• Licensed as a Physical Therapist.
• One year of clinical experience
• Demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
• 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.
• Providing ongoing feedback to the student.
• Providing formal documented evaluation of student performance at midterm and end of clinical experience.
• Participate in training as needed to utilize CPI.
• Notifying the DCE immediately if a student is having difficulty with performance criterion on the CPI.
• Notifying the DCE 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, 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
• 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. In addition, the DCE 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, sites visits or formal seminar.

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.
• Adhere to clinical education site’s policies and procedures.
• Complete required clinical experiences.
• Consult with CI, CCCE and/or DCE regarding progress and/or any concerns.
• Students are encouraged to report immoral, illegal or unethical behavior or concerns to CI and DCE.
• Submit all required paperwork from clinical experience to DCE by due date.
• Contact the DCE 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

The UNMC Physical Therapy Program Philosophy Statement is the formal overarching statement that speaks to faculty principles and values about the practice of physical therapy, the curriculum (education and learning), and roles of the faculty. The philosophy, including principles and values of the program is as follows:

Program Philosophy, Principles, and Values (Approved 10/31/2013)

The faculty of the Department of Physical Therapy Education affirm and support the missions of the University of Nebraska Medical Center and the College of Allied Health Professions to improve the health of Nebraska. There is an expectation that all faculty, students and graduates will pursue performance excellence in an ethical manner; foster an environment of learning and communication; respect individuals for their cultures, contributions and points of view; and accept individual accountability for performance and professional development. Physical therapists promote health, function, and optimize movement of patients/clients using evidence-based practice as part of an inter-professional team of providers who:

- Cultivate an environment of communication and respect;
- Advocate for the health care, health promotion, and disease prevention needs of patients/clients taking into account access to care and support within the context of community and society;
- May function as primary care providers within the scope of physical therapy practice; and
- Serve in a variety of roles including consultation, education, critical inquiry, and/or administration.

The Doctor of Physical Therapist education is best met by a curriculum that:

- Is founded on the four structural elements of foundational sciences, clinical sciences, practice management and professional practice behaviors;
- Is developmental and progressive in nature, taking into account that a successful learner builds problem-solving and critical thinking skills over time with support and instructional guidance from faculty;
- Incorporates the principles of learner-centered education that:
  - Acknowledges that each student has a unique background, life experience and approach to learning and applying the curricular content;
  - Utilizes a variety of learning opportunities and methods for students;
  - Promotes individual responsibility for learning and ongoing professional development;
  - Includes purposeful instruction related to developing inter-professional skills needed to work as a team member; and
  - Incorporates clinical education experiences throughout the curriculum, including caring for underserved population(s).

The mission of the Department is best accomplished by a faculty who, as a whole:

- Take responsibility for developing and implementing the curriculum and have the governing authority to ensure that program policies are adhered to;
- Provide effective and innovative instruction using a variety of methods;
- Demonstrate competency in teaching content areas;
- Value collaboration, team teaching and mentorship among faculty;
- Actively contribute to evidence and influence change in clinical and educational practice through scholarly activities;
- Participate in professional service at the University, local, regional and national levels, including outreach to underserved populations and involvement in inter-professional activities and associations; and
- Provide instruction to students from other disciplines and programs.

Curriculum Goals

Upon completion of the entry-level program, the graduate will be able to:

1. Demonstrate the ability to competently apply the International Classification of Functioning, Disability and Health Enablement (ICFDH) and Patient/Client Management models in the delivery of physical therapy services.
   a. The mean score of a class of graduates will be equal to or exceed 95% of the national average scores on the Federation of State Boards in Physical Therapy licensure examination in each of the Content Areas/System Specifications (e.g. Exam, Eval, Diff diagnosis, Interventions).
b. 80% or more of graduate respondent’s surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area. [See Division survey items 2.1 to 2.6]

c. 80% or more of employer respondent’s surveyed 1-year post-graduation indicate that graduates met immediate practice requirements in this area. [See Division survey items 2.1 to 2.6]

2. Function competently in the four major practice areas (musculoskeletal, neurological, cardiopulmonary and integumentary) for readiness to practice in variety of physical therapy settings upon entry into practice.

a. The mean score of a of a class of graduates will be equal to or exceed 95% of the national average scores on the Federation of State Boards in Physical Therapy licensure examination in each of the Content Areas/System Specifications (e.g. musculoskeletal, neurological, cardiopulmonary and other systems).

b. 80% or more of graduate respondent’s surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area. [See Division survey items 3.1 to 3.4 and 4.1 to 4.4]

c. 80% or more of employer respondent’s surveyed 1-year post-graduation indicate that graduates met immediate practice requirements in this area. [See Division survey items 3.1 to 3.4 and 4.1 to 4.4]

3. Provide appropriate physical therapy services for prevention, health promotion, fitness and wellness to individuals, groups, and communities.

a. 80% or more of graduate respondent’s surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area. [See Division survey items 5.2 and 5.3]

b. 80% or more of employer respondent’s surveyed 1-year post-graduation indicate that graduates met immediate practice requirements in this area. [See Division survey items 5.2 and 5.3]

c. 90% of students will receive entry-level scores on the PHYT 752 CPI. [CPI Item #13 Procedural Interventions and #14 Educational Interventions]

4. Demonstrate the ability to provide appropriate patient-centered care (practicing ethically and professionally, with cultural competence/sensitivity, with age specific competencies, cost effectively and safely).

a. 85% or more of students at exit interview indicate that they met immediate practice requirements in this area. [See Division Survey items 1.1, 2.4 and 5.1]

b. 80% or more of graduate respondent’s surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area. [See SAHP survey item 2]

c. 80% or more of employer respondent’s surveyed 1-year post-graduation indicate that graduates met immediate practice requirements in this area. [See SAHP survey items 2]

d. 90% of students will receive entry-level scores on the PHYT 752 CPI. [CPI Item #5 Cultural Competency, #12 plan-of-care safety and patient-centered]

5. Demonstrate effectiveness while working as a member of an inter-professional team (flexibility and adaptability, effective interpersonal relationships and communication, self-direction and responsibility, dependability/reliability, initiative and cooperation, gives and receives constructive criticism).

a. 85% or more of students at exit interview indicate that they met immediate practice requirements in this area. [See Division Survey items 1.2, 2.3 and 2.5]

b. 80% or more of graduate respondent’s surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area. [See SAHP survey items 3, 4]

c. 80% or more of employer respondent’s surveyed 1-year post-graduation indicate that graduates met immediate practice requirements in this area. [See SAHP survey items 3, 4]

d. 90% of students will receive entry-level scores on the PHYT 752 CPI. [CPI Item #4 Communication]

6. Demonstrate the ability to critically evaluate and apply evidence as the basis for physical therapy practice (critically review published literature, utilize clinical research, use information technology).

a. 85% or more of students at exit interview indicate that they met immediate practice requirements in this area. [See Division Survey item 1.3]

b. 80% or more of graduate respondent’s surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area. [See SAHP survey item 8]
c. 80% or more of employer respondent’s surveyed 1-year post-graduation indicate that graduates met immediate practice requirements in this area. [See SAHP survey item 8]
d. 90% of students will receive entry-level scores on the PHYT 752 CPI [CPI Item #7 clinical reasoning]

7. Demonstrate commitment to professional development and service, including outreach to underserved populations.

a. 100% of students will receive a pass score in PHYT 750 Clinical Education IV for participation in community service and attendance at professional meetings.
b. 80% or more of graduate respondent’s surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area, by involvement/willingness to participate in professional activities outside the work environment and to maintain competency. [See SAHP survey item 5]
c. 80% or more of employer respondent’s surveyed 1-year post-graduation indicate that graduates met immediate practice requirements in this area, by involvement/willingness to participate in professional activities outside the work environment and to maintain competency. [See SAHP survey item 5]
## UNMC Physical Therapy Education DPT Program Outline of Academic Year

### First Year - PT 1 (late August - July) 43 Credit Hours

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>GCBA 571</td>
<td>Structure of Human Body</td>
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<tr>
<td></td>
<td>CIP 606</td>
<td>Physiology</td>
<td>6</td>
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<tr>
<td></td>
<td>PHYT 502</td>
<td>Foundations of Physical Therapy Practice</td>
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</tr>
<tr>
<td>Spring</td>
<td>PHYT 505</td>
<td>Musculoskeletal Physical Therapy I</td>
<td>5</td>
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<tr>
<td></td>
<td>PHYT 511</td>
<td>Integumentary Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PHYT 512</td>
<td>Neuromuscular Physical Therapy I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PHYT 550</td>
<td>Clinical Education I</td>
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<tr>
<td></td>
<td>PHYT 640</td>
<td>Critical Inquiry I</td>
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<tr>
<td>Summer</td>
<td>NRSG 605</td>
<td>Advanced Pathophysiology</td>
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### Second Year - PT 2 (late August - July) 48 Credit Hours

<table>
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<th>Semester</th>
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<tbody>
<tr>
<td>Fall</td>
<td>PHYT 605</td>
<td>Musculoskeletal Physical Therapy II: Upper Quarter</td>
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<tr>
<td></td>
<td>PHYT 610</td>
<td>Cardiopulmonary Physical Therapy</td>
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<tr>
<td></td>
<td>PHYT 615</td>
<td>Concepts of Therapeutic Exercise for Rehabilitation</td>
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<tr>
<td></td>
<td>PHYT 616</td>
<td>Neuromuscular Physical Therapy II</td>
<td>4</td>
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<tr>
<td></td>
<td>PHYT 630</td>
<td>Prevention and Wellness</td>
<td>3</td>
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<td>PHAR 570</td>
<td>Pharmacology for Health Professionals</td>
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<tr>
<td>Spring</td>
<td>PHYT 606</td>
<td>Musculoskeletal Physical Therapy III: Lower Quarter</td>
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<tr>
<td></td>
<td>PHYT 612</td>
<td>Pediatric Physical Therapy</td>
<td>4</td>
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<td></td>
<td>PHYT 614</td>
<td>PT Management of Individuals with Chronic Health Conditions</td>
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<td></td>
<td>PHYT 617</td>
<td>Neuromuscular Physical Therapy III</td>
<td>3</td>
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<tr>
<td></td>
<td>PHYT 622</td>
<td>Practice Management Skills in Physical Therapy I</td>
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<td></td>
<td>PHYT 624</td>
<td>Orthotics and Prosthetics</td>
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<td></td>
<td>PHYT 740</td>
<td>Critical Inquiry II</td>
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<td>Summer</td>
<td>PHYT 650</td>
<td>Clinical Education II (8 weeks)</td>
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### Third Year -- PT 3 (late August - mid May) 32 Credit Hours

<table>
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<th>Semester</th>
<th>Course #</th>
<th>Course Name</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
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<td>PHYT 720</td>
<td>Differential Diagnosis I</td>
<td>2</td>
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<tr>
<td></td>
<td>PHYT 722</td>
<td>Practice Management Skills in Physical Therapy II</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PHYT 726</td>
<td>Instructional Development in Health Professions</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PHYT 727</td>
<td>Differential Screening for Physical Therapists</td>
<td>2</td>
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<tr>
<td></td>
<td>PHYT 742</td>
<td>Special Topics - Elective</td>
<td>(1-2)</td>
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<tr>
<td></td>
<td>PHYT 750</td>
<td>Clinical Education III (8 weeks)</td>
<td>8</td>
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<tr>
<td>Spring</td>
<td>PHYT 751</td>
<td>Clinical Education IV (8 weeks)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>PHYT 752</td>
<td>Clinical Education V (8 weeks)</td>
<td>8</td>
</tr>
</tbody>
</table>

*Curriculum subject to change without notice.*
COMMUNICATION WITH CLINICAL EDUCATION SITES

Process for Communicating with Designated Personnel

Communication with a clinical education site is most often conducted with the site’s designated Center Coordinator for Clinical Education. 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 an internship via the CPI 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, prior to the start of the internship, 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 Director of Clinical Education and the clinical site. The Clinical Education Coordinator will process the clinical education affiliation agreements. Students that have an interest in doing an internship at an unaffiliated site should speak with the Director of Clinical Education.

Information Sent to Clinical Site for Each Clinical Education Experience

The following information is sent to the CCCE at a minimum of 4-6 weeks prior to the beginning of each clinical education experience:

• Self-Assessment Form: Completed by the student which outlines previous clinical education experiences and general objectives for the upcoming experience. (See Appendix A)
• Health Screening: The student’s immunization record and the result of annual TB skin test.
• Compliance Training Certificate: OSHA and HIPAA in-service trainings.
• Student Resume
• CPR card
• Access to course syllabus corresponding to that internship.

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
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:

<table>
<thead>
<tr>
<th>Knowledge Level</th>
<th>Application Level</th>
<th>Problem-Solving Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define</td>
<td>Apply</td>
<td>Analyze</td>
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<tr>
<td>Describe</td>
<td>Classify</td>
<td>Appraise</td>
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<tr>
<td>Discuss</td>
<td>Compute</td>
<td>Assess</td>
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<td>Explain</td>
<td>Demonstrate</td>
<td>Breakdown</td>
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<td>Identify</td>
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<td>Calculate</td>
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<td>Indicate</td>
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<td>Compare</td>
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<td>Label</td>
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<td>Locate</td>
<td>Predict</td>
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<td>Name</td>
<td>Schedule</td>
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<td>Prepare</td>
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<td>State</td>
<td>Judge</td>
<td>Rate</td>
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<td>Show</td>
<td>Organize</td>
<td>Select</td>
</tr>
<tr>
<td>Summarize</td>
<td>Plan</td>
<td>Synthesize</td>
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</tbody>
</table>

Most students focus their objectives on the behaviors related to the application of examination or intervention skills. Objectives may be written, however, 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 (i.e., 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 vita (CV) communicates similar information about the individual it is often a much more detailed document and can be several pages in length.

**STUDENTS 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 to not contact clinical sites requesting clinical experiences. The request for clinical placements is to come from DCEs/ACCEs. This position is for accredited and developing physical therapy and physical therapist assistant programs.
Appendix A: Student Self – Assessment

Student Self – Assessment

The following information has been provided by the student who is scheduled to participate in an upcoming clinical education experience at your facility. This information may assist you in preparing for and conducting the experience.

Name of Student: ________________________________________________________________

Date from: _________________________ Date To: ________________________________

Clinical Education Course: ______________________________________________________

Type of Clinical Education Experience Scheduled: __________________________________

A. Please list your previous clinical education experiences, including facility(ies), length of experiences, types of patients treated and any special activities or skills you accomplished:

  •

B. Briefly describe your preferred learning style (how do you want your CI to teach you)?

  •

C. List your specific goals for this clinical education experience. Goals can be in any area: i.e. examination, intervention, administration, etc.

  •

D. Outline any expectations or "special requests" you have for this experience, i.e., viewing surgery, exposure to specific patient types, exposure to specific evaluation or treatment procedures, etc.

  •

E. List the specific recommended areas for improvement from your last clinical experience and your strategies to facilitate improvement? Refer to your CPI evaluations.

  •
Appendix B: Procedure on Clinical Performance

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, faculty who review CPIs, or the DCE):

1. The DCE will communicate with the student, CI, and possibly the CCCE to discuss issues related to student’s performance. A clinical site visit will be conducted if need is determined by the DCE.
2. The DCE 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. The DCE will continue to monitor the student’s progress via communication with the student and the CI throughout the clinical rotation. Monitoring may include additional conversations with the student and CI, via emails, phone, and/or site visit. Students in this situation may be required to send weekly updates to the DCE regarding progress.
4. The DCE will also assess student performance as described by the CI on the CPI.
5. The DCE may consult with the Clinical Education Team faculty or Program Director to discuss the student performance issue.
6. If there is continued concern regarding student performance, the DCE may go through steps 1-3 listed above to improve student performance and possibly recommend student for a SPEC review if the DCE deems it necessary.
7. A remediation plan for the subsequent clinical may also be developed with student. This plan may involve the CI for that clinical.

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): Student performance expectations are described in each clinical education course syllabus. As outlined in the APTA Clinical Performance Instructions (CPI) there is flexibility for the DCE 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 expected outcome as assessed by their clinical instructor on the CPI (or the Clinical Performance Form in PHYT 550), the process for determining if the student will pass or fail the clinical education course is as follows:

1. The DCE will speak with the clinical instructor to discuss the student’s clinical performance.
2. The DCE will speak with the student to discuss the student’s clinical performance.
3. The DCE will discuss the student’s performance, clinical instructor feedback, and student feedback with at least 1 other faculty on the Clinical Education Team.
4. If DCE 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. An appropriate remediation plan will be initiated by the DCE if deemed appropriate for the situation.
5. If DCE and faculty member determine that the student’s performance warrants review by the Student Performance Evaluation Committee (SPEC) prior to receiving Pass or Fail grade, DCE will contact chairperson of SPEC to schedule a meeting.
6. SPEC will convene to discuss student performance. DCE will present information gathered regarding the students’ clinical performance. Student may be asked to be present at SPEC meeting to discuss their performance.
7. SPEC (the DCE is a standing committee member) will determine if the students’ performance warrants a Pass or Fail grade. An appropriate remediation plan will be planned if necessary. The student will be informed regarding their course grade and remediation plan. The subsequent clinical instructor may be contacted to discuss and asked to participate in the remediation plan depending on the appropriateness as determined by the SPEC.