

Clinical Education Handbook

**Doctor of Physical Therapy
Briar Cliff University
Sioux City, Iowa**

INTRODUCTION

The following Handbook serves not only as a handbook, but as a policies and procedures manual for clinical education, both integrated and long-term. The Handbook has been established for the purpose of clarifying, organizing, and maintaining an effective experiential component for the Doctor of Physical Therapy (DPT) Program at Briar Cliff University (BCU). Although other individuals may obtain information from this document, this manual is intended to serve as an important source of information primarily for students within the DPT Program.

This Handbook serves as a supplement to BCU's Student Handbook and Catalogue, as well as the DPT Student Handbook. Some of the material found in this Handbook represents materials from those Handbooks. This manual serves as a valuable reference for DPT students as they engage in clinical education activities in the DPT Program. These policies and procedures have been instituted with the primary objective of ensuring the development and maintenance of a "culture of excellence" in which faculty and students become partners in the pursuit of academic success.

This Handbook is not to be construed as a contract. Every effort is made to ensure the accuracy of information in this Handbook, but the University and DPT Program reserve the right to change policies, procedures and regulations to protect students, the University, the DPT Program, and adhere to best practices. These changes can be made at any time and will take effect when the DPT Program determines that such changes are prudent. Students will be notified of changes in a timely manner via email and official announcements.

The rights and responsibilities for each of the parties involved including the DPT students, clinical education sites, clinical education faculty, academic faculty, Assistant Director of Clinical Education (ADCE), and the Director of Clinical Education (DCE) for clinical education experiences required by Briar Cliff University are clearly outlined within this Handbook.

This Handbook, dated March 2021, supersedes all prior revisions of the DPT Handbook.

TERMS USED IN CLINICAL EDUCATION¹

The following is a list of terms and abbreviations used throughout the Clinical Education Handbook, as well as in the forms, and contracts used for clinical education experiences and program of study.

1. Director of Clinical Education (DCE) – An individual employed by Briar Cliff University whose primary goal is related to the student’s clinical education throughout the Physical Therapy Program’s curriculum. The DCE administers the clinical education program and coordinates each student’s clinical education experience in coordination with the academic and clinical faculty. The DCE also evaluates student’s progress in accordance with feedback from the academic and clinical faculty.
2. Affiliation Agreement – A contractual agreement between the educational institution and the clinical education site which outlines the purpose, the relationship between all parties involved, and respective obligations and responsibilities, and terms of agreement including modification and termination. Available for reference upon request.
3. Site Coordinator of Clinical Education (SCCE) – The Site Coordinator of Clinical Education is the individual at each clinic site who arranges for the clinical education experience for each physical therapy student. The SCCE communicates with the DCE and other faculty at the educational institution. The SCCE may or may not have other responsibilities at the clinical education site.
4. Clinical Education – The portion of the physical therapy education that involves practical application of the didactic skills and knowledge to on-the-job responsibilities. These educational opportunities occur at a variety of centers within varying types of settings providing clinical experience in evaluation, administration, research, teaching, and supervision of patient care.
5. Clinical Education Center/Site – A health care facility where learning opportunities and guidance in clinical education are provided for physical therapy students. A clinical education center or site may be at a hospital, agency, clinic, office, school, or home that is affiliated with one or more educational programs through a contractual agreement.
6. Clinical Education Experience– A specific division within the clinical education curriculum is called a clinical education experience. It is provided in a clinical education center/site and the student will be evaluated on his/her performance during this time.
7. Clinical Instructor (CI) – The individual who is responsible for the direct instruction and supervision of the physical therapy student in the clinical education setting.
8. Educational Institution/Briar Cliff University – The academic setting in which the physical therapy program is located.
9. Educational Program/Doctor of Physical Therapy Program – The academic entity responsible for the education of the physical therapy students at Briar Cliff University.

Reference

1. American Physical Therapy Association. *Guide to Physical Therapy Practice, 2nd ed.* American Physical Therapy Association, Alexandria, VA: 2003.

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**SECTION I:
LONG-TERM CLINICAL
EDUCATION
OVERVIEW**

OVERVIEW OF DPT PROGRAM

PHYSICAL THERAPY PROGRAM MISSION, VISION, VALUES

<https://www.briarcliff.edu/current-chargers/academics/doctor-of-physical-therapy>

DPT PROGRAM DESIRED OUTCOMES

<https://www.briarcliff.edu/current-chargers/academics/doctor-of-physical-therapy>

DPT PROGRAM CURRICULUM

<https://www.briarcliff.edu/current-chargers/academics/dpt-program-curriculum>

PURPOSE OF CLINICAL EDUCATION

The purpose of clinical education is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the DPT Program at BCU. Although each student has an individualized clinical education experience, the overarching goal is to develop physical therapy graduates who are prepared as generalists and able to practice in all areas of physical therapy, including underserved areas. Students complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient-centered care which restores, maintains, and promotes optimal movement and improved overall participation in life.

CLINICAL EDUCATION CURRICULUM

The curriculum includes 5 long-term clinical experiences, each 8-weeks in length, taking place during the final year of the students' DPT experience. In order to provide the breadth and depth necessary for students to practice autonomously as an entry-level, clinically competent physical therapist in any setting, including rural areas and underserved populations, all students are required to complete at least one rotation in the following areas:

1. One clinical education experience in a medically complex environment such as, inpatient acute care, inpatient rehabilitation, or subacute care (SNF).
2. One clinical education experience in outpatient orthopedics.
3. One clinical education experience in a medically underserved/underpopulated area.
4. One clinical education experience in a specialty clinical setting based on the student's desires, electives, and clinical education experiences.

The DCE may determine that a student needs an additional full-time focused clinical based on feedback from previous CIs and academic faculty.

At BCU, the DPT Program's full-time clinical education curriculum is composed of the following courses, credit hours, and approximate contact hours:

Course; Term; Year	Credit Hours	Expected Contact Hours
Professional Practice XI: Clinical Education in Physical Therapy II; Summer; III	8	320
Professional Practice XII: Clinical Education in Physical Therapy III; Fall; III	8	320
Professional Practice XIII: Clinical Education in Physical Therapy IV; Fall; III	8	320
Professional Practice XIV: Clinical Education in Physical Therapy V; Spring; III	8	320
Professional Practice XV: Clinical Education in Physical Therapy VI; Spring; III	8	320
Total	40	1,600

**SECTION II:
LONG-TERM CLINICAL
EDUCATION RIGHTS
AND RESPONSIBILITIES**

STUDENT RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

PROFESSIONAL CONDUCT

Students are expected to comply with the rules and regulations of the clinical education site and uphold professional behaviors as outlined in the DPT Student Handbook. The Handbook is accessible at the following link:

<https://www.briarcliff.edu/filesimages/Current%20Chargers/Academics/Graduate%20Programs/Doctor%20of%20Physical%20Therapy/DPT%20Student%20Handbook%202020.pdf>

Students should introduce and represent themselves as students from BCU. Students are required to allow patients/clients to give informed consent, including verbal consent, regarding any/all patient care that would be completed by the student. Patients/clients may refuse patient care by a physical therapy student, which is a right that shall be respected by the physical therapy student. In the case of patient care of a minor or a dependent adult, the student must obtain consent from the parent or legal guardian present during patient care.

PROFESSIONAL DRESS

Students are expected, unless otherwise directed by their clinical site, to wear professional attire. Students should also wear name badges when representing the Department in front of patients or other professionals. Professional attire is defined as that which would be acceptable in a physical therapy clinical setting. Recommendations for professional dress include:

- Clothing that is clean, appropriately fitted, and in good repair
- Undergarments and private areas cannot be visible through clothes or when bending over
- If possible, piercings or tattoos should be removed/covered if they may be a distraction to patients
- No open toed shoes
- Minimum amount of discreet jewelry
- Moderate colors and styles
- Appropriate personal hygiene, including clean hair, appropriately groomed, no offensive odors, no extreme hair coloring.
- No hats or caps
- These expectations may be site specific.

PREPARATION FOR CLINICAL EDUCATION EXPERIENCE

Transportation and Housing

Students are responsible for finding and paying for their own transportation to the various clinical education sites for their integrated and full-time clinical education experiences. Students are also responsible for finding and paying for housing and living expenses during all clinical education experiences.

EXXAT profile

Each student will complete a short biography for each full-time clinical education experience. These documents are completed online via the student portal of EXXAT. This information is released to the clinical site.

Site Selection

Students are responsible for selecting five different sites for their clinical education experiences. Among these sites, students need to include at least one of each of the following: medically complex, outpatient, rural or medically underserved, and an elective. Site selection occurs from contracted facilities listed in EXXAT. New contracts will not be established unless deemed beneficial and needed by the Program.

Release of Medical Information to Clinical Sites

For clinical education reasons, the immunization record is shared with the appropriate clinical education sites. Students are responsible for maintaining communication with the DCE and Clinical Education Assistant for assuring that information on file is current. All students must have up to date immunization records in order to begin each clinical education experience. Specific health requirements for each clinical education site are retrieved through communication with the student or the DCE upon confirmation of the clinical education experience. Students are informed of these additional requirements within a sufficient period of time to ensure compliance. Students are expected to present all necessary clearances and health requirements on the first day, or prior to the start of the clinical experience, as requested.

Immunizations

Students are required to provide current proof of immunization prior to participating in any clinical education experience. Currently, drug testing is not required for enrollment at BCU. Students are responsible for obtaining any additional immunizations or drug testing that may be required for a clinical education site. The following immunizations and tests are required, and must be valid throughout each clinical education experience:

1. DTaP (diphtheria, pertussis, and tetanus)
2. MMR (measles, mumps, rubella) 1&2
3. Two-Step TB
4. Polio
5. Hepatitis B 1,2,3 with titer proving immunity
6. Varicella (Chicken Pox)

Updates or additional vaccinations are done at a student's expense.

CPR/AED Certification

Students are required to have and maintain a valid American Heart Association or American Red Cross CPR/AED for the Healthcare Provider certification.

Student Background Checks and Screenings

Applicants must understand that in order to meet Program outcomes they will work directly with children and/or older adults. Therefore, criminal background checks are performed prior

to admission into the Program. Such applicants/students with felony convictions/charges documented on the criminal or child abuse reports are denied acceptance into the program of study. The Program includes written statements regarding background checks in admissions materials.

Clinical education sites may require their own background checks before a student begins a clinical experience. The expense of the background check is the student's responsibility.

To practice physical therapy, licensing beyond a college degree is required. Applicants may be denied licensure and/or employment for misdemeanors and felony convictions, including alcohol related offenses. Once selected as a physical therapy student, the student has a continual obligation to report any criminal felony or misdemeanor (including drug and/or alcohol) charges pending against him/her, which occur after the student has been granted acceptance into the Program. A written explanation of the pending charges should be submitted to the Program Director within 72 hours; failure to comply with any aspect of this policy may result in immediate dismissal from the Program. The Program's Progress and Conduct Committee will review the case, as noted in the DPT Student Handbook, and forward to appropriate University officials as needed.

If any clinical site requires additional screenings, specifics are communicated to the student in a timely fashion. It is the student's responsibility to complete and pay for additional screening.

Health Insurance

All students must provide proof of current health insurance to the Program and are accountable for payment of personal medical expenses as a result of illness or injury during the course of clinical education. Students are required to provide a copy of their insurance card to the DCE and/or Clinical Education Assistant.

Additional Trainings

A record of completion of HIPAA training and mandatory reporter training/responsibility reporter training are kept on file. All students must successfully complete the American Red Cross Emergency Medical Response Certification. Training includes certification in: basic life support, emergency oxygen, and blood borne pathogens. Clinical site may require additional trainings.

Student Clinical Site Contact

Approximately 4 weeks, or as early as possible in unforeseen circumstances, before the start of each full-time clinical education experience, each student is expected to contact his/her CI directly to:

- Confirm location/site of clinical
- Inquire about any special requirements and procedures that need to be completed before starting the clinical experience
- Inquire about dress codes and schedule for the first day (what time you should arrive)

- Inquire about important areas or diagnoses to review before beginning

PLACEMENT PROCESS

Site Selection and Placement

Students meet individually with the DCE to initiate the site placement process. Site placement occurs in the Fall Semester of Year II for Clinical Education in Physical Therapy II, III, and IV. Site placement occurs in the Summer and Fall Semesters of Year III students for Clinical Education in Physical Therapy V and VI.

After each student is assigned to a facility for a full-time clinical education experience, he/she signs the *Clinical Education Placement Agreement* form agreeing to the specific clinical education experience. This agreement denotes that a student may not make changes to their site placements unless the site cancels or the Program determines it is not in the best interest of the student to go to that site. Should a student have an extenuating circumstance, the DCE must be contacted immediately in writing, documenting the need and rationale for change. The DCE is not required to change a clinical education experience site, but consideration will be given for each student's personal situation. The responsibility, however, is on the student to honor his/her original agreement.

CLINICAL EDUCATION EXPERIENCE

The following are responsibilities of the student while completing a long-term clinical education experience. The student is responsible for:

1. Following the administrative policies of the site/facility, as well as the laws established by the practice act and rules and regulations of the State.
2. Reporting to the site/facility on time and following established regulations.
3. Providing transportation to and from the site/facility and is responsible for locating and paying for housing during the clinical education experience.
4. Conducting himself/herself in a professional manner as outlined by the Code of Ethics of the APTA.
5. Wearing name tags identifying him/her as a BCU DPT Student.
6. Honoring the policies of the site/facility in relation to patient/family treatment, recognizing that the site/facility staff is responsible for the patient/family even though patient/family is being cared for by a DPT student.
7. Completing a student evaluation and Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction at midterm and final of each full-time clinical education experience.

8. Gaining approval from the DCE at least 2 weeks prior to attendance at professional activities during the long-term experience, such as CSM, Annual Conference, Student Conclave, continuing education courses.

During each full-time clinical education experience, students are responsible for their own success. All students are expected to apply their didactic knowledge appropriately. Students should continually discuss each patient's plan of care with their CI so there are clear expectations for each patient. Students and CIs should each provide timely feedback, and students are responsible for requesting feedback, if not provided routinely. All students should take advantage of unstructured or down time in a professional manner. Each student should contact the DCE, as soon as possible, if there are any concerns or issues that arise and cannot be resolved with communication with the CI or SCCE.

Attendance

Students are required to work all hours expected by the CI, including holidays and weekends, unless otherwise dictated by the CI or SCCE. All unplanned, student-initiated absences must be reported to the DCE, as well as the CI, as soon as possible. Planned absences need to be reported and approved by the DCE 4 weeks in advance.

If the clinic is closed due to inclement weather, the student may be required to make up the time. If the student is unable to reach the clinic due to inclement weather, and the clinic remains open, it is the student's responsibility to collaborate with his/her CI to decide on appropriate methods to make up lost time.

Clinical Education Syllabi

Assignments

Student Clinical Education Goals

All students are required to complete 3 to 5 goals for each full-time clinical education experience. These goals should address areas of professional growth the student feels he/she requires improvement or additional exposure following didactic or previous clinical education experiences. DCE is available to provide feedback on goals as needed. These goals may be in addition to any goals set by the clinical site.

Reflection

During the clinical education experience the student is required to engage in self-reflection and evaluation activities.

In-service

In-service presentations or projects are required for BCU DPT students during full-time clinical education experiences. If the CI so desires to have the student complete an in-service on a topic of choice, the student will deliver the presentation to the site/facility on the designated date(s). If the clinical education site requests an additional project, the student should oblige the site request.

Late Assignments

For pass/fail courses, in which criteria must be met to pass a course, students are given a maximum of three calendar days from due date to complete late assignments. No more than one late assignment will be permitted per student for criteria-based pass/fail courses. In cases in which students consistently turn in assignments late, the student may be asked to appear before the Progress and Conduct Committee, where a learning contract may be put into place.

Assessments

Students are required to complete the *Clinical Internship Evaluation Tool* (CIET) prior to the midterm and final evaluation meetings during each full-time clinical education experience. The self-assessment promotes professional growth and development for the student and communication skills between the student and CI.

Students are also required to complete the *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* Form for their CIs and clinical education sites for each of their full-time clinical education experiences at mid-term and final evaluation. These forms are completed on EXXAT and submitted directly to the DCE. If the student feels there is a concern or special circumstance that arises during the clinical education experience, the student should contact the DCE. The DCE will then follow up with a site visit if necessary.

Mid-term Contact

A list of all the site/phone/telecommunication visits are provided to the students and/or CIs during their full-time clinical education experiences. Tentative times should be discussed with CI and confirmed with DCE. It is expected that the schedule is appropriately cleared for the CI and other student during that period of time.

Communication

If a problem develops during the full-time clinical education experience, the student is expected to first communicate the issue with the CI/SCCE. If a problem persists after discussing with the CI/SCCE, or the student does not feel it was appropriately resolved, the student should speak immediately to the DCE.

Student may use cellular phones according to the clinical site's policy. If the phone must remain on due to a possible family emergency situation, inform the CI of the possibility so that there is no misinterpretation that it is being used for personal reasons during business hours. Pictures and videos may not be taken or transmitted under any circumstance due to patient privacy regulations. Students who do not adhere to this policy are removed from the clinical education site immediately. Students should refrain from sending text or email messages during business hours unless explicitly given freedom by your CI to do so on a break or otherwise.

Accommodations

Students should consult the DPT Student Handbook regarding accommodations. Academic accommodations given for didactic courses, may not be appropriate for clinical settings. If a

student with a disability feels that accommodations are necessary in the clinical environment, that student should contact the University's Disability Services Coordinator. Decisions about accommodations are made in collaboration with the DCE of the DPT Program, taking into consideration the nature of a student's disability, the clinical site's requirements, and the DPT Program's requirements.

DCE RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

UPHOLDS ACADEMIC REGULATIONS, POLICIES, AND PROCEDURES RELATED TO CLINICAL EDUCATION

Under the direction of the DPT Program Director, the DCE assumes responsibility for maintaining the integrity of the clinical education program. This will be accomplished through a process by which the academic regulations and all policies and procedures that are related to clinical education are strictly upheld as outlined in this manual.

If the BCU DPT DCE is at any time, unable to fulfill the duties of the DCE, the Program Director will assign an alternate faculty member to act, temporarily, in the matters regarding clinical education.

COMMUNICATION

The DCE serves as the primary liaison between the DPT Program and clinical sites. All communication with clinical sites must go through the DCE, unless otherwise notified.

Communication with Students

Communication between the DCE and the students occurs formally throughout the Program and informally as needed. Formal affiliation agreement will include the following:

1. Orientation – The DCE introduces the clinical education program during orientation and notifies the students where to access the DPT Clinical Education Handbook. Students must sign the handbook as acknowledgement they read and understand the DPT handbooks. The DCE formally reviews all necessary requirements and communicates the process of clinical education.
2. Office hours – DCE is available to meet with students via Outlook scheduling as needed.
3. Week-1 Check-In– At the end of the first week of each clinical experience, students receive a check-in email from the DCE to obtain the student's initial impression of the clinical experience and to ascertain the potential for any issues regarding the clinical experience.
4. Clinical Education Site Placement Process – The DCE facilitates the process of clinical site placement that involves both student preference and random assignment. The DCE provides students with the information needed to make informed choices and establishes open lines of communication between the student and the clinical site at the appropriate time. The DCE is available to assist students throughout this critical process.
5. Course Expectations- Students receive communication of course expectations via the syllabus through the Learning Management System (LMS).
6. Mid-Term Interview-During each full-time clinical education experience, the DCE,

reviews mid-term evaluations and conducts a site visit in person or via distance. Students are encouraged to share challenges and concerns.

7. Notification of Performance- Modules are graded and feedback is available to students in a timely fashion through the LMS.
8. Submission and Communication of Final Grades-As primary instructor of the clinical education experiences, the DCE is responsible for assigning grades after reviewing the final evaluation from the CI and student. The DCE is available for students to provide feedback.
9. Informal communication between the DCE and student(s) is ongoing through email, telephone and in person. The DCE encourages students to keep the lines of communication open and to express any concerns/issues as early as possible with the DCE.

Communication with Clinical Sites

The DCE communicates with each SCCE or Director of Rehabilitation by phone, in person, or via e-mail to present the BCU DPT Program's Curriculum and ensure the site continues to support the curricular design. During these conversations, the DCE shares the benefits of participating in the clinical education program, including, but not limited to, discounted clinical education opportunities. Once the SCCE verbally agrees to participate, the DCE sends an electronic version of the Clinical Education Affiliation Agreement to each clinical site. The DCE is available through email or phone to address questions and provide clarification. Once an affiliation agreement is received, an email notification is sent to the clinical education site (SCCE or Director of Rehabilitation) from the DCE.

Prior to initiation of clinical experience, a syllabus and link to the student's profile are provided to the site. The syllabus is also attached to the midterm assessment to ensure CI is aware of the objectives for the specific clinical education experience. The syllabus for each clinical experience delineates specific skills in which students must be competent and safe.

Communication with sites occurs on an ongoing basis to build relationships with clinical sites, assess the clinical site facility to ensure the requirements of the Program are met and provide any necessary assistance. Student site visits serve the purpose of monitoring student progression, assisting the SCCE/CI with student issues, and allow for discussion at the student mid-term evaluation. The DCE or designated faculty member is available to conduct a site visit as needed.

Annual Clinical Site Slot Approval Process

- March Mailing: Every March the DCE reaches out via email to affiliate sites requesting placement for the following year.
- Sites interested in hosting a student respond via email indicating the clinical education experience timeframe available for students.

- Slot availability is updated in EXXAT by June. Students are able to access this information at that time. Once the student has selected the site, the DCE notifies the clinical site via email of a placement.

Communication with Core Faculty

The DCE regularly communicates with the DPT core faculty the policies and procedures related to the clinical education program and discusses any changes to these policies or issues that arise during faculty meetings. Clinical education is a standing agenda item at these meetings. The core faculty members help prepare students for their clinical experiences in accordance with the program's academic policies. The DCE, with input from the Core Faculty, periodically reviews the syllabi of the clinical courses within the curriculum to ensure that course objectives satisfy the demands of the clinical education program.

DETERMINES IF A CLINICAL EDUCATION SITE IS MEETING THE NEEDS OF THE PROGRAM

Prior to entering into a clinical education contract, the DCE ensures that each clinical site and all clinical faculty meet the expectations of the Program and meet current standards set forth by the APTA Guidelines for Clinical Education.

The DCE determines the appropriateness of the clinical education sites utilizing the Clinical Site Information Form (CSIF), clinical site visits, and/or communication with the SCCE/CI and/or Director of Rehabilitation. To meet program expectations, each site must have a copy of each clinician's current PT license, demonstrate adequate administrative support and space, employ a designated SCCE, and offer a variety of appropriate learning experiences that are commensurate with course objectives. Evaluation of established clinical sites is based upon past student feedback via Site Assessment in EXXAT.

A professional clinical atmosphere that fosters an "environment of learning" is ideal for fostering positive interactions between students/clinicians/patients. Optimally, clinical sites have educational policies that include staff education on teaching and student supervision through in-servicing and support for continuing education. Assistance for sites that do not meet the above described standards is available from the DCE to further develop the clinical education program.

The DCE, in collaboration with the clinic's SCCE, is responsible to ensure that CI meets the needs of our program and individual student. Clinical instructors are licensed physical therapists, with a minimum of 1-year of full-time (or equivalent) post-licensure clinical experience are effective role models and clinical teachers.

The supervisor profile in EXXAT provides information related to the CI's years of experience, type of experience, and certifications. These profiles are saved in the EXXAT platform. If the CI appears to lack adequate experience, the DCE will determine if resources are available from the clinic and BCU DPT faculty to educate the CI and provide the necessary support or the DCE will find another CI or clinical site to adequately meet student needs. At the conclusion of each academic year, the DCE will evaluate the effectiveness of each CI through the use of the CIET

and data collected through informal interactions with SCCE's/CI's/students. The DCE will utilize this information to develop resources to support clinical faculty. Clinical instructor evaluation information is used to determine if a CI is meeting the Program's criteria for retention. These criteria include:

- appropriate communication and supervision of students,
- safety in the clinic,
- appropriate professional behavior and attitudes towards patients, staff, and students.

It is the responsibility of the DCE to perform an analysis of the quality/quantity of clinical education sites and experiences annually. Discussion of the summative information and individual CI and/or site/facility concerns is discussed with the Core Faculty as needed, as well as at least annually during assessment portions of Program retreats.

If a clinical site is identified as not meeting the requirements of the Program, the DCE will immediately contact the SCCE/CI to determine the extent of the breach. The DCE will submit a "request for corrective action" in writing to the SCCE. If this occurs during a student's clinical experience, the situation must be rectified within 2 days or the student will be removed from the site.

Breach in Contract by Site

When a clinical site is identified as not meeting the academic regulations established by the program, the DCE will immediately contact the SCCE or CI by phone or site visit to gain clarification. If the site is truly not meeting the requirements as outlined in the contract, the DCE will notify the clinical site of this breach of contract and submit to the site a "request for corrective action" notification in writing to the site. The DCE will follow up with the clinical site within 2 days of this request to identify if the situation has resolved.

When the nature of the breach in contract is egregious or emergent, the student is removed immediately. Removal of a site from the active site list can occur if the site is not able to ensure compliance with set standards. After removal of a student from a clinical experience or removal of a clinical site from the active site list, the DCE provides a formal letter to the SCCE outlining the reasons and invites further discussion.

PREPARATION FOR THE CLINICAL EDUCATION EXPERIENCE

During orientation, the DCE provides students with the link and an overview of the DPT Clinical Education Handbook. For each clinical practice course, the student is provided with a syllabus outlining the objectives of the course. The syllabus serves as a contract between the DCE and the student and describes the consequences for not meeting course requirements.

Approximately 8 weeks, or as early as possible in unforeseen circumstances, before the clinical education experience, the DCE sends an introductory letter with a link to the student's profile in an electronic packet of information to the student's SCCE/CI. The introductory packet is essential for sites to begin the on-boarding processes required by some health care systems. The EXXAT profile includes:

- Student profile with emergency contact information
- Proof of immunizations
- Proof of CPR/AED training for healthcare professionals.
- Proof of health insurance

DURING THE CLINICAL EDUCATION EXPERIENCE

Grading of Clinical Education Experience

Students are assigned a pass/fail grade for each clinical education experience. Grading for each of the 5 full-time clinical education experiences is based on each student's performance, individual objectives, and fulfillment of clinical course requirements in each clinical setting. The CI does not assign the student a final grade. The final grade is assigned by the DCE.

The CI uses The Clinical Internship Evaluation Tool (CIET) for assessment of student performance during clinical education experiences. CI's are trained on the use of the CIET via written communication augmented by dialogue with the DCE. The CIET is designed to evaluate student physical therapists against the benchmarks of patient management and professional behaviors. Students are rated against the standard of a competent clinician, rather than the standard of an entry-level clinician. The DPT Program expects students to be at "Most of the times" or "Always" for all professional behaviors for all areas under the Professional Behaviors Benchmark. The Program expects the student to progress with patient management over the year of clinical experiences. Lower scores in specialty practice settings are expected as specialty practices require advanced training beyond the entry level skills. Scores should show professional growth across the clinical experiences, starting low and ending higher. There is not a specific percentage of caseload management for students as each clinical situation is different. By the final clinical experience, the expectation is the student is managing a caseload similar to one given to a new graduate. The expectation during final clinical education experience on the global rating score for is 6-7. This denotes a competent clinician ready to enter the work force. Failure by the student to successfully meet the expectations of a full-time clinical education experience, will result in a formal review by the Progress and Conduct Committee.

Underperforming Student

In the event a student is not meeting expectations during a clinical practice experience, the CI confers with the DCE. After evaluating the CI's concerns, the DCE determines if the student's case warrants submission to the Progress and Conduct Committee. The Progress and Conduct Committee's decision may result in the development of a learning contract which may lead to an alteration in the student's progression and/or dismissal of the student from the Program. If a learning contract is established during a clinical experience, the DCE checks in with the CI and student on a daily basis for the duration of the clinical experience.

When a student enters a clinical education experience on a learning contract, the DCE ensures that the CI is aware of the details of this contract, is prepared to implement this contract, and has the support of the SCCE in fulfilling the contract. If the CI perceives that the student is at risk for failing to uphold the requirements of the learning contract, the CI confers with the DCE

as soon as problem is identified. After evaluating the CI's concerns, the DCE determines if the situation warrants another submission to the Progress and Conduct Committee. The Progress and Conduct Committee's decision may result in modification of the student's learning contract, alteration in the student's progression within the program, or dismissal of the student from the program.

The DCE may determine that a student needs an additional full-time focused clinical education experience based on feedback from previous CIs and academic faculty. The DCE can change a clinical education assignment based on academic or clinical education performance at any time during the clinical education process.

SITE RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

Students are expected to comply with the rules and regulations of the clinical education site. The site must inform the student of these rules and regulations. It is the student's responsibility to comply with the level of supervision required by the DPT Program while completing their clinical education experience.

SUPERVISION OF STUDENTS

Physical therapy students should have on-site supervision available by a licensed physical therapist with at least one year of clinical experience at all times when the students are providing patient care. Without this supervision, students may not practice physical therapy care in any capacity. The CI must ensure that adequate supervision is available for the student at all times during the clinical education experience, including compliance with state practice act laws and insurance carrier rules. Students must be supervised by a licensed physical therapist who must be physically on-site at the clinical education experience at all times when a Briar Cliff University Physical Therapy student is providing patient care. Licensed physical therapist assistants cannot provide supervision to physical therapy students, although physical therapy students can observe care provided by a physical therapist assistant. Direct supervision, as defined by the American Physical Therapy Association (HOD 06-00-18-30), is the preferred type of supervision for Briar Cliff University Physical Therapy students. Direct supervision is defined by the physical therapist being physically present and immediately available for direction and supervision. The direction and supervision are dependent on state and insurance regulations and should follow accordingly. The physical therapist should have direct contact with the patient during each visit. Telecommunications does not meet the requirement of direct supervision. Supervision must be aligned with federal and/or state regulations, insurance regulations for reimbursement, state practice acts, and site/facility policies.

STUDENT LEARNING EXPERIENCE

It is the responsibility of the CI to provide optimal learning opportunities while the student is at the site/facility. The opportunity to observe any surgical procedure(s) would benefit the student's professional development is encouraged. If the CI feels it is educationally beneficial for the student to work a weekend or holiday, the CI is responsible for notifying the student

but, should credit the student for these hours. The CI is encouraged to discuss current evidence for physical therapy practice in their setting with the student during the clinical experience.

COMMUNICATION

A site representative should meet with students within the first day of the clinical education experience to discuss the learning objectives, and mutual expectations of the clinical education experience. The CI is encouraged to provide the student with ongoing feedback regarding the student's performance during the clinical education experience. Communication can be written/verbal and should be given in a timely manner.

Student Assessments

The CI is responsible for becoming proficient with the assessment instrument based upon the instructions provided by the Program. The CIET is completed at the midterm and final week of the clinical experience by the CI. The CI is responsible for completing the CIET in an open and constructive manner. The evaluations should promote student self-assessment as a component of the evaluation process; each student is responsible for completing their own self-assessment form. Each review is discussed by the CI with the student and submitted via EXXAT. The student assessments are crucial to both the academic faculty and the student in gaining insight to student growth as a professional. The assessments provide feedback to the academic faculty regarding didactic curriculum and teaching effectiveness. While the CIET contributes to the final grade, the CI does not assign the student a grade for a clinical experience.

Concerns Regarding Student Progress

Concerns regarding a student's progress towards meeting benchmark standards in the key areas identified in the syllabus need to be communicated with the student and the DCE as soon as recognized. Communication early and often is appreciated. If warranted, the CI, DCE, and/or student may meet and develop strategies to facilitate necessary improvement in designated areas. If the student fails to make adequate progression in the areas of concern, then a formalized learning contract will be made by the Program faculty, via the Progress and Conduct Committee, in which specific expectations are delineated. If progress towards the expectations outlined in the learning contract is not being made, the CI should contact the DCE immediately.

ELEMENTS OF THE AFFILIATION AGREEMENT

Awareness of the general elements in the affiliation agreement between BCU and the site is expected. The Site/Facility agrees:

- Doctor of Physical Therapy students from Briar Cliff University may receive clinical experience that meets course/curriculum objectives in and through the Site/Facility.
- The CI at the Site/Facility will cooperate in selecting appropriate patients to be cared for by the student(s) for learning purposes.
- Staff of the Site/Facility will collaborate in planning care for patient(s)/family(s) assigned to student(s).
- Staff of the Site/Facility will cooperate in involving physical therapy students in inter-professional learning experiences to the extent these are available and appropriate to patient/family care and student learning.

- The Site/Facility is accredited/approved by the appropriate bodies.
- Site/Facility will provide or arrange for emergency treatment in the event of accident or illness to student associated with their learning experience while at the Site/Facility. Emergency treatment shall be the financial responsibility of the student. Site/Facility agrees that if blood or bodily fluid exposure occurs to a student or faculty while caring for a Site/Facility patient during a clinical education experience, the Site/Facility is responsible for the follow-up procedures for the source patient defined by State and OSHA regulations. The student is responsible for all costs associated with source patient procedures, testing, and related expenses.
- The Site/Facility may terminate the participation of any student in any clinical education experience governed by this Agreement if Site/Facility determines that student failed to observe applicable policies, procedures, rules, regulations, or the instruction of Site/Facility CI/CCCE or has in any other manner compromised an acceptable standard of patient care. Site/Facility will immediately notify the University of any such termination.
- The Site/Facility should provide clinical education experiences consistent with the mission and vision of the program.
- The Site/Facility should provide supervision appropriate to the academic and clinical level of the student. The Site/Facility will discuss expectations, provide feedback, and discuss completed evaluation forms with the student, and submit written documentation of student performance as required by the University.
- The Site/Facility should designate and submit in writing to the University for acceptance of the name and professional and academic credentials of a clinical individual responsible for the clinical education program at the Site/Facility. This person is called the Site Coordinator of Clinical Education (SCCE).
- Site/Facility should notify the University promptly of any changes in personnel, operations, or policies that may impact the clinical education assignment.
- The Site/Facility will suggest programming to the University that may prove beneficial to the Site/Facility.
- The Site/Facility will orient the student including policies, procedures, and objectives regarding the Site/Facility.
- The Site/Facility faculty are required to complete the student evaluation at midterm and final of each full-time clinical education experience.
- Site/Facility require the student to complete 40 hours of work per week and schedule will be determined by CI and the Site/Facility.

CORE FACULTY RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

The collective core faculty are responsible for ensuring students are safe and ready to progress to full-time clinical education. A student must pass all didactic courses, including all practical examinations and the comprehensive examination, as well as have a cumulative 3.0 GPA. In addition, the core faculty must unanimously approve that each student demonstrated the knowledge, skills, and safety necessary to be safe and successful as a long-term clinical education student. If progression to long-term clinical experiences is not appropriate, a student will be meet with the Progress and Conduct Committee at which time a specific remediation plan will be developed. If a student does not fulfill the requirements of the remediation plan, within the specified timeframe, termination from the program will ensue.

**SECTION III:
INTEGRATED CLINICAL
EDUCATION
EXPERIENCES**

OVERVIEW OF CLINICAL AND COMMUNITY-BASED CORRELATIONS FOR THE REHABILITATION PROFESSIONAL

For the purpose of this handbook, Clinical and Community-Based Correlations for the Rehabilitation professional are referred to as integrated clinical experiences. The students enrolled in BCU's DPT Program participate in integrated clinical education experiences which occur symbiotically to supplement didactic work and expose students to contemporary practices. Select core and adjunct faculty for BCU's DPT Program are responsible for the integrated clinical education experiences through the pro bono clinic and various community-based activities.

STUDENT RIGHTS AND RESPONSIBILITIES IN INTEGRATED CLINICAL EDUCATION

Following each integrated clinical education experience, each student completes an assignment, as dictated by each integrated clinical experience syllabus. It is the student's responsibility for locating and completing the assignments delineated in the syllabus by the deadlines in the respective syllabi. Integrated clinical experience courses are pass/fail courses. For pass/fail courses, in which criteria must be met to pass a course, students are given a maximum of three calendar days from due date to complete late assignments. No more than one late assignment will be permitted per student for criteria-based pass/fail courses. In cases in which students consistently turn in assignments late, the student may be asked to appear before the Progress and Conduct Committee, where a learning contract may be put into place.

The students are responsible for arranging their own transportation to the various locations utilized during the integrated clinical education experiences. If a student misses an integrated clinical education experience for illness or weather-related reasons, the student needs to contact the ADCE prior to the absence or at the start of the day. The ADCE decides an appropriate means for making up missed hours. Students are responsible for compliance with the opportunity to make up missed hours or experiences.

All students are required to follow HIPAA and related policies as noted below.

ASSISTANT DIRECTOR OF CLINICAL EDUCATION RIGHTS AND RESPONSIBILITIES IN INTEGRATED CLINICAL EXPERIENCES

The ADCE is responsible for the assignment of students during integrated clinical education experiences. The ADCE meets with the students to review the syllabi and outlined course expectations. The ADCE will coordinate with the DCE to schedule OSHA, HIPAA, and Mandatory Reporting trainings required for clinical experiences. The ADCE, as primary instructor for all Clinical and Community Based-Correlations integrated courses, is responsible for assigning student grades, as described in their respective syllabi.

**SECTION IV:
ADDITIONAL CLINICAL
EDUCATION POLICIES**

HIPAA AND RELATED POLICIES

HIPAA required the Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans and employers. It also addresses the security and privacy of health data. The intent of this Law was to improve the efficiency and effectiveness of nation's health care system by encouraging the widespread use of electronic data interchange in health care. During Program orientation, and throughout the program, students will be introduced to the proper use of PHI. Formal HIPAA training is conducted as part of clinical education. Students must participate in this mandatory training.

Students are expected to strictly follow all guidelines established by the host clinical site related to the use of PHI. At the clinical education sites, students have access to confidential information related to patients/clients of the facilities they enter. PT students receive training in protecting patient/client confidentiality and HIPAA guidelines. It is the *responsibility* of the student to maintain confidential any information related to patients and/or clients. This policy applies not only to patients/clients with whom the student has direct contact, but to *any* personal/confidential information the student may have access to during the clinical education setting.

The student is also to use discretion when discussing patient/client information with other *appropriate* individuals to assure that the nature of the discussion remains professional, pertains only to information clinically relevant, and cannot easily be overheard by those not involved in the patient's care. Additionally, some facilities will have their own published policies/ procedures related to protecting patient/client information that students are expected to follow.

Violations of this policy may result in sanctions and may be grounds for dismissal from the program.

PROTECTION OF FACILITY PROPRIETARY INFORMATION

Any other information available at the clinical education site, particularly that which could be considered proprietary, (e.g., treatment protocols, administrative information, etc...) is only to be used with the express consent of the facility. Violations of this policy may result in sanctions and may be grounds for dismissal from the program.

ESTABLISHING NEW CLINICAL EDUCATION SITES

The establishment of new clinical affiliations is at the discretion of the DCE based upon the needs of the Program. Students should absolutely not make first contact with a potential site under any circumstances. All requests should be directed to the DCE.

BENEFITS FOR CLINICAL INSTRUCTORS

Briar Cliff University's DPT Program budgets a certain amount of money each year to support development of clinical instructors. The clinical education faculty will be offered attendance at Briar Cliff University/ DPT Program sponsored clinical education courses throughout each calendar year at reduced tuition rates. Additionally, clinical education faculty may request Briar Cliff University digital library access. A certificate of service is provided to each CI at the conclusion of the continuing education experience; some states allow these service hours to be converted into CEUs. Furthermore, clinical sites may request focused education related to clinical education through the DCE.

SECTION V: APPENDIX

APPENDIX A: ACKNOWLEDGEMENT

Represented by my signature, I acknowledge that I have received and will operate within the requirements of the Briar Cliff University’s Doctor of Physical Therapy Program’s Clinical Education Handbook, as well as the Briar Cliff University’s Student Handbook. My signature confirms that I have read, understand, and will comply with its contents, and all of my questions have been answered satisfactorily.

Signature

Date

Name (Print)