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PHYSICAL THERAPY PROGRAM: CLINICAL EDUCATION

Mission Statement

The mission of the Department of Physical Therapy and Rehabilitation Sciences, School of Allied Health, University of Kansas Medical Center, is to prepare highly qualified professionally adaptable physical therapists, and to lead the advancement of physical therapy through innovative teaching, research, clinical practice and service.

Philosophy

The Department of Physical Therapy and Rehabilitation Sciences recognizes that all members of society deserve to benefit from a health care system that promotes wellness and health. Physical therapy, a dynamic and evolving profession, is an essential component of the health care system. The practice of physical therapy includes services to all individuals through prevention, habilitation, rehabilitation and education. The profession of physical therapy is committed to providing optimum levels of care for all individuals and striving for excellence in practice.

The goal of the Department of Physical Therapy and Rehabilitation Sciences is to prepare highly qualified, professionally adaptable physical therapists that function as clinicians, teachers, advocates and researchers. The functions of physical therapists shift as they strive to meet the needs of a diverse population of consumers and new health care delivery systems. Thus, physical therapists must be flexible and constant learners with a strong background in basic and behavioral sciences and humanities. Successful physical therapists must be self-directed and responsible individuals.

The faculty and administrators must create an educational environment that promotes active participation of the learner in the acquisition of knowledge, skills and attitudes necessary for the practice of physical therapy. Faculty must ensure the rights of students in academic and clinical settings. The curriculum must consist of planned opportunities for education that encourage students to accept responsibility for their own learning and to develop skills as problem-solvers and life-long learners.

Faculty members serve as role models within the university, the profession, and the community. They participate in teaching, community service, research, clinical practice, consultation and governance of the department, the school, the university and the profession. The faculty as a whole is responsible for the development and continual evaluation of the curriculum. We recognize that the profession of physical therapy is diverse, and the backgrounds and activities of the faculty should reflect that diversity. Faculty information can be found on the department website <http://www.pt.rs.kumc.edu>.

STANDARDS OF PERFORMANCE AND PROFESSIONAL EXPECTATIONS

Standards

Minimum Required Skills of Physical Therapist Graduates at Entry-Level

The KUMC DPT program bases its program goals and student expected competencies on the APTA document, Minimum Required Skills of Physical Therapist Graduates at Entry-Level (APTA 2005). This document can be accessed at

http://www.apta.org/AM/Template.cfm?Section=Professional_PT&CONTENTID=27559&TEMPLATE=/CM/ContentDisplay.cfm

Code of Ethics

Ethical behavior for physical therapist is defined by the APTA. Students are accountable for ethical practice and behavior. The principles for ethical practice of physical therapy can be accessed at

http://www.apta.org/AM/Template.cfm?Section=Professional_PT&CONTENTID=21760&TEMPLATE=/CM/ContentDisplay.cfm

Physical Therapist Student Services and Medicare Reimbursement

Patient care provided by students is not reimbursable for patients with Medicare Part-B. However, this regulation only applies to outpatient services, whereas student minutes can count for patients with Medicare Part-A in skilled nursing facilities and inpatient settings where the supervising therapist is within "line of sight." Thus, this regulation does not apply to all types of clinical settings. The APTA has suggested strategies for providing physical therapist student clinical education with adherence to Medicare regulation:

<http://www.apta.org/AM/Template.cfm?Section=Clinical&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=21075>

GUIDELINES FOR CLINICAL EDUCATION

OVERVIEW OF THE CLINICAL EDUCATION PROCESS

The Academic Coordinator of Clinical Education (ACCE) is responsible for scheduling and assigning students to clinical Internships. Each class of students will have one assigning ACCE who is responsible for all internship assignments during each fall and spring semester. Students are given opportunities to share information with their assigning ACCE regarding their interests and preferences for locations and types of facilities for each level of clinical education. Clinical assignments are based on multiple factors including the availability of placements and may involve out of town travel.

The department of Physical Therapy and Rehabilitation Sciences currently has contractual arrangements with nearly 250 facilities and practices within the United States and in foreign countries. Students are sent only to those facilities in which a contract exists. The list is available on our web site <http://www.pt.rs.kumc.edu/>

A student file containing detailed facility information is located in the department. Students are encouraged to utilize this resource in developing their preferences and rationale for requesting placement at a particular facility. Feedback from students who are currently in the Program and have already been assigned to particular facilities is a great source of informal assessment of the opportunities available. The ACCE can also provide valuable insight into the clinical sites you may wish to consider.

Additional information regarding clinical education is available in the Clinical Education materials provided to students before each clinical education rotation and is also located on the department website.

The clinical education program is an essential part of the physical therapist education program. Clinical education not only allows the student to practice and apply concepts and skills learned in the classroom to the real world setting but it allows the student to expand their didactic knowledge, develop necessary communication and interpersonal skills, develop good work habits, develop clinical competencies and identify role models. Obtaining a wide variety of experiences fosters the development of a well rounded, versatile physical therapist and allows the student to assess their future goals and needs.

Schedule and Time Lines

Clinical education is an essential part of the preparation of physical therapists. The DPT curriculum includes 36 weeks of clinical education in a variety of practical settings. Students are expected to attend sites in all major areas of physical therapy practice. It involves short and long term clinical Internships during every fall and spring semester of each year as outlined below:

First Year

Clinical Internship I (3 weeks): offered at the end of fall semester

Clinical Internship II (3 weeks): offered at the end of spring semester

Second Year:

Clinical Internship III (4 weeks): offered at the middle of fall semester

Clinical Internship IV (4 weeks): offered at the middle of spring semester

Third Year

Clinical Internship V (4 weeks): offered at the beginning of fall semester

Clinical Internship VI (18 weeks): This full time long-term clinical Internship is offered during the final spring semester in which students choose either 3 six week or 2 nine week clinical internships.

Site Requirements

Sites for clinical Internships are located throughout the United States. In addition, there are international sites available for long-term rotations in Ireland, England, South Africa, Australia and India. Clinical Internship assignments are made commensurate to the content taught in the curriculum, on the basis of student's educational needs and availability of appropriate sites.

Clinical internships require that all students practice in inpatient and outpatient setting for one of their long-term rotations and complete a rural site and/or a geriatric rotation at anytime in the curriculum. Placements are available in acute, subacute, and rehabilitation hospitals, ambulatory care centers, private practices, nursing homes, inpatient and outpatient pediatric facilities, occupation medicine, home health, and some

specialty areas such as golf performance, hippotherapy, burn units, women's health, education or administration.

Clinical rotations are assigned at least 6 to 12 months in advance. Students are assigned by the ACCE to inpatient and outpatient hospital/clinic during the summers of the first two academic years. During the 2nd year, students are assigned to a variety of clinics based on their educational needs and interests. For the 3rd year, an ad hoc student clinical education committee is created who assigns all students based on school requirements and student interests. The ACCE then reviews student assignments made by student committee and makes the final approval.

Formal written agreement

Before any students are assigned to clinical internships at a specific facility, a legal written agreement must be completed.

Site selection

The department makes an effort to select, develop and maintain quality clinical sites. Many of the program's clinical education sites are located throughout Kansas. It is often more fiscally opportune for students to stay in-state for clinical internships and as a state institution, we strive to place student in area clinics to be an active contributor in meeting the needs of our state. Sites are selected based on the following criteria:

1. Compatibility of the academic program and clinical education site philosophy.
2. Commitment to equal opportunity.
3. Clinical site physical therapy services are provided in an ethical and legal manner.
4. Clinical site administrative support of clinical education is demonstrated.
5. Clinical education experiences are planned to meet objectives of the program, clinical instructor and individual student.
6. The site offers a stimulating environment appropriate to the learning needs of students including an adequate number of qualified clinical instructors needed to meet student needs.
7. Clinical instructor(s) demonstrates clinical competence, professional conduct, and effective instructional, supervisory, communication, interpersonal and performance evaluation skills. Clinical instructors should be active in professional activities.
8. A willingness to offer internships on an ongoing routine basis.

The ACCE will consider developing additional sites at the request of students, if the proposed site provides an exceptional learning experience particularly in specialty practices. New clinical contracts will not be developed for purposes of the students wanting to travel, or stay near friends or family.

Clinical sites may initiate contact with the ACCE to inquire about becoming an affiliating site. Students interested in a new site, may contact the facility to gather information about the willingness to accept students from a new contract and contact information.

Students then forward this information to the ACCE. At this point, communication is assumed by the ACCE and the potential of formulating a long term clinical education relationship is determined, a clinical education initiation packet is sent containing affiliation agreements (unless use of a facility specific contract is requested), overview of the curriculum, copy of student professional liability waiver and a CSIF form.

Site Visits

Visits to clinical sites by the ACCE are scheduled to occur every 2-3 years for routinely used facilities within the state of Kansas or 300 miles. Routinely used sites outside of the 300 mile radius will be visited every 5 years, except international sites. Most site visits are performed in conjunction with student placement at the facility. Phone consultations are scheduled with the student and/or clinical instructor when site visits are not performed. A site may request that the ACCE or other faculty members provide their staff with a workshop or presentation.

Evaluation and Communication with Clinical Sites

Evaluation of the clinical site occurs both formally and informally on a regular basis through written and verbal communications with the facility. Information is garnered from the Clinical Site Information Form (CSIF) for learning opportunities meeting the basic site selection standards in the APTA Guidelines and Self-Assessment for Clinical Education.

The ACCE documents site visits and phone consultations as an informal means of gathering meaningful information used to develop a closer relationship with clinical sites and clinical instructors. Formal evaluation is completed using the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction. Ratings of either some good learning experiences; student program needs further development or student clinical education program is not adequately developed at this time trigger exploration by the ACCE as to the reasons for such ratings from the students and if necessary discussion with the facility.

It is suggested that the clinics complete a self-assessment using the APTA Guidelines and Self-Assessments for Clinical Education that is provided in the student clinical education handbook.

Dissemination of Student Information to Affiliating Clinics

Prior to clinical Internship, a letter indicating student's name, composite and contact information is provided to the site where a student is assigned. A Clinical Education Handbook containing clinical education policies and all evaluation forms is provided to each student prior to clinical internship. It is student's responsibility to share this information with their clinical instructor. In addition, clinical information is available to clinicians on the department web site. Each student is suggested to maintain an individual electronic clinical education folder (on ePortfolio) which can be accessed anywhere by the student and forwarded to clinical instructor.

Clinical Competency Check-list

- **Clinical Internship I**

Given the individual experience and confidence level, the student should be able to perform the following skills during Clinical Internship I

Perform goniometric measurements, ROM exercises, MMT, segmental neurological exam, basic skills of acute care management, appropriate use of adaptive equipment, application of differential diagnosis of general medical conditions, systems review, gait analysis and PT documentations.

- **Clinical Internship II**

In addition to the above mentioned skills, students will be able to perform assessment and treatment of peripheral joints, management of amputation, selection and application of prosthesis and orthotics, application of modalities and electrotherapy, and wound management.

- **Clinical Internship III**

Students should be able to perform assessment and treatment of peripheral and spinal conditions, review and analyze research findings and demonstrate understanding of neurological disorders and pharmacology.

- **Clinical Internship IV**

Students should be able to perform assessment and treatment of peripheral and spinal conditions including post operative care, management of cardiopulmonary conditions, review and analyze research findings and demonstrate understanding of neurological disorders and pharmacology.

- **Clinical Internship V**

Students should be able to perform assessment and treatment of peripheral and spinal conditions including post operative care, management of cardiopulmonary conditions, review and analyze research findings and demonstrate understanding of neurological disorders and pharmacology.

- **Clinical Internship VI**

Students should be able to perform evaluation and treatment in all areas of physical therapy and upon completion be functioning at entry-level.

Competence Remediation

It is essential that students be demonstrating reasonable progress in their clinical skills at the time of each internship. Prior to the beginning of each internship, instructors for the corresponding semester must contact the ACCE at least one week ahead to identify students who are not demonstrating appropriate clinical competence. A remedial plan would be put in place by the instructor. The ACCE should be informed of the plan, and notified when the student has successfully completed the remediation. Depending on the time the remediation is complete, the student will be able to attend the planned internship or the internship will be reassigned by the ACCE.

STUDENT RESPONSIBILITIES

The student's role and level of function is stated in the individual course syllabi. Students are expected to take responsibility for their own learning and demonstrate professionalism at all times. It is the student's responsibility to inform the ACCE as soon as the problem related to clinical learning is identified.

The students are required to abide by the requirements of the contract and follow the Department Clinical Policies and Procedures.

1. Contact the site at least 2 weeks in advance to learn the specific requirements of the assigned site.
2. Provide all necessary documents (i.e., health information) to assigned site, either prior to their arrival subject to facility requirements, or upon arrival of the first day.
3. Assume the cost associated with the clinical education experiences including travel, transportation and housing.
4. Share and review the required documents with Clinical Instructors within the 1st two days of their clinical internship.
5. Comply with the policies and procedures of the clinical site and the Department of Physical Therapy and Rehabilitation Sciences. Failure to comply with facility or department policies and procedures is subject to immediate corrective action.
6. Fulfill all duties and assignments made by the clinical instructor and academic coordinator of the clinical education within the time limit specified.
7. For web-based posting on discussion boards, identifiers will be removed and discussion will remain in the educational context.
8. Provide honest and constructive feedback to the clinical site and academic coordinator of clinical education.
9. Adhere to the profession's *Code of Ethics* and comply with Guides for Professional Conduct and Generic Abilities.
10. Reschedule make up time for any absences.
11. Write a letter of appreciation to the appropriate individuals (e. g. clinical instructor, department supervisor, clinical site administrator) for the educational opportunities provided.

Travel and Expense Expectations

Due to the requirements of clinical practice in rural Kansas and in a variety of settings that are not always available in local region, students are expected to travel outside metropolitan area. Students must understand the additional responsibilities and obligations are required of clinical education. These responsibilities include provision for reliable transportation and living expenses (housing, meals, etc). Students should anticipate approximately \$1,000 for short-term and \$3,000 to \$ 4000 for full-time clinical experiences. This estimate cost may vary significantly from student to student and clinical to clinical. Students are responsible for their own transportation and living arrangements related to clinical internships unless otherwise supported by the clinical facility.

Objectives

Each clinical education course has course objectives that are part of the course syllabus. Students are expected to create individualized learning objectives compatible with their learning needs and the experiences offered at the clinical site. In addition, the clinical site may also have specific objectives they have developed. Learning experiences for students at the clinical site are developed to address all of the possible learning objectives.

RULES AND REGULATIONS**Dress Code**

The student is required to adhere to the dress code of the facility. In making contact with the facility prior to the clinical internship, the student should ask about the attire requirements. The student should wear their student nametag visibly unless prohibited by the facility.

Attendance and Absences

As part of the professional education process for physical therapy students, prompt, regular attendance is expected during clinical education. Students are clinical education placements on time. Students are strongly discouraged from absences during a clinical assignment, including time off for job interviews and research project completion. The student must adhere to the clinic time schedule at all times.

Excused absences must be arranged in advance with the clinical supervisor of the clinical facility. During the semester of full time clinical practica (PTRS 920) only, the student may be permitted one (8 hour day) excused absence per internship (A, B or C) for out of town travel between practica sites. In the event of other excused absences, the student and the clinical instructor will make arrangements for additional hours either by extended day or weekend hours. It is at the discretion of the clinical site whether this is acceptable.

Unexcused absences occur when the student has either failed to notify his/her clinical supervisor of illness or failed to obtain permission from the supervisory prior to the absence. Any unexcused absence must be reported to the ACCE by the CCCE/CI immediately. More than one unexcused absence during a semester may result in a hearing before the academic faculty, at which time possible dismissal from the program may be considered.

In the event of illness, the student must notify the clinical instructor as soon as possible. If an illness or excused absences necessitates more than one day away from the clinical site, it is the responsibility of the student to notify the ACCE as to the nature of the illness. If a student is absent for 3 consecutive clinical days due to illness, he/she upon returning must provide written assurance from a physician that he/she is capable of returning to assigned duties. A copy must be furnished to the student's clinical supervisor and to the ACCE. It is at the discretion of the ACCE in concert with the

CCCE as to how the missed clinical experience will be made up. In the case of prolonged absence, the clinical internship may be ended and the student will receive an incomplete for the class. Remediation may be allowed depending on the circumstances.

Excessive absence may be grounds for failure of the clinical education course. The course instructor/coordinator may modify the attendance policy at any time throughout the semester as long as the students are notified in writing of the change.

If the student is unavoidably tardy, he/she should notify the clinical facility by telephone of the reason for the lateness. Even tardiness of a few minutes should be reported to the clinical supervisory immediately upon arrival. The CCCE must report episodes of multiple lateness to the ACCE for action by the academic faculty. Reported tardiness (no more than two) will not be tolerated and may result in a hearing before the academic faculty and may result in dismissal from the program.

Insurance

The University provides professional liability insurance (malpractice insurance) for all students during all levels of clinical education. Students are required to provide their own health insurance. The student should carry a copy with them to the clinical facility as he/she may be requested to provide it to the facility for their records.

Criminal Background Checks

Criminal background checks are required by most facilities providing clinical education. The student will complete a criminal background check through the Dean's Office that includes: GSA Excluded Parties Testing System, Police/Criminal Background Check, Department of Health and Senior Services Employee Disqualification List and US Department of Human and Health Services List of Excluded Individuals/Entities. Students should have these completed before beginning the program. Students are responsible for the fees incurred. In some instances, facilities require additional criminal background checks of students in addition to the ones already completed for enrollment. Students assigned to those facilities will have to provide this information at their expense. The student should carry a copy with them to the clinical facility as he/she may be requested to provide it to the facility for their records. The student is responsible for notifying the SAH office if there is any newly reported criminal action(s) since the admission check.

Immunizations

To comply with OSHA requirements, students are required to have immunizations including measles, mumps, rubella, polio series, tetanus (within the past 10 years), diphtheria and Hepatitis B (or waiver) completed prior to beginning the first internship. Students are also required to have an annual updated TB screening. A student who was immunized against TB or received treatment for TB and has a positive TB test needs to have a chest x-ray done to demonstrate that there is no evidence of active TB.

The University will provide the students access to this series within the Student Health Center with the expense to be borne by the student. Proof of the above is required by all clinical facilities and must be completed prior to the first internship. For those involved in international travel, additional immunizations may be required as determined by the International Travel office. The student should carry a copy with them to the clinical facility as he/she may be requested to provide it to the facility for their records.

CPR

The student is required to maintain a current CPR card specifically for health care provider's course. Other lay person training programs cannot substitute for this requirement. The student should carry a copy with them to the clinical facility as he/she may be requested to provide it to the facility for their records.

Potential of Drug Screening

A facility may require the student to pass a drug screening prior to or during the first week of a clinical internship as a part of the facility's procedures and requirements. Students are encouraged to ask about these tests and to obtain information on avoiding ingesting anything that could cause a false positive result on a drug test. This screening is scheduled with the facility and done at the facility's expense.

Potential Health Risks

Clinical practice poses potential for exposure to hazardous materials, infectious agents, and personal injury. Prior to beginning the clinical rotation, the student must be trained in standards for preventing transmission of bloodborne and other infectious agents. The OSHA blood borne pathogen requirement can be met if the student attended the infection control lecture in PTRS 704, Basics of Acute Care PT. The student must also successfully pass training in injury prevention and safe body mechanics. A student must complete any additional training required by the clinical site.

It is the student's responsibility to seek all the information needed to comply with the clinical site's policies including infection control, use/storage/labeling of hazardous materials, fire and emergency procedures, security, and incident reporting of personal or patient injury.

Exposure or Workplace Injury Plan

In the event of an exposure to an infectious agent or hazardous material or injury at the worksite the student should seek treatment through the site's employee health department. The student must follow site protocol for injury or exposure reporting and must promptly notify the CCCE, CI, and ACCE.

Patient Incident or Injury

Students are to immediately report all incidents or accidents involving clients to their clinical instructors. The Clinical Instructor should report the occurrence as required by facility policy and procedures. It is the responsibility of the Center Coordinator of Clinical Education to contact the ACCE to notify him/her of such incidents/accidents. Students are advised to speak to no one other than the Clinical Instructor regarding any incident

or accident in which they were involved or which they witnessed during their clinical internship. All matters regarding such occurrences are to be processed according to facility policy and procedures.

Statement on Disability

Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at Student Counseling & Educational Support Services by calling 913-588-6580 or visiting G116 Student Center.

Any student in this course who, because of disability, needs an accommodation in order to complete the course requirements should contact the instructor or the Equal Opportunity / Disability Specialist 913-588-7813: TDD 913-588-7963 as soon as possible.

Accommodation for Disability

The Department of Physical Therapy and Rehabilitation Sciences does not discriminate against any student on the basis of disabling conditions. Any student with functional limitations should consult with academic and clinical faculty to determine mutually acceptable compensatory learning methods and activities that are equivalent substitutions for established performance standards. It is the student's responsibility to self identify. Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at the Student Counseling & Educational Support Services by calling 913-588-6580 or visiting G116 Student Center. Any student in who needs an accommodation because of a disability in order to complete the course requirements should contact the instructor or the Equal Opportunity/Disability Specialist (913-588-7813, TDD 913-588-7963) as soon as possible.

Patient Rights

The student is obligated to obtain informed consent. The student must disclose his/her status as a student and provide the patient with the name of the supervising therapist. A patient has the right to refuse treatment by the student without effects on services.

HIPAA Compliance

The student is required to complete training for awareness and compliance with the patient privacy regulations of the Health Insurance and Portability and Accountability Act during the first semester enrolled in the program. An annual retraining is required thereafter and is available on the Chalk system (<https://www2.kumc.edu/chalk2/login.asp>). The student should carry a copy of the HIPAA certificate with them to the clinical facility as he/she may be requested to provide it to the facility for their records. The student is required to strictly adhere to standards. The student must protect patient confidentiality and is not to discuss the patient/patient condition outside the clinical setting. Patients may be discussed with classmates and faculty for educational purposes only. All patient identifiers must be removed.

Professional Behavior:

Any behavior exhibited by the student deemed inappropriate by the ACCE or Clinical Instructor of Clinical Center Coordinator will result in failure of this course. Repeated or multiple issues with professionalism during an internship may also result in failure.

Reporting Incidents

An incident out of the ordinary involving or witnessed by the student should be immediately reported to the clinical instructor and the appropriate facility incident report should be filled out. The ACCE should be contacted of the incident within 24 hours.

Statement of Student Responsibility:

It is the responsibility of each student enrolled in this course to monitor grades and progress. This course is graded on a Satisfactory/Unsatisfactory grade, and as such, will not affect your grade point average.

Receiving a satisfactory grade in this course, however, is necessary to continue in the program. Students will have the opportunity to retake this clinical experience **one time**. If a student feels that he/she is not doing satisfactory work at mid-term, the student is responsible for making an appointment with the assigning ACCE to design a plan for improvement. Unsatisfactory clinical coursework may interrupt the student's ability to proceed within the curriculum or graduation. The student will need to enroll in, repeat and successfully complete the pertinent course to remain in the program and/or graduate.

ACCE RESPONSIBILITIES

The Academic Coordinator of Clinical Education (ACCE) is dedicated to facilitating successful completion of each clinical education course of each student by fulfilling the following criteria:

1. Assure that written legal contracts between the University and the clinical site are in place and updated as needed. A current signed contract must be on file before assigning and sending a student to an internship at the clinical site.
2. Assign all eligible students to clinical education internships.
3. Orient students to the purpose and process of clinical education, and the policies and procedures required.
4. Check for registration of students in clinical education courses.
5. Maintaining open communication with each clinical instructor and/or CCCE by any method deemed appropriate before, during and after assigned internships.
6. Maintain reference information describing each clinical education site and its policies, procedures and resources.
7. Develop new clinical education experiences that meet the criteria and guidelines established by the department.
8. Provide pertinent course information to clinical instructors and students.
9. Evaluate material submitted by students for fulfillment of the requirements of the clinical education course.
10. Evaluate the clinical instructor(s) assessment of each student's performance and determine the course grade in compliance with the stated criteria.

11. If challenges, conflicts or problems arise during the student's clinical internship, upon notification the ACCE will maintain contact with the relevant person(s) with the goal of achieving successful resolution. The ACCE serves as a resource to both students and clinicians to assist with resolution of issues that are identified during the experience and to provide advisement as necessary in collaboration with the clinical instructor and the student.
12. If deemed appropriate, terminate the student from the clinical internship.
13. Arrange remediation experiences students who are eligible for reassignment.
14. Provide affirmative feedback to clinical sites for providing clinical education experiences for the program's students.
15. Assess clinical education needs of the clinical instructors and clinical site.
16. Conduct clinical education opportunities to facilitate development of the skills of clinical instructors.

Clinical Assignments

To assist students in planning, it is requested that each clinical site complete a Clinical Site Information Form (CSIF) that provides information pertinent to clinical education. Students may also use feedback from previous graduates. Some facilities also have specific criteria or objectives for clinical education that may also be useful in determining facility expectations. The ACCE will inform students where this information may be obtained during the clinical education planning meeting.

The ACCE will be sent clinical preference forms requesting clinical placements February of each year. Information received back from clinical sites will be recorded in the database and students will be given lists of options that exist for each internship time. Students will have an opportunity to research available options and identify their preferences. The ACCE will be available to discuss the process and answer questions about student needs or specific facilities of interest during the clinical education planning meeting where student requests for clinical placement information is disseminated. At NO time during the selection and assignment process, are students to make contact with clinical sites. Students will rank order of their preferences (a minimum of 3 each internship) and submit their forms to the ACCE on or before the specified deadline. Please note that it is in the student's best interest to choose from available sites when selecting placement sites rather than hoping to be placed at a new site that may not transpire.

Assignments will be done by one of two methods at the discretion of the ACCE:

1. Computer database matching method using a randomized computer match
2. Lottery method using by first reducing competition by assignment to uncontested slots and then randomly drawing names from the pool of the remaining students requiring clinical assignment.

The ACCE will review the assignments for alternative placements if it is deemed to be in the best interest of the students and/or program. Every reasonable effort will be made to share the rationale for reassignments with the student. Students will receive

notification of their upcoming assignments and be given an opportunity to discuss any concerns with the ACCE.

CCCEs are provided with finalized clinical placement information for the upcoming calendar year including filled and unmatched time slots, updated clinical education policies and other relevant clinical education program information annually during the summer semester. Once assignments are made, the only changes that will be allowed for students are for unexpected circumstances of hardship. The student may petition the ACCE after the assignment has been made. The ACCE will consider on an individual basis, if the assignment creates a hardship. The ACCE may consult with other faculty members if needed to determine the extent of the hardship. If hardship is determined, the student and ACCE will work together to find another assignment that will allow the student to meet clinical education requirements. If the ACCE decides a hardship is not present, the student must attend the assigned site or risk failing the course.

If a site becomes unavailable during a planned internship, the student will individually consult with the student and make every reasonable effort to secure an equitable learning alternative. Records of site cancellations are kept for review.

CLINICAL FACILITY RESPONSIBILITIES AND PRIVILEGES

CCCE Responsibilities

The CCCE is committed to facilitating successful student experiences by abiding by the following policies:

1. Describe the philosophy of the clinical site and provide consistent student expectations.
2. Prior to student placement, review the contractual agreement between the academic institution and clinical site to assure that these agreements are current.
3. Keep student records with personal information including evaluation secure and confidential.
4. Provide student orientation including safety, emergency, security procedures, department policies and “unwritten” policies that may impact student performance or evaluation.
5. Communicate with ACCE to serve as an objective mediator between CI and student if necessary.
6. Provides consultation regarding learning experiences to the clinical instructor.
7. Assists in planning and problem solving with the CI/student team in a positive manner
8. Communicates with the ACCE regarding coordinating student assignments, maintaining a student schedule, clinical education planning and evaluation, and CI development.
9. Encourages feedback from students, CI(s), ACCE and other interested colleagues.

10. Evaluates the resources and needs of CI(s) and facility.
11. Manages the comprehensive clinical education program.
12. Supervises the educational planning, clinical experiences and evaluation of the CI and student.

CI Responsibilities

The role of the clinical instructor (CI) is multifaceted since the CI has multiple roles within their facility. As a CI, the focus is on teaching and facilitating the learning experience for each individual student in order to meet learning objectives.

The clinical instructor is committed to facilitating the student's successful completion of the clinical internship by abiding by the following policies:

1. Structure the clinical experience to offer the best opportunity for the student to build on theoretical concepts and practical clinical skills.
2. Submit current information of the clinical site and CI staff to the ACCE
3. Provide formal student evaluation at the completion of the internship and at midterm for internships of 4 or more week's duration. Review the student evaluation with the student.
4. Understand the clinical education policies and procedures of KUMC including the procedure for addressing deficit practice behaviors, internship termination, or student conflict.
5. Communicate with the ACCE when student has been advised of unsatisfactory performance, unsatisfactory progress, or when a remediation plan has been initiated.
6. Provide appropriate level of supervision of students that allows evaluation of student's skills, knowledge and attitudes. Provide timely formal and informal feedback.
7. Provide student orientation of institution and departmental policies including any written and unwritten policies that impact student evaluation.
8. Maintain current, evidence-based practice.
9. Model professionalism, and maintain a professional relationship with the student.

Clinical Faculty Privileges

CCCE's, Center Coordinators of Clinical Education and CI's (Clinical Instructors) are considered Volunteer Clinical Faculty. CCCE's and CI's that provide at least 140 hours of instruction in an academic year are entitled to access to KUMC's Dykes Library and its online search engines and subscriptions. The ACCE is available to provide seminars and inservices on clinical education at clinical sites. Academic faculty members are available to consult with clinical faculty on clinical research, clinical education, or clinical projects. Clinical faculty members are invited to continuing education courses sponsored by KUMC-Department of Physical Therapy and Rehabilitation Science. Limited assistance may be available for clinical faculty to attend the APTA sponsored Clinical Instructor Credentialing course.

The Department of Physical Therapy and Rehabilitation Science offers a post-professional DPT. Clinical faculty members are allowed to enroll and pay for courses offered within this program without full admission to the post-professional DPT program.

Library Privileges Procedure

1. Clinical Faculty supervising a student for an internship of at least 4 weeks are invited to obtain library privileges in cover letter of Clinical Education notebook.
2. The CI or CCCE contacts the ACCE by email requesting library privileges. The ACCE is responsible for verifying the active, qualifying status of the Clinical Faculty.
3. The ACCE replies to the CI/CCCE request by email with an attached document outlining the process of obtaining Volunteer Faculty Affiliate status. Lisa Coke is CC on this communication.
4. The CI emails or phones Lisa Coke with information to complete the Volunteer Faculty Affiliate forms. The CI must forward a CV and be prepared to provide a Social Security Number.
5. Lisa Coke sends an email confirming that the documentation has been submitted to the CI/CCCE and the ACCE.
6. CI/CCCE is notified of the user name and password and provides instructions for use.
7. ACCE verifies with the CI that access has been obtained. ACCE adds the CI/CCCE to the DPT Clinical Faculty Roster on Angel.

Student Confidentiality

The University of Kansas affords all of its students their full rights as required by the Family Educational Rights and Privacy Act. This law was enacted to protect the privacy of students and to provide for the right to inspect and review education records which are directly related to a student and which are maintained by the University or by a party acting for the University including the clinical education site. The University may disclose personally identifiable information from the education records without the consent of the student to an outside contractor such as an internship site who is a party acting for the institution and is performing a service which the institution would otherwise have to perform for itself. They are not permitted to disclose that information to others without the written consent of the student and that the information is to be used only for the purpose(s) intended. A student may request amendment of the content of an education record on the grounds that the record is inaccurate, misleading, or otherwise in violation of the privacy of the student.

EVALUATION OF THE CLINICAL EXPERIENCE

Evaluation Tools

The Physical Therapist Clinical Performance Instrument and Clinical Generic Abilities Skill Set are the official evaluations instruments used to evaluate student performance and professional development.

The student will use the department's self-assessment tool, student driven goals and objectives, and if requested or desired, the CPI to self-assess their performance and satisfaction of different components of their clinical experience. The students will also complete the Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction to evaluate the performance of the site and the clinical instruction in meeting the individual student's needs.

Information collected on and from each facility is reviewed annually by the ACCE team. A summary of impressions, strengths and weaknesses is shared with each facility as needed.

Student Performance Expectations

The following table provides the expected student performance on the CPI through the progression of clinical education. The grading criteria for the Visual Analog Scales are provided only as guidelines. Visual Analog Scale scores and narrative comments are used by the academic faculty in making final grade determinations.

	CE I PTRS 720 3 weeks	CE II PTRS 730 3 weeks	CE III PTRS 820 4 weeks	CE IV PTRS 830 4 weeks	CE V PTRS 840 4 weeks	CE VI PTRS 920 6-9 weeks
	First Year		Second Year		Third Year	
CPI Grading Criteria						
Criteria 1-5 Foundational elements in professional practice	50% (average)	60% (average)	70% (average)	80% (average)	90% (average)	90% (average)
Criteria 6-24 Elements of clinical competency	25% (average)	30% (average)	40% (average)	50% (average)	60% (average)	75% (average)
Student Evaluation	Final Only	Final Only	Final and Midterm	Final and Midterm	Final and Midterm	Final and Midterm
Inservices and Projects	At facility discretion				Inservice only	Inservice at each

			internship AND 2 projects
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Clinical instructors are expected to provide narrative comments to support unusually high or low ratings. Clinical instructors are encouraged to consult with the ACCE for assistance in rating the student's performance as needed. A midterm assessment is required. At minimum, it may be completed verbally with a written summary during Clinical Experience I-V. For Clinical Experience VI, the midterm is expected to be completed in written form using the CPI. The ACCE will contact each student and clinical instructor by the means indicated on the CI communication form during the week of midterm.

Completion and timely submission of the student's evaluation by the clinical instructor and student is expected. All evaluation material must be returned to the ACCE by the student or by mail within one week after the completion of a clinical internship or otherwise noted in the clinical internship packets. When the evaluation materials are received, the ACCE will review the contents to assess whether performance standards were met. If clarification is required, the ACCE will consult with the CI or CCCE for supplemental information.

Student Self-Assessment

Student will assess the individual goals and objectives generated for each internship. Remember a well written objective should contain a performance statement that is written in behavioral and measurable terms describing what you as a learner will do. It contains a condition statement that indicates any restrictions or limitations under which you, the learner will perform. Lastly, it contains a criterion statement describing when or how you, the learner must do the task. Be prepared to review with your clinical instructor and refine your goals and objectives. The student goals and objectives should be reviewing periodically during the internship. Students will also complete the self-assessment form.

Grading

Grading is based on a pass/fail basis and is the sole responsibility of the ACCE. Satisfactory completion is based on the specific criteria outlined in the syllabus for each clinical education experience.

Clinical Remediation Policy

If successful completion of clinical education is not attained during the normal clinical time frame, student may be terminated, placed on probationary status or given one opportunity to repeat clinical internship, depending on individual situation. If student performance is unsatisfactory, the ACCE will contact the student to gain the student's perspective of extenuating circumstances. Assessment of the circumstances will determine if the student is given a failing grade or an incomplete grade. Student will receive unsatisfactory grade until a course of action is implemented. The student will

need to meet with the ACCE to discuss and develop a plan for to address remediation necessary to attain a passing grade. Incomplete clinical coursework may interrupt the student's ability to proceed within the curriculum or graduation.

In certain cases, such as family death, illness and maternity, an incomplete grade may be assigned and the student will be allowed to repeat their clinical Internship.

CONFLICT RESOLUTION

Student Grievance During Clinical Internship

If a clinical problem arises from the student's perspective (supervision, professionalism, academic preparation), the student should take the following steps:

- first discuss the problem immediately with supervising clinical instructor and may inform ACCE.
- if the situation is not improved, notify the CCCE of the facility for assistance in resolving the problem.
- if the situation is still not improved, notify the ACCE immediately. Alternative strategies for resolving the problem may be implemented; a telephone conversation and/or onsite visit may be arrangement.

Students are also suggested to file a confidential report to ACCE if situation is not resolved on time and at a satisfactory level. Students are encouraged to discuss ethical issues on discussion board in professional manner and seek peer and faculty advice.

Clinical Instructor Grievance Procedure

Formal advisement between the CI and ACCE is warranted if student conduct in any way disrupts services to patients or relationships in the clinical education site. The student may also initiate advisement with the ACCE.

1. If a clinical problem arises from the clinical instructor's perspective, the CI should immediately discuss the problem with the student and formulate a plan for resolution. If the situation is not improved, the CI should either contact the CCCE of the facility or directly ACCE to discuss alternatives in resolving the problem, depending on the nature of the problem. Before the ACCE becomes involved, a resolution attempt must be made between the student and CI to address identified issues. Clinical Instructor's Handbook is a suggested guide to help resolve clinical problems.
2. The CI and student must document the nature and disposition of the problem and provide this documentation to the ACCE.
3. The ACCE will provide written confirmation of the documented problem and the course of action.
4. The ACCE's role is to serve as a mediator between the student and the CI insuring the best interests of the public safety, the student, the clinical education site, the university, and the profession are met.
5. An onsite visit may be arranged with the CI, student and CCCE. The ACCE, the student, the CI, and will share perceptions, define the problem, and document a corrective action plan.

6. The ACCE will make a determination whether the student can be successful with continuation of the internship. The student will be removed from the site if the problems appears unresolvable or detrimental to the student's learning. The student will be reassigned for completion of the remaining duration of the internship or the entirety of the internship at the discretion of the ACCE.
7. An action plan will be devised outlining specific behavioral expectation, time frames, and evaluation process. The action plan will be signed by the student, CI, and ACCE.
8. The ACCE will meet with the student and CI at the completion date specified in the action plan.
9. At the completion date, student performance may result in 1) resolution of the problem with successful completion of the internship, 2) partial resolution of the problem with full or partial remediation required, or 3) unsuccessful resolution of the problem with "unsatisfactory" grade of the internship and full remediation or dismissal from the program.

The CCCE and/or the CI may find it necessary to file a grievance with the program. This may be necessary if issues are not student-specific but involve issues with general academic preparedness, communication with academic faculty and/or ACCE, or clinical education policies. The CCCE and/or the CI should document the specific problem and forward the document to the ACCE. All documentation will be shared with the Program Chair of the DPT program and will be forward to appropriate faculty. The program will provide the CCCE and/or CI a written response documenting the planned course of action.

Policy and Procedure for Termination of Clinical Education Experience due to Student Performance

In the event that a student's conduct or performance in any way disrupts services to patients or relationships in the clinical education site, the CI may dismiss the student or the ACCE may immediately terminate the student's placement. Areas of conduct are not limited to technical skills or academic preparation but also include commitment to learning, effective interpersonal skills, effective communication skills, effective use of time and resources, acceptance of feedback, professionalism, problem solving, and stress management.

The following examples may be grounds for immediate termination. The list of examples is provided for clarification but is not an inclusion list of all unprofessional behaviors that may warrant termination:

- Student does not exercise sound judgment placing a patient at serious risk for injury
- Student behavior undermines the positive relationship between the university and the clinical site
- Student performance jeopardizes relationships between employees at the clinical site.
- Student fails to adhere to department, program, or university policies and procedures.

- Student uses poor professional judgment leading to unsafe patient care or has unethical conduct
- Student fails to remediate unacceptable behavior that has been addressed.
- Student misrepresents level of competency or practices beyond abilities.
- Student has unreasonable absences or tardiness.
- Student dates a patient currently undergoing any form of treatment at the clinical site.
- Student dates a staff member employed at the clinical site.
- Student deceives the CI or clinical staff.
- Student informs the patient or family of personal disagreement with an aspect of care.

If the student is dismissed from the clinical education site or if the internship is terminated

- The student will be given an “unsatisfactory” for the internship
- The student may not return to the site for future clinical internships.
- The student or agents of the student may not interact or contact the clinical site, its staff, or patients.
- The student must formally meet with the ACCE to outline remediation plan.
- Students may be granted the opportunity to re-enroll in a clinical education course in which they have received an “unsatisfactory” one additional time. Students who do not successfully complete the course the second time will be dismissed from the program.

CLINICAL EDUCATION PROGRAM EVALUATION

Procedures are in place for communication and documentation of the quality of clinical education.

Student Evaluation of the Clinical Experience

Upon completion of the clinical internship, the student must complete the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction. The student must review this document with the Clinical Instructor and obtain the signature of the Clinical Instructor on the document. Any student rating of an experience that is poor or needing improvement prompts the ACCE to follow up with a phone call or site visit to the facility.

The ACCE is available to the student to discuss the clinical internship experience with the student. Student feedback will be documented.

Evaluation of the ACCE

Students will complete an evaluation of the clinical education process and of the ACCE at the completion of Clinical Education VI. Information gathered will be used for clinical education program development and faculty development.

Evaluation of the Clinical Curriculum

The clinical curriculum will be evaluated through graduate interviews, graduate surveys, and an annual advisory committee meeting among program stakeholders including clinical faculty. Student feedback is elicited through communication activities with students entering their third year of the program.

Revised 8/8/2007