

**DOCTOR
OF
PHYSICAL THERAPY
PROGRAM**

Clinical Education Handbook



ANGELO STATE UNIVERSITY
Department of Physical Therapy
(Revised March 2010)

Member, Texas Tech University System

TABLE OF CONTENTS

SECTION I: ACADEMIC/CLINICAL EDUCATION PROGRAM

Vision Statement 4
Program Mission 4
Clinical Education Mission/Goals 4
Curriculum 5
Introduction to Clinical Practice 6
Evaluation of the Clinical Education Program 6
 Student Performance 6
 Clinical Performance Instrument 6
 Grading Criteria 6
 Clinical Instruction and Clinical Site 6

SECTION II: CLINICAL SITES

Criteria for Clinical Sites 8
 Selection of a Clinical Site 8
 Establishment of a Clinical Site 8
 Benefits of Participation 9
 Adjunct Faculty 9
 Evaluation of a Clinical Site 9
 Renewal of a Clinical Site 10
Key Personnel 10
 Clinical Advisory Board 10
 Center Coordinator of Clinical Education (CCCE) 10
 Clinical Instructor (CI) 10
Information Provided to a Clinical Site 11
 Information Provided by the ACCE 11
 Information Provided by the Assigned Student 11
Responsibilities of a Clinical Site 12
 Legal 12
 Evaluation of Student performance 12

SECTION III: STUDENT PHYSICAL THERAPIST

Requirements for Participation in Clinical Education 13
 General Requirement 13
 Health Requirements 13
 Malpractice Insurance 14
 Professional Behavior 14
 Dress Code/Hygiene 14
 Attendance 15
 Travel/Living Expenses 15
 ADA Accommodations in the Clinic 15
The Clinical Education Experience 15
 Student Input into Selection of a Clinical Site 15
 Student Preparation for the Clinical Experience 16
 Student Responsibilities in the Clinic 16

Problem Resolution	17
Breach of Program Policy(s)	18
Clinical Probation	18
Probation Conditions	18
Termination of Clinical Probation	18
Failure to Meet Probation Conditions.....	18
Failure of the Clinical Internship.....	19
Immediate Removal from the Clinical Experience.....	19
Evaluation of the Clinical Education Program	19
Student Evaluation.....	19
Faculty Evaluation.....	19

Appendices

A.	Clinical Performance Instrument
B.	Texas Practice Act Rule 322.4
C.	Weekly Activity Log
D.	APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction
E.	Guidelines for Reflective Practice
F.	Guidelines for Inservice Education Programs
G.	Guidelines for Case Presentations
H.	Guidelines for Special Projects
I.	Giving and Receiving Feedback
J.1.	Clinical Affiliation Contract Initiation Form
J.2.	Report of Onsite/Phone Visit: Site Visit Evaluation Form
J.3.	Student Clinical Experience Program Agreement/Institutional Affiliation Agreement
K.	Clinical Site Information Form (APTA)
L.	Clinical Instructor Evaluation Form
M.	Mid-term Site Visit Evaluation Form
N.	Clinical Advisory Board
O.	Problem Resolution Form
P.	Student Letter of Introduction
Q.	Student Self-Assessment of Competency
R.	Student Health Form
S.	Hepatitis B Vaccine Declination
T.	Pregnancy Authorization Form
U.	Generic Abilities
V.	Clinical Probation Tracking Form
W.	Clinical Site Update Form
X.	Clinical Practicum Course Outcomes Form
Y.	ADA Technical Standards

SECTION I: ACADEMIC/CLINICAL EDUCATION PROGRAM

Academic Program

Vision Statement

The Physical Therapy program at Angelo State University will distinguish itself as a leader in evidence-based, research-focused instruction of its graduate professional student physical therapists. In addition, the Physical Therapy program will be one of the region's leading entry-level schools of physical therapy in the practice-oriented preparation of future physical therapist professionals who can function as practitioner, researcher, collaborator, client advocate, educator, administrator/manager, consultant and/or community, regional, national, and international leader.

Program Mission

The mission of the Department of Physical Therapy, consistent with Angelo State University, is to provide quality education, research and service and to ultimately improve the functional outcomes of clients who receive physical therapy services. Faculty members engage in service, contribute to the body of knowledge through advanced clinical research and prepare graduates to be competent clinicians in general practice. Through this mission, graduates of the physical therapy program are prepared to:

- Provide the highest level of service with professionalism and sensitivity for the uniqueness of all individuals.
- Apply the principles of logic and the scientific method.
- Engage in clinical decision making and problem solving based on examination and intervention choices that are defensible and reflect evidence based practice.
- Provide coordination, communication and documentation consistent with a collaborative team approach
- Serve as advocates and educators for clients and the profession.
- Uphold a high level of legal and ethical practice
- Become active participants in organizations that promote the values of the profession.

Clinical Education

The clinical education portion of the curriculum supports the mission and vision of the program by striving to meet the following goals.

- Provide hands-on experiences with “real patients and situations” under the supervision of a licensed physical therapist or another appropriate professional in a variety of settings and locations. These experiences are designed to challenge students to master skills and techniques while developing professional behaviors and attributes that satisfy essential criteria necessary for successful entry into the profession of physical therapy upon graduation. These skills and techniques are taught in the classroom and practiced in the laboratory prior to applying them to clinical situations with clients.
- Obtain mastery of clinical skills and professional behaviors that will prepare the student for entry into the profession of physical therapy at graduation.

CURRICULUM

YEAR I

1st SEMESTER – SUMMER I & II

Clinical Anatomy	7
Clinical Exercise Physiology	3
Neuroscience	4
Total	14

2nd SEMESTER – FALL

Foundations in Clinical Pathology	3
Fundamentals of Physical Therapist Examination	5
Biomechanical Relationships	3
Motor Control and Clinical Application	3
Evidence Based Practice in PT	2
Total	16

3rd SEMESTER – SPRING

Acute Care Management	6
Cardiopulmonary Pathology	2
Foundation for System Review	2
Clinical Research for PT	2
Musculoskeletal Pathology	3
Total	15

YEAR II

4th SEMESTER – SUMMER I (4 wks)

Intro to Clinical Education & Professionalism	2
Health Care Issues for PT's	2
Education & Communication for PT's	2
Total	6

5th SEMESTER – FALL

Acute Care Practicum (1 st 8 weeks)	2
Evidence Based Practice Seminar I	2
Therapeutic Exercise and Physical Agents	3
Disability Studies	2
Total	9

Program schedule listed is subject to change.

6th SEMESTER – SPRING

Management of Physical Therapy I	3
M/S Examination & Management	6
N/M pathology	3
Total	12

YEAR III

7th SEMESTER – SUMMER

Special Topics Elective 1 st week	(2)
M/S Practicum (Last 10 weeks)	4
Total	4 (6)

8th SEMESTER – FALL

Essentials of Rehabilitation Practice	3
NM Examination & Management	6
Evidence-Based Practice Seminar II	2
Operational Management of PT	3
Total	14

9th SEMESTER – SPRING

N/M Practicum (1 st 12 weeks)	6
Evidence-Based Practice Seminar III	3
Total	9

TOTAL PROGRAM CREDITS = 99

Introduction to Clinical Practice

Students must enroll in and pass PT 7260 Introduction to Clinical Education and Professionalism and PT 7234 Education and Communication for the Physical Therapist as a part of the orientation to the clinical education portion of the curriculum. These courses are designed to introduce the student to issues and problems that are a part of the clinical experience other than direct patient care. The topics that are covered in this course include but are not limited to:

- Clinical instructor training
- The Clinical Performance Instrument
- Written assignments in the clinic
- Communication
- Teaching and learning
- Supervision and delegation
- The health care team and team conferences
- Cultural competence
- Values and Ethics
- Professional behavior
- Sexual harassment, domestic violence and inappropriate patient sexual behavior
- Stress and time management
- Occupational Health and Safety Act and safety

Evaluation of the Clinical Education Program

Student Performance

Clinical Performance Instrument

The instrument used for evaluation of student performance in the clinic is the Clinical Performance Instrument (CPI) (Please see **Appendix A**).

Grading Criteria

The Acute Care Practicum, the Musculoskeletal Practicum and the Neuromuscular Practicum will be graded on a pass/fail basis. The Academic Coordinator of Clinical Education (ACCE) has the ultimate responsibility for assigning grades. The following requirements must be met for successful completion of the course (passing grade):

- Meets expectations on the CPI that are listed in the course syllabus.
- Completes all clinical assignments in a satisfactory manner and on time according to the course syllabus.
- Exhibits no problems with Red Flag skills or Significant Concerns at Final Evaluation.

Students who fail to submit required assignments or who submit assignments late are in danger of failing the practicum and may not be eligible to attend class upon return to campus.

Clinical Instruction and Clinical Site

Clinical instructors are evaluated using the Clinical Instructor Evaluation Form (**Appendix L**) by the ACCE annually in each year that they supervise a student physical therapist. This form was developed using *A Normative Model of Physical Therapist Professional Education: Version 2000* and ASU's *Clinical Education Handbook*. Information on each Clinical Instructor is collected from the facility's Clinical Site Information Form (**Appendix K, Section 17**), the Clinical Instructor copy of the Clinical Performance Instrument (Appendix A), Student Mid-term assessment of the Clinical Experience (**Appendix D**;

questions 20 – 25), Student Final Assessment of the Clinical Experience (**Appendix D**; questions 20-24), mid-term faculty site visit form (**Appendix M**), clinical debriefing sessions with students and faculty, and other communication with the Clinical Instructor, Center Coordinator of Clinical Education and the student physical therapist. Results are compiled, analyzed, summarized, and discussed by the ACCE with the faculty and Program Director. Data is used to determine appropriateness of clinical faculty and sites for continuing student placement.

The clinical education experiences of the students are evaluated yearly in multiple ways. The number and variety of clinical sites are determined from the following: Clinical Site Information Form, pre-placement visits by the ACCE, student midterm and final site evaluations, and student placement request forms. Sites are classified by primary and secondary services, and patient/client populations are available for student placement in a variety of settings over the continuum of care. The Clinical Site database is used to track the types and number of clinical sites established and those in process.

There is an assessment of the clinical education program as a whole to determine the adequacy of the program in meeting the needs of the students, as well as, fulfillment of the mission and philosophy of the DPT program by using the Clinical Practicum Course Outcomes form (**Appendix X**). Whenever possible, students are placed in clinical sites of their choice; however, students may be placed in clinical sites that emphasize their educational needs. The students at midterm evaluate the clinical experience and again at the end of the experience quantitatively using the Clinical Site Evaluation Form (**Appendix D**) and qualitatively with an oral feedback session that includes all core Physical Therapy faculty. All data are analyzed, summarized and provided to core DPT faculty.

SECTION II: CLINICAL SITES

Criteria for Clinical Sites

Selection of a Clinical Site

The academic faculty, primarily the ACCE, is responsible for selecting, establishing, developing and evaluating appropriate clinical sites. The primary consideration is the desire of the facility to be involved in the education of future physical therapists. The administrative and professional staff of the clinical facility must support this desire.

Sites are selected based on the following minimum criteria:

- The clinical facility's philosophy and objectives for patient/client care and education are similar to and compatible with those of the physical therapy educational program.
- Clinical staff members meet the legal requirements to practice in their setting and maintain ethical standards of practice.
- The programs for the clinical experience reflect the objectives of the individual student, the educational program, and the clinical facility.
- The clinical staff evaluates and reports on the performance of the student as well as provides consistent and constructive feedback to the student throughout the clinical experience.
- The clinical facility has a variety of learning experiences available during the clinical experience.
- The clinical facility has an open, stimulating, learning environment that is appropriate for the learning needs of the student.
- The clinical facility has more than one professional physical therapist on staff; exceptions may occur if appropriate supervision exists.
- The roles of the various types of physical therapy personnel at the clinical facility are clearly defined and distinguished from one another.
- The clinical facility is willing to sign a legal agreement (STUDENT CLINICAL EXPERIENCE PROGRAM AGREEMENT / INSTITUTIONAL AFFILIATION AGREEMENT **Appendix J.3**) or facility generated document with Angelo State University.
- The clinical facility maintains approval from the proper local, state and federal government agencies as well as from the appropriate national accreditation agency(s).

Establishment of a Clinical Site

When a potential site has been identified, the ACCE, clinical education or department secretary will contact the facility regarding its potential to become a clinical site for students (**Appendix J.1**). The following forms must be completed and on file in the ACCE's office prior to student placement in the facility:

- Fully executed Student Clinical Experience Program Agreement/Institutional Affiliation Agreement (**Appendix J.3**) or Facility contract that outlines the responsibilities of all parties in the agreement.
- Clinical Site Information Form (CSIF) (**Appendix K**).
- Report of Onsite/Phone Visit (Site Visit Evaluation Form, **Appendix J.2**)
- Additional materials that will aid the student in making a choice about that facility.

Benefits of Participation

The clinical education faculty of the program has the same rights and privileges of all clinical education faculty of the College of Nursing and Allied Health (includes Nursing Department). Privileges (quid pro quo program) such as adjunct faculty status, parking pass, library privileges, and activity card purchase have been offered to clinical faculty upon request. During the first 5 years of the program, no one requested those privileges. As a result the nursing and physical therapy departments have eliminated that program. If requested and as demand increases, the Physical Therapy Department may reinstate the quid pro quo program.

Through cooperation, the University and the Clinical Facility will promote and develop excellence in patient care and education. Further, it is acknowledged that the educational program at Angelo State University will be enhanced through the use of the staff, resources, and facilities at the Clinical Facility and that the Clinical Facility will benefit through the stimulus of association with the University, its faculty members, resources, facilities, and its students (**Appendix J.3**, Student Clinical Experience / Institutional Affiliation Agreement).

Adjunct Faculty

Adjunct faculty are local clinical personnel who teach portions of the curriculum or regularly accept ASU students for clinical practicums and observations experiences. They are unpaid. The following clinicians are adjunct faculty members as a result of their involvement in the clinical education portion of the curriculum:

Renee Ward, PT, CCCE at Baptist Memorials Center, San Angelo, TX
Jimmy Villers, PT, West Texas Rehabilitation Center, San Angelo, TX
Mary Gest, PT, CCCE at Shannon Medical Center, San Angelo, TX

Evaluation of a Clinical Site

A clinical site is evaluated continuously by the ACCE with assistance from other faculty members, students and the clinical staff (**Appendix L**, **Appendix D**, **Appendix M**). Results of the evaluation may be used to determine the continued use of a site for the education of the students. Information for the evaluation is gathered from several sources including:

- Student feedback given at the mid-term site visit and during de-briefing sessions after return to campus.
- The student evaluation of the facility that is completed at the end (**Appendix D**) of each student experience.
- The review of the facility and staff that occurs with each on-site or phone visit by a faculty member or the ACCE (See **Appendix M**, Mid-term Site Visit Evaluation Form, **Appendix J.2** Report of Onsite/Phone Visit).
- Feedback from supervisory personnel including the CCCE and/or the department director.

The areas addressed in these sources will include evaluation of the willingness of each clinical faculty member to participate in the education of student physical therapists, the appropriateness of supervision and learning experiences offered by the clinical faculty member, and the ability to evaluate each student's performance thoughtfully and accurately.

The assessment form (**Appendix L**) for clinical faculty is based on resources from the American Physical Therapy Association including the Normative Model Version 2000, and the Clinical Site Information Form (CSIF). Each clinical instructor is evaluated each year that the instructor supervises an ASU student physical therapist. Clinical faculty are also expected to update their CV's and the Clinical Site Information Form every two years with information on current staff, participation in continuing education courses; awards and recognitions received for professional and community activities; scholarly activities conducted, completed and/or published; and community services performed.

The information gathered from all sources will be used to identify topics for clinical faculty development activities coordinated by the ACCE.

Renewal of a Clinical Site

The continued use of a clinical site is a mutual decision between the university and the facility. The “STUDENT CLINICAL EXPERIENCE PROGRAM AGREEMENT / INSTITUTIONAL AFFILIATION AGREEMENT” initiated by Angelo State University automatically renews annually unless either party notifies the other party in writing of its intent not to renew. Facility generated contracts are renewed according to the specifications in the agreement.

Key Personnel

Clinical Advisory Board

The Clinical Advisory Board (**Appendix N**) is composed of local clinical personnel from a variety of clinical sites who have agreed to act as consultants for the ACCE. Their duties are as follows:

1. Provide current news and information from their site and the local medical community.
2. Provide feedback to the core faculty regarding the strengths and weaknesses of the preparation of the students and the administration of the clinical education program.
3. Offer suggestions for improvement of all aspects of the clinical education program.
4. Provide current information about the impact of current issues facing clinicians including pending and current state and federal regulations, reimbursement, etc.
5. Evaluate and respond to ideas of the core faculty to improve the quality of the clinical education program.
6. Offer suggestions for topics for training sessions and other means that the core faculty can use to prepare and support the clinical education faculty and local clinicians.

Center Coordinator of Clinical Education (CCCE)

The facility is responsible for designating a person who will act as the liaison between the school and the facility. Minimum requirements for the CCCE include a current state license to practice physical therapy or related health discipline, three (3) or more years of clinical practice preferably in a variety of settings, demonstrated competence in the area of practice, evidence of continuing education, and formal approval from the facility’s administration for participation in the program. The CCCE must be available to the student and the clinical instructors when students are in the clinic. This person is responsible for coordinating the student’s educational program while in the facility.

Specific responsibilities of the CCCE include:

- Identifying, organizing, developing, coordinating and evaluating the specific learning experiences within the clinical educational facility.
- Organizing and coordinating the activities of the student(s) assigned to their facility.
- Participating in clinical faculty development programs.
- Maintaining communication with the Academic Coordinator of Clinical Education, Clinical Instructor and the assigned student during the Practicum (i.e., notification of student progress and problems). See policy (page 17) regarding problem resolution and **Appendix O** for Problem Resolution Form.

Clinical Instructor (CI)

This person may be a licensed physical therapist or other professional (e.g., TPTA, APTA, NIH, etc.) employed by the clinical center who is designated by the Center Coordinator of Clinical Education (CCCE) to supervise and evaluate the activities of the student physical therapist(s) assigned by the CCCE.

The clinical instructor will be required to have a minimum of one year's full-time experience in clinical practice, show evidence of continuing education, demonstrate a willingness to be involved in the clinical education program, understand the goals and philosophy of the physical therapy program, evaluate each student's progress with attention to accuracy and supervise each student appropriately. This is the person to whom the student is directly responsible. In smaller facilities, the CCCE and the CI may be the same person. It is desirable for the CI to have completed a basic CI Credentialing Course through the APTA or another agency, i.e., a consortium.

Specific responsibilities of the CI include:

- Assisting with the identification and development of the learning experiences and resources for the student practicum.
- Directing and supervising the activities of the student(s) assigned to them by the CCCE.
- Participating in clinical education meetings and other clinical faculty development programs.
- Maintaining communication with the Academic Coordinator of Clinical Education (ACCE), Center Coordinator of Clinical Education (CCCE) and the assigned student during the Practicum (i.e., notification of student progress and problems). See policy regarding problem resolution (page 17) and **Appendix O** for Problem Resolution Form.

Information Provided to a Clinical Site

The information provided to the clinical site is governed by the federal Family Education Rights and Privacy Act of 1974. All clinical sites receive the information listed below. This information is mailed to the CCCE four to six weeks prior to the start of the clinical rotation.

Information provided by the ACCE

1. Clinical Education Handbook (on-line at department website).
2. APTA Clinical Performance Instrument (**Appendix A**).
3. Syllabus with the course objectives for the specific clinical experience. The program of study and syllabi from completed academic courses will be provided as needed or upon request of the site.
4. Student and University liability insurance information.
5. Health and insurance information as required by the clinical site.
6. Current CPR certification

Information Provided by the Assigned Student

1. A letter of introduction (See Guidelines in **Appendix P**)
2. Student Self-Assessment of Competency (**Appendix Q**).
3. Criminal Background Check if requested by the clinical site.
4. Drug screen if requested by the site.

From time to time, the ACCE may share information about the performance of a specific student with the CCCE in order to assist the clinical site in planning and delivering appropriate learning experiences for the exceptional student.

At mid-term and conclusion of the clinical assignment, the student will complete the student evaluation of the clinical experience (**Appendix D**). The mid-term and final evaluation will be shared with the Clinical Instructor. The student will also send a thank-you letter to the clinical instructor after completion of the clinical experience.

Responsibilities of a Clinical Site

Legal

The legal responsibilities of the clinical site are delineated in the legal agreement (e.g., STUDENT CLINICAL EXPERIENCE PROGRAM AGREEMENT / INSTITUTIONAL AFFILIATION AGREEMENT, **Appendix J.3**). Additional responsibilities include but are not limited to:

- Orienting the student to the appropriate policies and procedures.
- Providing learning experiences appropriate to the learner's level of knowledge.
- Evaluating the student's performance.
- Providing appropriate facilities for student learning.
- Providing adequate time for conferences between the student and the Clinical Instructor (CI).
- Participating in face to face and/or telephone conferences with the ACCE

Requests by the student for accommodations in the clinical site as a result of a documented disability will be handled on an individual basis by consultation of the clinical site and the academic program. It is the student's responsibility to present to the ACCE appropriate documentation of the disability and a written request for accommodations in the clinic within one (1) week of receiving the clinical assignment. No accommodations will be offered without the appropriate documentation from the student.

Evaluation of Student Performance

The program has chosen to use the Clinical Performance Instrument (CPI) of the APTA to evaluate student performance in the clinical setting. The Clinical Instructor (CI) is the person responsible for evaluating the student's performance in the clinical education facility and completing this document. These performance assessments include both formative and summative evaluations. Formative evaluations are in the form of written and/or verbal feedback. It is highly recommended that feedback be given frequently to help the student improve performance on specific skills that the student is attempting to master. See **Appendix I** for guidelines on "Giving and Receiving Feedback." Summative evaluations are written summaries of the student's progress to that point. These are completed (at a minimum) at the middle and the end of the clinical experience, but may be given and/or required more frequently as warranted by the student's performance. Students are also expected to evaluate their performance through self assessment in their copy of the CPI.

SECTION III: STUDENT PHYSICAL THERAPIST

Requirements for Participation in Clinical Education

General Requirements

Students must meet the following requirements to participate in each sequence of the Clinical Education program:

- Generic Ability requirements
- Mastery level in all didactic course work preceding each clinical internship including a “pass” on all Practical Examinations
- Health requirements (See below)
- Current CPR certification - Each student must provide documentation of valid CPR certification. CPR training may be obtained from the American Heart Association (Level C) or the American Red Cross (BLS, Adult Child Professional Rescuer [2-man CPR]). It is the student’s responsibility to maintain CPR certification until graduation. On-line CPR renewals are not acceptable.
- Malpractice (liability) Insurance. (See page 14)
- Basic First Aid course (American Red Cross or equivalent).
- Current health insurance.
- Criminal Background Check* (CBC).

*Students are required to get the following checks to meet the requirements of most clinical facilities:

Statewide - Criminal
Nationwide - Sexual Offender Index
Nationwide - Healthcare Fraud & Abuse Scan
Nationwide - Patriot Act
Social Security Alert
Residency History

The program has arranged for the students to get a CBC that includes these checks through an on-line agency (www.certifiedbackground.com, package code NG25) at the students expense. Students are not required to use this agency.

Health Requirements

Students must present documentation of the following health requirements **prior to enrolling** in the Doctor of Physical Therapy program:

- Evidence of immunity to Measles, Mumps, and Rubella (MMR) by history, immunization, or titer.
- Evidence of vaccination against *Hepatitis B or a signed statement of declination of the vaccination.
- Evidence of immunity against Chicken Pox by history, vaccination or lab test (titer).
- Tetanus/Diphtheria (must be current within 10 years)

*Hepatitis B immunization is a series of three (3) injections that are given over a 6-month period. Students may participate in full-time clinical internships after completing the first two (2) injections. Students should plan ahead to be sure that they will be able to obtain the third injection at the due date. Students have the option to decline (See **Appendix S**, Hepatitis B Vaccine Declination).

Additionally, students must meet the following health requirement **annually**. (See Student Health Form, **Appendix R**). The student is responsible for presenting documentation of completion of this requirement yearly to the ACCE.

- Tuberculosis (Mantoux/P.P.D). If a student has a positive (+) result from the Mantoux/P.P.D., or is unable to take that test due to medical reasons, a chest radiograph will be required.

The student must understand that some clinical facilities to which they may be assigned may have **other requirements** that the student will be required to meet at the student's expense, i.e. drug screen. Female students who become pregnant during any phase of the DPT program will be required to obtain a physician release (**Appendix T**) to participate in didactic laboratory sessions and clinical internships.

Malpractice Insurance

The program purchases liability insurance for each student in the amount of \$1,000,000/\$3,000,000. The insurance covers the student for all activities in the clinical site that are a part of the curriculum until the student graduates and/or is no longer enrolled in the program. This policy is a "damage to patient" policy administered by Bill Beatty Insurance Company and underwritten by Chicago Insurance Company.

Professional Behavior

Students are expected to exhibit professional behavior at all times while in the clinic. Clinical site faculty are encouraged to use the Generic Abilities form (**see Appendix U**) to assess professional behavior.

No gum chewing or tobacco use is permitted. The illicit use of drugs and/or alcohol will result in immediate dismissal from the program. Please refer to the section titled "Immediate Removal from the Clinical Experience" on page 19 of this handbook.

Dress Code/Hygiene

All students and faculty members are required to project a professional image. Students are expected to dress in a professional manner when in the clinic. Appearance reflects not only upon the individual, but also upon the Angelo State University Physical Therapy Department and the physical therapy profession. If a student appears at a clinical site inappropriately attired, the clinical instructor or site's representative has the authority to require the student to correct the situation.

Students should follow these guidelines for appropriate clinical attire unless the agency specifies alternative attire.

- ◆ **ASU nametag** – issued by the ASU DPT program. The ASU student name tag should be worn at each off-campus assignment and practical examinations.
- ◆ **White Lab Coat/Jacket** – should be kept clean and pressed. Lab coats/jackets are to be worn at each off-campus assignment and during practical examinations.
- ◆ **Personal Hygiene** - Students should maintain a high level of personal hygiene, be neatly dressed, be well groomed and avoid "stylish" modes of attire during all clinical internships. This includes daily bathing. Hair, including facial hair, should be clean and neatly groomed. Long hair should be tied back to not interfere with patient/client treatment. Fingernails should be kept clean, trimmed short and free of brightly colored nail polish. Makeup should be light and tasteful. Students are advised to use unscented or very lightly scented soap, deodorant, shaving and hair products to avoid causing problems for patient/clients who are allergic to fragrances. Students should never use heavy perfumes and colognes.
- ◆ **Closed-Toe Shoes** – Shoes should be kept clean. No sandals, mules, clogs, flip-flops or high heels should be worn. Shoes should always be worn with socks or stockings.
- ◆ **No jeans, T-shirts, Tank Tops or short skirts** – All clothing should present a professional appearance. Button down shirts, golf jerseys, blouses and dress slacks are preferred. Shirts or blouses

should be tucked in at all times.

- ◆ **Jewelry** - One pair of simple earrings, plain neck-chains and wedding bands are permitted. Avoid large or costume jewelry, as it is a safety hazard. Any jewelry that the student chooses to wear should be kept to a minimum and tasteful.
- ◆ **Body piercings** - limited to 1 earring in each ear.
- ◆ **Visible Tattoos** - must be covered by clothing or bandage.
- ◆ **Gum chewing** – is not permitted for clinical experiences.

Attendance

Students are expected to attend clinic every day it is scheduled. Students are expected to follow the holiday policy of the clinic, not the University, when in the clinic. **Illness and personal emergencies are the only excused absences after contacting the CI and the ACCE.** Absences for other reasons are considered unexcused. The first unexcused absence will place a student on First Clinical Probation. See Clinical Probation Policy, page 18.

Students are required to follow the clinical facility policy regarding return to work after an illness. Students are required to make up all absences in excess of two working days. Absences less than two days will be handled on an individual basis. Students are required to make up all missed assignments due to any absence from the clinic.

Travel/Living Expenses

Students are responsible for providing their own transportation and lodging for all learning experiences associated with the clinical education component of the curriculum. **Students are expected to travel outside of Texas for at least one (1)** of the full-time clinical experiences. Students should anticipate a total additional cost of \$4,000 to \$5,000 for all full time clinical experiences. The total cost may vary significantly from student to student and from clinical to clinical depending on the cost of living and travel expenses.

ADA Accommodations in the Clinic

Students are provided with Technical Standards (**Appendix Y**) at the time of their admission interview and at orientation. Persons with disabilities that may warrant accommodations must contact the Student Life Office, Room 112 University Center, in order to request such accommodations prior to the implementation of any accommodations. Students are encouraged to make this request early in the program so that appropriate arrangements can be made.

Students with disabilities who request reasonable accommodations in the clinic for known conditions must meet with the ACCE within one week of receiving the clinical assignment. Reasonable accommodations that are authorized by the Office of Student Life are subject to approval by the clinical site and will be provided only as long as course requirements are not compromised. The program will provide no accommodations without authorization from the Office of Student Life. It is the student's responsibility to be a self-advocate when requesting accommodations.

Requests for accommodations for injuries or illnesses that occur during the clinical rotation must be received by the ACCE within 48 hours of the discovery of the disability. These requests will be handled through the Problem Resolution Process outlined on page III-5.

The Clinical Education Experience

Student Input into Selection of a Clinical Site

Students will complete a minimum of three (3) rotations at a variety of sites across the United States. These rotations include an eight (8) week acute care practicum, a ten (10) week outpatient musculoskeletal practicum and a twelve (12) week rehabilitation practicum (in-patient or outpatient). At least six (6) months prior to each full time clinical experience, the ACCE will provide a listing of available sites. The ACCE maintains a file on each site in the physical therapy department. The student is advised to review the list and the available information

about each site including location, patient population, staffing, housing, parking, etc. The student should consult with the ACCE, his/her academic advisor and other faculty members during the selection process. Prior to each of the three practicums the student will submit a list with a minimum of five (5) sites with a rationale that clearly delineates the reasons why the student has selected each site. **Students are expected to travel outside of Texas for at least one (1) of the full-time clinical experiences. The student may choose which practicum he/she wishes to fulfill the out-of-state requirement.** One of those three lists will be a preference list with at least five (5) out-of-state choices at the top of the list. For example, if the student wishes to fulfill the out-of-state requirement on Clinical Practicum II, the preference list for that practicum will have a minimum of five (5) out-of-state choices at the top of the list. **Students with special requests who wish to be released from this requirement must petition the ad-hoc committee on clinical placement within two (2) weeks of the mandatory clinical education meeting where clinical site selection is introduced and discussed.** It is the student's responsibility to meet with the ACCE to discuss any concerns regarding a site and/or the site selection process.

Site selection lists with a rationale for each choice should be submitted by the deadline established by the ACCE. Every attempt will be made to consider the academic and financial needs of each student. The program cannot guarantee that all needs will be met at all times. The academic needs of the student represent the first priority in the final decision for clinical placement. Sites will be assigned by the ACCE. **A student may petition the ad hoc committee on clinical placements for a change in his/her clinical site assignment within 48 hours of receiving the assignment.** The ad-hoc committee will be composed of two (2) faculty members, a clinician and a student from a class other than the class of the petitioning student. The committee will make a recommendation to the ACCE regarding each request. **The ACCE makes the final decision for student placement.**

Student Preparation for the Clinical Experience.

Each student is responsible for his/her preparation for the clinical experience. Preparation includes but is not limited to:

- ✓ Completing review of all information about the site including location, health requirements, dress code, hours of operation, directions, etc.
- ✓ Writing a letter of introduction following the guidelines in **Appendix P** and completing the Student Self-Assessment of Competency (**Appendix Q**). Two copies of the letter, and Self-Assessment should be submitted to the ACCE at least six (6) weeks prior to the start of the clinical experience. One copy is mailed to the facility in the student packet at least one month prior to the student's arrival; the other is kept in the student's clinical education file by the ACCE.
- ✓ Arranging for housing well in advance of the clinical internship start date. Be certain of what household items you will need, safety of the house, utility expectations, etc.
- ✓ Completing, copying and taking a copy of health forms, current CPR certification, current health insurance coverage, and malpractice insurance coverage.
- ✓ Taking necessary dress code items, including a lab coat. Also you must take and wear your Angelo State University nametag.
- ✓ Writing a minimum of five (5) goals to accomplish during your clinical experience. These should be specific and related to the type of experience you will be having. The goals should be included in your letter of introduction, but expect to discuss them with your Clinical Instructor early in the clinical experience as time allows.
- ✓ Assembling textbooks, notebooks, Student Clinical Handbook (available online), Clinical Journal and weekly activity logs (**Appendix C**)/envelopes to take to clinic.
- ✓ Assuring necessary transportation needs will be met for the clinical experience, including timely arrival/departure for the assigned hours; necessary transportation for special experiences and home health visits, if necessary.

Student Responsibilities in the Clinic

Students are expected to exhibit professional behavior at all times in the clinic. In addition, students will:

- Dress according to the facility dress code or ASU's dress code if the facility does not indicate a preference.

- Follow the attendance policy established by the clinic.
- Make a contribution to each facility through an educational presentation or project. Acceptable presentations are in-services (**Appendix F**), case presentations (**Appendix G**) or special projects (**Appendix H**). Examples of special projects are a brochure or pamphlet, an article for hospital newsletter, a slide show, a video, an exercise protocol, etc. The student is expected to do an inservice on the first clinical experience, a case presentation on the second experience and a special project on the third rotation. The student must obtain approval for in-service topics, case study subjects, and special projects from the clinical instructor and/or the CCCE and the ACCE prior to the presentation. A copy of the in-service, case study presentation or special project and an outline that includes the required information must be submitted to the ACCE before a grade for the clinical experience will be issued.
- Participate in professional activities at the site as requested by the clinical instructor (e.g. facility and/or department orientation, staff meetings, team meetings, committee meetings, training of new and/or non-professional staff, etc.).
- Follow the applicable local, state and federal laws, including but not limited to HIPAA, state licensure laws and rules, Medicare/Medicaid regulations, etc.
- Follow the rules and regulations, policies and procedures of the clinical site and the department/area to which the student is assigned. These may include, but are not limited to, policies about patient rights, protected health information, obtaining and using images, clinical protocols, etc.
- Participate in the evaluation of his/her mastery of the physical therapy competencies. Please see **Appendix I** for guidelines on “Giving and Receiving Feedback.” “Participation” includes, but is not limited to completion and discussion of the following assessments:

Student Self Assessment of Competency (**Appendix Q**)
 Clinical Performance Instrument (**Appendix A**)
 Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (**Appendix D**)

- Complete the weekly activity logs (**Appendix C**), reflective practice activities (journal or case study, **Appendix E**), special projects and other assignments including but not limited to Discussion Board postings from the ACCE.
- Evaluate the effectiveness of the clinical internship and discuss with the facility (**Appendix D**). A copy of this evaluation must be turned in to the ACCE within five (5) days of the completion of the clinical experience. The specific demographic information about the institution and the clinical instructor (page 3) must be fully completed before a student will be issued a grade for the course.

Problem Resolution

Problems that arise in the clinical setting shall be resolved expediently with respect for all parties involved. Effort will be made to maximize the learning potential in each situation. All activities and records regarding problem resolution shall be kept confidential as applicable to institutional policy and Texas state law.

The following procedure is recommended to students, faculty, clinical personnel and/or other outside parties to resolve issues that may arise. The Problem Resolution Form (**Appendix O**) will be used to document the situation.

1. Problem resolution begins with open and confidential discussion between the parties involved as soon as the problem is identified. (e.g. between the student and the Clinical Instructor)
2. Either or both parties should consult the Center Coordinator of Clinical Education (CCCE) if the problem requires intervention and/or if not resolved after Step 1.
3. The CCCE or CI, as appropriate, should contact the Academic Coordinator of Clinical Education (ACCE) when the problem is brought to their attention.
4. The student may bring the problem to the ACCE after following steps 1 and 2.
5. The ACCE will investigate each incident fairly and confidentially.
6. The ACCE will offer suggestions for resolution of the problem to the student and the CCCE/CI.
7. The ACCE, CCCE and/or student may contact the department head if the problem is not solved after

step 6. If the problem is not resolved at the department level, the process continues as outlined in the Student Handbook for the Physical Therapy Program.

8. The ACCE will document all “Problems” using the “Problem Resolution” form (**Appendix O**). This form shall be labeled “confidential” and kept in the Physical Therapy Department for three (3) years.

Breach of Program Policy(s)

Clinical Probation

A student will be placed on clinical probation at midterm for any one of the following reasons:

A “significant concerns” box is checked on the CPI (page iii, **Appendix A**).

and/or

A student’s rating falls below mastery level expectations at mid-term (average of numbers is greater than .5 below listed expectation)

and/or

3. A student has one (1) unexcused absence.

The Academic Coordinator of Clinical Education will issue a letter signed by the Program Director detailing the conditions of probation and expeditiously deliver it to the student (e.g., Fax, registered mail, etc.).

Probation Conditions

The conditions of probation may include but are not limited to:

1. Established meetings between the ACCE, CCCE, CI and/or student.
2. Weekly review of progress with ACCE.
3. Written learning contract between the CI and the student.
4. Quarter term (2-week) evaluations by the CI.
5. Additional clinical experience to remediate the areas of concern.
6. Counseling
7. Didactic remediation, etc.
8. Make-up of missed time and assignments from unexcused absence.

Termination of Clinical Probation

Probation will terminate upon successful completion of the conditions defined in the probation letter.

Failure to Meet Probation Conditions

The consequences of unsuccessful completion of the probation conditions are:

1. A failing grade for the clinical practicum.
2. Review of the student’s status by the Academic Committee. (The Academic Committee consists of all core physical therapy faculty assigned to the Physical Therapy Department, in consultation, as applicable with supportive or adjunct physical therapy faculty.)
3. Possible recommendation to the Dean of Graduate Studies for dismissal from the program.

A student is allowed a maximum of two (2) probationary series (academic, clinical or disciplinary) during the curriculum entirety. (Please see “Probation Policies” in the Student Handbook of the Doctor of Physical Therapy Program.) Students have the right to appeal any decision of the Academic Committee. (See Grievance Procedure in the Student Bulletin).

Failure of the Clinical Internship

A student may fail a clinical experience when:

1. A student's rating falls below expected mastery level at the final evaluation and/or the clinical instructor's comments indicate that the student has not reached mastery for that clinical setting
and/or
2. A "Significant Concerns" box is checked (CPI, page iii, **Appendix A**).
and/or
3. A student fails to meet the probation conditions in the probation letter.
and/or
4. A student has two (2) unexcused absences

A student who fails a clinical experience is subject to automatic review by the Academic Committee. (The Academic Committee consists of all core physical therapy faculty assigned to the Physical Therapy Department, in consultation, as applicable with supportive or adjunct physical therapy faculty.)

A student's status during probation will be documented on the Clinical Probation Tracking Form (**Appendix V**).

Immediate Removal from the Clinical Experience:

The student physical therapist will be immediately removed from the clinical experience, receive a grade of "F" in the course, and may be permanently dismissed from the physical therapy program for any behavior that is inconsistent with the professional physical therapist and/or the Texas Physical Therapy Practice Act, Rule 322.4: Practicing in a Manner Detrimental to the Public Health and Welfare (**Appendix B**).

Some specific examples of misconduct for which students may be subject to disciplinary action include, but are not limited to:

1. Unprofessional, unsafe or unethical behavior on the part of the student.
2. Failure on the part of the student to meet any necessary academic requirements.
3. Arrest for a felony or crime involving moral turpitude or theft.
4. Use of alcohol, drugs or other toxic or foreign agents.
5. Personal good cause including, but not limited to, medical emergencies.

Evaluation of the Clinical Education Program

Student Evaluation

Students interviewed at mid-term and at the completion of clinical internships will provide feedback about the variety of learning experiences offered, the level of supervision provided, the appropriateness of the site for their level of expertise and the clarity of understanding concerning student, program and clinical faculty expectations for the clinical experience (**Appendix D**). Students also participate in a clinical debriefing session where they are given the opportunity to comment on aspects of the clinical education program

Faculty Evaluation

Faculty mid-term site visitors will offer insight into the appropriateness of the site, the variety of learning experiences that are available, the communication between student and facility staff (See **Appendix M**, Mid-Term Site Visit Evaluation Form). Clinical faculty will also be expected to offer feedback on the administration and effectiveness of the clinical education program at mid-term site visits or any other time such feedback is necessary. (See Clinical Site Update form **Appendix W**)

Clinical faculty are evaluated each year that they supervise a student using the Clinical Instructor Evaluation (**Appendix L**).

Clinical practicum course outcomes are measured after each clinical practicum using the Clinical Practicum Course Outcome form (**Appendix X**). The form is mailed to the clinical instructor immediately after the conclusion of the clinical experience with instructions for returning it by mail or fax.

The information gathered from these sources will be used to plan improvements to the clinical education program so that it will continue to meet the needs of the student physical therapists while advancing the mission and objectives of the DPT program.