

Oregon TECH



Doctor of Physical Therapy

Clinical Education Handbook



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Introduction

This handbook provides guidelines for the Clinical Education component of the curriculum of the joint Doctor of Physical Therapy (DPT) program at Oregon Institute of Technology (OIT)/Oregon Health and Sciences University (OHSU). This serves as a reference for the University's DPT faculty, Clinical Instructors, the affiliated sites' Site Coordinators of Clinical Education (SCCEs), Clinical Instructors (CIs), community partners, and DPT students in the development of their learning experiences and the evaluation of their clinical performance. Additionally, rights, responsibilities, and risk management, including orientation of clinical faculty and students, communication requirements, and student policies are presented. This handbook is reviewed annually and updated as necessary by the Director of Clinical Education (DCE) and Doctor of Physical Therapy program core faculty.

Clinical Education Goals

1. Provide each student with breadth and quality of clinical education experiences that meet program learning goals and foster application of academic knowledge and development of well-rounded clinicians through the guidance of qualified clinical education faculty and clinical instructors.
2. Prepare students to refine and apply professional and ethical behaviors and evidence-informed practice during clinical education courses to become quality entry-level Doctors of Physical Therapy.
3. Develop clinical partnerships for full-time and integrated clinical education experiences that allow exposure to physical therapy practice across the lifespan and continuum of care.

Equal Opportunity Statement

The University and the DPT Program shall actively promote equal opportunity policies and practices conforming to federal and state laws against discrimination. The University and Doctor of Physical Therapy program shall not discriminate in offering access to its educational programs and activities based on race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition (e.g., cancer or genetic characteristics), marital status, sex, age, sexual orientation, gender identity, gender expression, or veteran status, as prohibited by state and federal statutes. This commitment applies to the University's relationships with outside organizations

including federal government, the military, and private employers, only to the extent of state and federal requirements.

*Students must be able to meet the physical and mental requirements of the DPT program with or without reasonable accommodation(s).

Accreditation

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone: 703-706-3242; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Effective 05/09/2023, OIT/OHSU has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education; (3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085) phone: 703-706-3245; email: accreditation@apta.org.

Candidacy is considered to be an accredited status, as such the credits and degree earned from a program with Candidacy status are considered, by CAPTE, to be from an accredited program. Therefore, students in the charter (first) class are eligible to take the licensure exam even if CAPTE withholds accreditation at the end of the candidacy period. That said, it is up to each state licensing agency, not CAPTE, to determine who is eligible for licensure.

Candidate for Accreditation is an accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program may matriculate students in technical/professional courses. Achievement of Candidate for Accreditation status does not assure that the program will be granted Initial Accreditation.

UNIVERSITY POLICIES

University Contracts

A copy of the duly executed active contract must be on file with the University's Business Affairs Office, the clinical site and with the Director of Clinical Education (DCE) prior to student involvement in patient/client contact. The contract's administrator and DCE will initiate the renewal process prior to the contract's expiration.

Outstanding Financial Obligations

Students are required to be in good financial standing with the University at the start of the clinical experience. A student with any outstanding financial obligations to the University will not be allowed to participate in their clinical experience and any future clinical experience until the financial obligation is satisfied. Implications of Financial Obligations may be found in University Financial Policies.

Clinical Compliance

Students who are not compliant with all University and DPT Program specific requirements outlined in this handbook will not be allowed to participate in the clinical experience, thus delaying progression in the program. This refers to but is not limited to non-compliant personal medical records, lack of health insurance, missing background check, drug screen, or other requirements as laid out in the DPT Clinical Education Handbook.

Medical Malpractice Insurance

Students will be covered under Oregon Tech's malpractice and liability insurance during hours worked during their clinical education experiences. The cost is incorporated into the student's quarterly fee payment. The clinical site is considered an extension of the classroom at OIT/OHSU and therefore, students are not considered employees and are not covered under Workers' Compensation insurance.

ROLES & RESPONSIBILITIES

Director of Clinical Education (DCE)

The Director of Clinical Education (DCE) is the core faculty member responsible for oversight of the clinical education courses. The DCE is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating development of clinical education sites and clinical educators. The DCE is responsible for coordinating student placements, relaying information to clinical educators about the academic program and student performance, maintaining current information on clinical education sites, and assessing overall outcomes of the clinical education program including establishing the final grade for each student in each

clinical education course. The DCE acts as liaison between the University, clinics, site coordinators of clinical education, clinical instructors, and students. The DCE is available to students and/or clinician educators whenever concerns arise prior to or during a clinical education experience and will assist to ensure a successful clinical experience.

Site Coordinator of Clinical Education (SCCE)

The Site Coordinator of Clinical Education (SCCE) oversees the clinical education of a particular clinic and may additionally participate in clinical instruction. The SCCE administers, manages, and coordinates clinical instructor assignments and learning activities for students during their clinical education experiences. Additionally, the SCCE determines the readiness of clinicians to serve as clinical instructors, supervises clinical instructors during clinical education experiences, communicates with the academic program regarding student performance, and may complete additional training and development for clinical instructors. The SCCE acts as the intermediary between the facility, the DCE, clinical instructors, and students. The SCCE is responsible for ensuring all information from the University is given to the assigned clinical instructor.

Clinical Instructor (CI)

A Clinical Instructor (CI) is a licensed physical therapist at the clinical education site who directly instructs and supervises students during the clinical education experience. The CI is responsible for facilitating clinical learning experiences and assessing a student's performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic performance expectations. CIs should focus on providing constructive feedback and relevant learning experiences to allow students sufficient opportunities to improve their skills. If a CI has concerns regarding a student's performance at any point in a clinical experience, it is the CI's responsibility to contact the DCE immediately to determine a plan of action to address the problematic areas.

Qualifications of clinical education faculty include:

1. Demonstrate clinical competence, as well as legal and ethical behaviors that meet or exceed the expectations of members of the profession of physical therapy.
2. Have a minimum of one year of clinical experience and demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching. It is recommended that Clinical Instructors participate in the APTA CI credentialing programs.

3. Be a licensed and competent physical therapist, demonstrating ethical behavior, effective communication skills, and appropriate conduct and skill in interprofessional relationships.
4. Demonstrate a positive attitude and enthusiasm for clinical care and clinical teaching.
5. Provide and adjust learning opportunities for students appropriate for the setting and each student's level and style of learning.
6. Set clear goals and expectations together with the student and regularly provide feedback to the student regarding strengths, areas needing improvement, and overall progress towards goals.
7. Utilize standardized tools for evaluating student performance, including the Clinical Internship Evaluation Tool (CIET), twice during each internship (mid-term and final).
8. Communicate with the student, SCCE, and DCE regarding any concerns with student performance, and collaborate on a plan of action as needed.
9. Provide feedback to the SCCE and DCE to enhance clinical education experiences.
10. All clinical instructors affiliated with our physical therapy program are expected to strictly adhere to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). This includes maintaining the confidentiality and security of all patient health information and student educational records. Clinical instructors must ensure that any use or disclosure of protected health information (PHI) or student data complies fully with applicable federal and institutional regulations. Violations of HIPAA or FERPA may result in disciplinary action and termination of clinical teaching privileges.

Student

During clinical education experiences, students are responsible for taking advantage of learning opportunities, with the goal of becoming competent entry-level physical therapists. They should participate in ongoing self-assessment, identify areas of strength, and reflect on areas for growth. They are expected to welcome constructive criticism without defensiveness and incorporate feedback into their clinical practice.

They should maintain open communication with clinical instructors, academic faculty, and the DCE. Students are expected to contribute to a positive work environment and demonstrate professional behavior in all interactions with clinical staff, patients, family members, and others. Students are expected to take the initiative to enhance their learning experiences and to facilitate discussions with CI. Students are also required to complete all necessary paperwork and assignments during clinical education experiences, including but not limited to weekly planning forms and student evaluation of clinical sites (Refer to course syllabi PT 721-724).

If, for any reason and at any time during a clinical education experience, a student feels that the experience is not meeting their educational needs, it is the student's responsibility to initiate action and notify the DCE. The student should first attempt to solve their issue with assistance from the CI. This applies in situations in which the problem is perceived as a "personality conflict" or communication issue between the CI and the student. If efforts to resolve the problems directly with the CI have failed, the student is then encouraged to approach the DCE and SCCE. If necessary, an additional site visit should be arranged to meet with the individuals involved.

ASSIGNMENT & REASSIGNMENT OF CLINICAL SITES

Clinic Readiness

To be deemed ready for full-time clinical experiences, students must have earned the minimally acceptable grade in all courses and be in good academic standing. Students may be prohibited or delayed from progressing to full-time clinical education experiences if the student is on academic probation or significant behavioral or professional issues occurred during the term prior to the clinical education experience. If there are any concerns about student progression to full-time clinical education experiences, the DCE, in coordination with the Program Director, should lead a discussion with core faculty and/or the student to resolve any concerns about readiness. The collective core faculty are responsible for assuring that students are professional, competent, safe and ready to progress to clinical education.

Student Clinical Site Files

The Oregon Tech/OHSU DPT utilizes EXXAT for organizing clinical and curricular education information. All files and information regarding Clinical Education sites are maintained in EXXAT for student review. The files include: Setting type, Clinical Site

Information Form that provides general information about the facility and its staff, training programs, patient/client population, dress code, housing, workdays, hours, stipends, parking, transportation, and meals; Physical Therapy Student Evaluation (PTSE) form completed by the student(s) who previously completed a clinical experience at the facility; and miscellaneous additional information such as maps, brochures, pamphlets, community events, tourist information, etc.

Contacting Sites

Students are NOT permitted to contact existing or new/potential sites. Students will be guided as to when and how to communicate with their site regarding placements.

Site Recruitment

Extensive efforts are made to carefully select clinical education sites that provide varied and rich learning environments for students. The DCE is responsible for developing partnerships with new clinical sites and determines if a site meets the learning needs of the students in the program and will provide high quality clinical education. The DCE may communicate with other schools who are affiliated with the clinical site to solicit feedback. While students, faculty, and clinicians are welcome to recommend new clinical sites to the DCE, all site requests are completed by the DCE. While students may not contact sites directly, they are allowed to submit contact information for facilities of interest if potential conflicts of interest (see "Assignment" section) are not present. The DCE will then investigate and determine a site's appropriateness. A contract will be generated and negotiated before the site can be utilized by a student. All clinical sites must be approved by the DCE and an affiliation agreement must be approved and completed prior to commencement of any clinical experiences. An Affiliation Agreement must be signed by both the program and the clinical site. The DCE then contacts the site to determine potential placement openings for future students. If possible, a site visit should occur either before or once a student is placed at the new site.

Students will be placed only at those sites which have a duly executed contractual agreement with the University. It is University policy that all contact with clinical sites be coordinated through the DCE.

Assignment

Clinical placement sites are assigned based on current availability and in collaboration with the facility to provide education which supports the curriculum. The DCE makes the final decision for clinical placements. While students will be provided the

opportunity to give input into their clinical placements, the final decision on clinical placement rests with the DCE and program faculty.

Clinical experiences cannot begin until all prerequisite curriculum coursework has been successfully completed. Students are required to participate in diverse clinical experiences that are representative of a variety of physical therapy practice settings. These diverse experiences include working with physical therapy patients/clients with a variety of diagnoses across the lifespan and along the continuum of care, Interprofessional Experience, and supervision of the PTA, in accordance with CAPTE guidelines. To ensure this diversity is met throughout the clinical experiences, students will participate in at least one acute/post-acute/homebound setting and one outpatient/peds/specialty.

Conflicts of Interest

Avoiding conflicts of interest (COI) during physical therapy clinical experiences ensures ethical practice and protects patients' well-being and student physical therapists' educational opportunities by maintaining the clinical instructor's objectivity and judgment. It prevents situations where personal, financial, or other interests could compromise the patient's care or create an undue influence over treatment decisions and/or quality of student assessments. Students should not request to be placed in or accept a placement in facilities or clinics where there may be a conflict of interest. It is the student's responsibility to disclose a potential COI. Clear conflicts of interests include previous/current employment, personal or familial relation to clinic/facility staff or administration, renting a home from a Clinical Educator during the clinical experiences, verbal or written contractual agreements for pre-hire, financial ties or incentives, or any other circumstance that the DCE and core faculty deems that there is a potential COI. If the DCE and core faculty determine that there is a conflict of interest after a student is placed, this site assignment will potentially be canceled and rescheduled to an alternative site, therefore altering progression in the curriculum and delaying graduation.

Setting Requirements

Students must be placed in at least one inpatient and one outpatient or specialty setting. Specialized or advanced placements will typically be reserved for terminal clinical education experiences III & IV as indicated below:

Settings Acute/Post-Acute/Homebound

- IP-Acute General, Neuro, Ortho, Critical Care
- IP- LTAC (Long-Term Acute Care)
- Combination – IP & OP
- IP- SNF (Skilled Nursing Facility)
- IP- Neuro Rehab or Neuro SCI **(CE III & IV only)**
- Home Health (Medicare Part A) **(CE III & IV only)**
- IP – Peds **(CE III & IV Only)**

Outpatient/Peds/Specialty

- OP – General Ortho
- OP – Neuro
- Home Health (OP Medicare Part B) **(CE III & IV only)**
- OP – Specialties: Aquatic, Sports, Hippotherapy, Lymphedema, Pelvic Health, Burn, Vestibular, Wound Care **(CE III & IV only)**
- OP Peds – **CE III & IV only**
- OP Peds - School Based – **CE III & IV only**

Rural Setting Requirement

Approximately 50% of students are projected to complete at least one rural clinical education experience. A rural area is defined as a non-urbanized area with a population of 50,000 or less that is not economically tied to a metropolitan area. Please note that some students may complete more than one rural experience depending on site availability and desired clinical concentration area for any given experience, if the breadth of experience requirement for the program is met.

Site Placement

The process of assigning students to clinical sites is as follows:

1. Clinical Site Request letters will be sent to all affiliated clinics each March 1, on the APTA national mailing date.
2. Based on return, the OIT/OHSU clinical education faculty reserves clinical site offers to include a diversity of settings and locations.
3. At the appropriate time during the academic year, students will be instructed to review the available sites on EXXAT and select their top 10 choices. Students are encouraged to review clinical site information forms as well as Student Evaluations of Clinical Experience forms when selecting their choices. Students are encouraged to meet with their faculty advisor or DCE to receive guidance for site selection.

4. Students are given a deadline to enter site choices into EXXAT. After the deadline, a lottery system is used to match students to sites.
5. Students wishing to be placed at a first-come/first-serve clinical site must identify the site to the OIT/OHSU clinical education faculty at the time the reserved sites are submitted.
6. Students will be notified of their clinical placements at least 2 months prior to the scheduled start date of the clinical experience. If the clinical site confirms placement less than 2 months prior to the scheduled start date, the student will then be notified within 48 hours of clinical site confirmation.

The DCE retains the right to override the selection process at any time if it is deemed necessary to best serve the educational needs of the student while also considering the need to maintain ongoing relationships between the DPT program and the clinical sites with which it is affiliated. Changes may be made if the clinical site does not contribute to the student's ability to be an entry-level generalist practitioner, the site does not expose the student to a diverse patient population, based on input from faculty whether the educational needs of a student are likely to be met at a particular clinical site, based on clinical interests of the student, and based on personal preferences of the student. It is unreasonable to expect that every student should be placed in one of their top choices.

Distribution of Student Information to Clinical Sites

Students are expected to upload information and required documents into EXXAT as required by the specific clinical site. Student information including, but not limited to, student's email address, goals and objectives, BLS certification, HIPAA training, immunization records, and clearance of criminal background check will be released to the clinical site a minimum of four weeks prior to the start of the clinical education experience. If student placement confirmation is less than four weeks prior to the start of the rotation, the student specific information should be sent out within 48 hours of receiving confirmation of the site placement. This information may be sent via email or via a link to the student's information.

Prior to the start of clinical education experiences and when directed by the DCE, students are required to write a professional introduction letter to the SCCE and/or CI including their contact information, list of prior experiences, and their personal goals for the upcoming clinical experience. Students are responsible for determining any additional requirements of the clinical site, dress code, and any additional information pertinent to the clinical site. A template and guidelines will be provided by the DCE.

Declination

Students **MAY NOT** cancel any of their clinical experiences or alter the schedule once set without the approval of the DCE. Placements for clinical education are considered firm commitments. In the event a student declines a clinical placement, an alternative offer will be pursued only after all other DPT students are placed for that time period. This may result in a delay in the student's progression in the DPT program and a delay in graduation date. If a student is not placed in a clinical experience, he/she/they may receive an administrative leave of absence.

Reassignment

The DCE may determine the need for reassignment at any time. Students may also request a reassignment of a site during a clinical experience under the following circumstances:

- The occurrence of unethical or illegal practices
- The designated CI possesses inadequate credentials or experience to act as a mentor
- The experience does not allow the student to achieve academic objectives
- There is an inadequate patient load or variety of patient diagnoses/experiences

The request for reassignment should be initiated by the student as soon as a problem is identified. The student should contact the DCE for instructions on how to handle the situation. The DCE and the SCCE will handle all requests for reassignment on a case-by-case basis. The student may be required to submit written documentation of their complaint before the request is considered.

A Clinical Education site reserves the right to request that a student be removed from the site for a variety of reasons. These will be dealt with on an individual basis with possible reassignments made at the discretion of the DCE based upon the nature of the site's request. All efforts will be made to continue the experience through student and CI counseling and education. When a reassignment is required, the DCE and student will work in collaboration to find another suitable site. The DCE has the right to reassign a student based on any of the above circumstances.

Please note: - If at any time a clinical site terminates the clinical experience due to poor performance or safety concerns, the student will receive a failing grade for that clinical experience.

Site Changes/Cancellations

Due to unforeseen circumstances experienced by the University or clinical partners, students may be reassigned to a different clinical site and/or CI at any time prior to or during a scheduled clinical experience. The clinical faculty will seek every opportunity to reduce unnecessary changes. If a clinical site cancels an available clinical experience after a student is placed and confirmed, the student will be notified via email within 48 hours of the site notifying OIT/OHSU Program. The DCE will make every attempt to reassign the student, prioritizing practice setting and proximity to the original assignment.

Hardships

Students are permitted to submit a hardship request for their clinical placements. Requests are considered, but placement in requested locations is based on availability and cannot be guaranteed.

It is essential for students to familiarize themselves with the requirements of the program including travel and financial costs associated with clinical education and plan accordingly. Specific criteria include, but are not limited to, extraordinary circumstances beyond expected difficulties inherent in a clinical assignment, sole caregiver for a dependent family member under the age of 18, the student or student's spouse serving in the military (active duty or reserves), and child under 6 years old at time of clinical experience. Supporting documentation is required at the time of submission. Completed requests are reviewed and final decisions are determined by core faculty and the DCE.

If granted, the DCE will attempt to find a clinical site that accommodates the requested location based on current affiliated agreements and/or current placement offers. The request by the student to be placed in a specific location may delay the student's progression through the program and commencement date. If a hardship is not granted, students can meet with their DCE and consider a leave of absence (LOA). Students are to refer to the University Catalog/Handbook for the LOA policy.

STUDENT POLICIES

Essential Functions

The holder of a physical therapy degree must have the knowledge and skills to safely and independently function in a variety of clinical situations. Students of physical therapy must be able to accurately and quickly integrate and synthesize all information received, and they must have the ability to learn, integrate, and analyze data in a timely manner and while under stress. Candidates for degrees offered by the Department of Physical Therapy Education must have, with or without reasonable accommodation, multiple abilities and skills including:

- Communication skills including verbal (oral and written), non-verbal skills, and active listening.
- Cognitive skills that include sufficient intellectual, conceptual, integrative, problem solving, and quantitative abilities to make effective judgments about patient management.
- Affective skills that include emotional, behavioral/social, professional, and cultural competence.
- Psychomotor skills that include all necessary gross and fine motor skills for completing examinations and patient care.
- Sensory skills including perceptual and observation skills necessary for patient care.

See detailed descriptions of all essential functions in OIT/OHSU Department of Physical Therapy Education Student Handbook/Policies and Procedures Appendix C: Essential Functions. For admission and progression in the program, candidates and students must be able to perform these abilities and skills in a reasonably independent manner.

Accommodation Assistance

Students with documented disabilities who have completed the formalized process at the OIT/OHSU Program who wish to activate identified accommodation(s) must meet with the DCE as soon as accommodations are approved and prior to their clinical experiences. The student must agree to release information about the accommodations to their clinical site to ensure that the site can meet their accommodations. It should be noted that the clinical environment may have different requirements and safety implications than the academic environment.

Employment

Students should not plan to hold outside employment while participating in full-time clinical experiences because it seriously jeopardizes a student's chance of success due to distractions and fatigue. Employment is not considered a hardship, and no effort will be made to try and place a student in a location that would allow the student to work.

HEALTH POLICIES

Students are expected to take personal responsibility to maintain good health. Students are responsible for compliance with the immunization policies set forth by the State of Oregon, the Oregon Tech, and requirements of specific clinical experience sites. All new students are required to complete a Health History/Tuberculosis Risk Screening Form and provide immunization records. Additionally, students in the DPT program are required to have health insurance coverage and submit proof of coverage per university policy. Additional exams and/or immunizations may be required by clinical rotation sites and are at the student's expense. Students are responsible for updating and maintaining documents related to vaccines, immunizations, titers, screening tests and any other required certifications. Any items due to expire while in a clinical experience must be updated ahead of the anticipated start date. Any associated costs are the responsibility of the student. Selection information for clinical experience sites includes the immunization requirements along with other site related information, so students can make informed decisions.

Common facility required health information includes, but is not limited to:

- A copy of the student's medical insurance coverage including hospitalization and emergency care (must be kept current while enrolled)
- Proof of a comprehensive health examination (annually)
- Proof of negative TB testing: Initial 2 step PPD, QuantiFERON test, or chest x-ray if PPD positive (1 step PPD or QuantiFERON updated annually)
- Proof of immunization or immunity to: Measles, Mumps, Rubella, and Varicella
- Proof of immunization or immunity to Hepatitis B or physician signed declination form.
- Proof of immunization to Tdap (every ten years)
- Flu shot (annually when available) or flu shot declination form signed by the student

- A copy of the student's current American Heart Association (AHA) First Aid and BLS cards (expires every two years)
- A copy of certificate of annual completion for training on HIPAA, bloodborne pathogens, OSHA, fire safety, PPE, hazard communications, infection prevention strategies, and Elderly and Child Abuse reporting. Clinical sites may require additional site-specific training.

*A facility has the right to refuse any student who has not completed the required medical documents including an incomplete Hepatitis B series.

*It is the student's responsibility to comply with the requesting sites' health and vaccination policies. If a student chooses to waive or refuse requirements, the student may be reassigned by the DCE.

COVID-19

OIT/OHSU does not currently require the COVID-19 vaccination; however, individual clinical sites may require it. Any student who has taken the COVID-19 vaccination and has been advised by their healthcare provider to delay other vaccinations by 2-4 weeks will be granted that extension.

Note: A facility may request additional physical examination criteria, including COVID-19 vaccinations, for a student to participate in clinical experiences at their facility. Failure to be fully vaccinated against COVID-19 and other communicable diseases could result in a significant delay or cancellation of clinical placements, jeopardize program completion and/or impact employment opportunities upon graduation. Due to confidentiality, records will not be released to any third party without prior written consent or unless required by law.

Medical Insurance and Medical Care

Students must maintain current health insurance, including hospitalization and emergency care, while participating in clinical experiences. Students are responsible for all costs associated with maintaining this coverage.

Emergency Medical Care

Each student is personally responsible for all expenses that result from emergency care during clinical practice. Should a student suffer an accident or injury during a clinical education experience, appropriate emergency action should be taken and the DCE is to

be notified. Policies and procedures concerning exposure to communicable illness or bloodborne pathogens must be in place in every clinical facility. Students should know the policy and procedure in each assigned clinical facility and carefully comply with all requirements should an exposure or injury occur. In the event of exposure to blood or other potentially infectious bodily fluids, the student should immediately notify the SCCE/CI and DCE.

OTHER REQUIREMENTS

Clinical facilities may require updated or additional background checks, drug screening, and/or fingerprint reports. Failure to complete these requirements will exclude students from being considered for placement in the clinical setting. Costs associated with these tests are the responsibility of the student. Results will not be provided to anyone without prior written consent by the student. Clinical sites will be provided verification of completion and attestation to the absence of disqualifying offenses. Any conviction or positive drug screen while enrolled as a student at OIT/OHSU may result in dismissal from the program.

Criminal Background Checks

In accordance with Oregon Administrative Rules 409-030, students entering the DPT program are required to undergo a state and nationwide background check before the start of their clinical education experiences, but no more than three months prior to beginning the DPT program. Background checks must be performed by a vendor that meets the criteria set by the state of Oregon. Background checks may be reassessed at any time if there is a question of drug use, sobriety, or criminal action.

Drug Screening

Per Oregon Administrative Rules 409-030, students are required to complete a 10-panel drug test prior to initial clinical placement, but no more than 3 months before starting the Oregon Tech/OHSU DPT program. All drug testing must be conducted by a laboratory licensed and operated in accordance with Oregon Administrative Rules. The following substances must be included in this screen: amphetamines (including methamphetamines), cocaine, barbiturates, benzodiazepines, marijuana, methadone, opiates, and phencyclidine. Individual clinical sites may have additional requirements for drug screening with which students will need to comply. Students assume full financial responsibility for all drug testing.

Basic Life Support & First-Aid Certification

All students are required to provide proof of BLS and First-Aid certification during each clinical education course. Courses are offered through a variety of institutions, including the American Red Cross and American Heart Association. Students are responsible for all costs associated with maintaining current certification.

Confidentiality Policy/HIPAA

To ensure that all students are aware of regulations for confidentiality of personal health information, students are required to complete annual HIPAA training and earn a passing grade on the examination to participate in clinical education. Every student must protect patient confidentiality and may NOT discuss the patient/patient condition away from patient treatment areas, outside of the clinical setting. Patient information may be copied or shared with others only for educational purposes as authorized by a supervising therapist and in these cases all patient identifiers must be removed. The disclosure of patient information without authorization will result in disciplinary action.

Travel and Living Expenses

Clinical experiences are an integral and required component of the physical therapy curriculum. Transportation, housing, meal costs, or expenses not listed but incurred during completion of clinical internships are the sole responsibility of the student. Students should expect to travel and/or relocate out-of-town or out-of-state for their full-time clinical experiences. In some cases, student housing may be available. Students should refer to EXXAT for this information. Placement of students will not be based on proximity to housing, transportation, or personal needs.

PROFESSIONAL BEHAVIOR

Professional Conduct

DPT students and graduates are expected to demonstrate high levels of ethical and moral behavior in both their personal and professional lives. Students are expected to conduct themselves in a professional and ethical manner consistent with the APTA's *Code of Ethics and Guidelines for Professional Conduct* as well as the OIT/OHSU Code of Conduct. Conduct (language, demeanor and body language, attitude, dress, etc.) unbecoming of a health professional and/or a student at Oregon- Tech/OHSU will not

be tolerated. Incidents of unprofessional behavior are grounds for grade reduction or failure of a clinical experience, academic probation, or dismissal from the program.

APTA Code of Ethics for the Physical Therapist:

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf

Students demonstrating unprofessional behavior are at risk of failing the clinical education experience regardless of their performance in other skill areas. Specific skills and criteria related to professionalism upon which the student will be evaluated are detailed within the course syllabus, assignments, and evaluation forms for each clinical experience.

Standards of Professional Behavior

During clinical experiences, students are expected to demonstrate professional behaviors. Professional behaviors include but are not limited to:

- Appropriate use of cell phone and social media/networking/technology, following facility policies.
- Accept and apply constructive feedback received from the CI or other clinic staff.
- Arrive promptly for the clinical experience. "On Time" means 15 minutes early.
- Not to engage in personal interaction with patients/families when away from the clinical site. This is prohibited except in unique situations approved by the Clinical Instructor (CI).
- Maintain professional distance and an appropriate patient/client relationship at all times.
- Use professional communication, verbal language, and body language at all times.
- Dress appropriately as per facility dress code, including name tag from OIT/OHSU DPT or one issued by the facility at all times.

Preparation of other academic work that interferes with patient care is not permitted. Students should use their own evening and weekend time to complete assignments, including the preparation of the CIET self-assessments. Students are required to be familiar with the state practice act in the state in which they will be practicing as student physical therapists. For most states, this information is available through the state board's website, including practice acts regarding the appropriate supervision of PTAs.

Clinical Dress Code and Appearance

Students are ALWAYS expected to maintain a professional appearance. Students are to adhere to the following standards:

- ID Badges (Student ID and facility badge, if required) are always to be worn.
- Students are to be neat and well groomed.
- No heavy make-up, cologne, perfume, or after shave is allowed and scented lotions should be avoided.
- Hair must be tied back away from the face. Beards and mustaches are permitted, provided they are neatly trimmed.
- Artificial nails are prohibited in the clinical setting. Natural nails are to be groomed, no longer than ¼", and must be free of dirt and debris. Polish should not be cracked or chipped and must be neutral in color.
- Jewelry should be kept to a minimum. Watches and wedding rings are permitted but may need to be removed to protect the patient when performing certain treatments. Facial jewelry is NOT allowed in the clinical setting.
- Clothing should be pressed, clean, and free of stains or holes. Fabrics that do not wrinkle are strongly encouraged.
- Shoes should be closed toe and closed heel, have a rubber sole no more than 1" tall and be clean and solid neutral in color. Socks or stockings must be worn.
- Shirts must be tucked in and be of sufficient length as to remain tucked in during treatment activity.
- Appropriate undergarments should always be worn and should never be visible.
- Tattoos, body piercing and other body adornments must be covered or removed during clinical practice.
- Students are required to follow the uniform standard or dress code of the individual facility where they are assigned. In some cases, scrubs may be required.
- Chewing gum is not permitted during PT clinical rotations. It is considered unprofessional in medical settings, can increase risk of infection, and can distract both student and patients.

***NOT** permitted: hip-huggers, leggings, capri pants, jeans, cargo pants, shorts, dresses, skirts, tank tops, sleeveless tops, or low-cut blouses/shirts. Clothing should be modest in nature and be of length and style to protect the student's modesty during treatment with a fit that allows freedom of movement.

Disruption of Site's Operations

The CI may send a student away from the site at any time if the student's behavior or unsafe practice places the student or others at risk. These situations will be addressed immediately. The CI must contact the DCE to determine a course of action, which may include evidence of remediation, so that the student no longer poses a risk to self or others before returning to the site, or termination of the clinical education experience resulting in a grade of Fail (F). Effort will be made to salvage the clinical experience through student and clinical instructor counseling and education.

CLINICAL EXPERIENCES AND EXPECTATIONS

Integrated Clinical Experiences (I.C.E.)

Students will participate in three total short-term or part-time integrated clinical experiences (I.C.E.) prior to engaging in full-time clinical experiences. Integrated clinical experiences enhance classroom and lab sessions by providing practical experiences in a variety of hospital, clinic, lab, and/or community settings. They provide the student with the opportunity to practice hands-on skills and the patient management process shortly after they are learned and allow faculty to evaluate student performance at various points throughout the curriculum. This also provides students the opportunity to integrate didactic course work presented in the classroom with practical hands-on experience. Students are expected to actively participate, question, explore, teach, motivate/manage patients and document during their interactions within the I.C.E. setting to reinforce their learning experiences, thus enhancing their education. The clinical experiences expose the student to realistic environments to allow practice in real-world context as well as the ethical and medico-legal aspects of healthcare. I.C.E. courses are graded pass/fail.

Full-time Clinical Experiences

There are currently four full-time clinical education experiences that must be successfully completed by each student enrolled in the DPT program which are graded Pass/Fail. The first experience is 8 weeks in length, followed by three terminal education experiences that are 10 weeks in length. Full-time clinical education experiences take place at clinical sites under the supervision of qualified licensed physical therapists. Sites are selected for their ability to create learning situations that

encourage the students to expand their knowledge, abilities, and skills while meeting the program's objectives. Clinical experiences give students the opportunity to integrate the didactic course work that is presented in the classroom with practical hands-on experience. These experiences also encourage students to look beyond the information learned in the classroom to discover further meanings and relationships within the profession. CAPTE and OIT/OHSU DPT program faculty believe it is essential that students experience a variety of practice settings and patient diagnoses, across the lifespan. The program has a large variety of clinical sites under contract, providing students the necessary opportunities to meet their clinical interest. The clinical education program considers each student's preferences to individualize clinical education experiences. The school is responsible for maintaining an adequate number and variety of sites and the DCE maintains faculty records specific to each clinical site.

Mandatory Skills Review "Bootcamp"

At the start of Fall term, prior to the scheduled date of first clinical experience, students will attend 3 days (schedule TBA and subject to change due to potential out of area/state travel time) of "bootcamp" lead by the DCE, DPT core and adjunct faculty, and guest lecturers/clinicians. The purpose of this time is to further prepare students for success during their first clinical experience. The agenda will include reviewing the Clinical Education Handbook, answering student questions regarding the clinical experience, discussing required clinical assignments and associated paperwork, emphasizing professional standards and safety expectations, reviewing principles for documentation, and addressing any clinical reasoning or hands-on skills that require additional review per recommendation of students and faculty. Supplemental course material may also be introduced to further enhance the clinical experience.

PT 721 – Clinical Experience I

Eight weeks of full-time clinical education experience under direct supervision of a Clinical Instructor to introduce students to the roles and responsibilities of the physical therapist including: documentation, billing, hands-on skills development, beginning to manage a caseload of non-complex patients, interact with patients and patient's families, and participate in the interprofessional team.

By the end of CE I, students are expected to safely manage up to 25% of an independent caseload of familiar patients and must receive acceptable CI marks, "Sometimes," or "Most-of-the-time," progressing to "Always" for sections of the evaluation tool (CIET v2.0) that refer to safety, professional ethics, initiative, and communication. For sections referring to Standards for Patient Management:

examination, evaluation, diagnosis/prognosis, and intervention, students at this level are expected to achieve marks, "At that level for Familiar Patients," progressing towards, "At that level for All Patients." The Global Rating of Student Clinical Competence is expected to be marked at 4 or greater for students at this level of education and practice.

PT 722 – Clinical Experience II

Ten weeks of full-time clinical education emphasizing increasing independence with examination, evaluation, development of plan of care and management of diverse patients while becoming an integral member of the healthcare team and using self-assessment for professional development.

Students are expected to safely manage up to 50% of an independent caseload of familiar and some complex patients by the end of the clinical experience II and must receive acceptable marks, "Most-of-the-time" or "Always" for sections of the evaluation tool (CIET v2.0) that refer to safety, professional ethics, initiative and communication. The students will also receive acceptable CI marks, "At level for Familiar Patients," progressing to, "At level for ALL patients," in sections of the CIET v2.0 referring to examination, evaluation, diagnosis/prognosis and intervention. The Global Rating of Student Clinical Competence is expected to be marked at 5 or greater for students at this level of education and practice.

PT 723 – Clinical Experience III

Ten weeks of full-time clinical education experience emphasizing increasing independence with management of patients across the lifetime and continuum of care with further development of professional identity formation and functioning as an intermediate-advanced level clinician within the profession and healthcare system.

Students are expected to safely manage 50-75% of an independent caseload of familiar and complex patients by the end of the clinical experience and must receive acceptable marks, "Most-of the time," or "Always" for sections of the evaluation tool (CIET v2.0) that refer to safety, professional ethics, initiative and communication. The student will also receive acceptable CI marks, "At level for Familiar Patients," or "At level for All Patients," in sections of the CIET v2.0 referring to examination, evaluation, diagnosis/prognosis and intervention. The Global Rating for Student Clinical Competence is expected to be 6 or greater at this level of practice.

PT 724 – Clinical Experience IV

Ten weeks of full-time clinical education experience emphasizing function as an independent entry-level clinician treating patients across the lifespan and continuum of care in general and specialized areas of practice, as well as ethical utilization and supervision of Physical Therapy Assistants and Aides/Techs.

Students are expected to safely manage 100% of an independent caseload of familiar and complex patients by the end of clinical experience IV and must receive acceptable marks, "Always" for sections of the evaluation tool (CIET v2.0) that refer to safety, professional ethics, initiative and communication. The student will also receive acceptable CI marks, "at level for ALL patients," or "above" in sections of the CIET v2.0 referring to examination, evaluation, diagnosis/prognosis and intervention. The Global Rating of Student Clinical Competence is expected to be marked 7 or greater at this level of practice.

CIET Expectations for each Experience	Professional Behaviors	Patient Management	Final Global Rating	Caseload
PT 721 Clinical Experience I	"Sometimes" or "Most of the time" Progressing towards, "Always"	"At the level for Familiar Patients"	4 or >	Up to 25%
PT 722 Clinical Experience II	"Most of the Time"- progressing towards "Always"	"At the level for Familiar Patients"	5 or >	Up to 50%
PT 723 Clinical Experience III	"Most of the Time" or "Always"	"At that level for Familiar Patients," Progressing to, "At that level for All Patients"	6 or >	50-75%
PT 724 Clinical Experience IV	"Always"	"At that level for All Patients"	7 or >	75%-100%

STUDENT MONITORING

The CI and DCE will determine the appropriate level of monitoring student's performance in the clinical setting based upon each student's didactic achievements and challenges, current clinical experience capabilities, and presence or lack thereof, of identified professional issues in the clinic.

Communication

Communication between the Clinical Education site and the University is encouraged to discuss student's progress, develop learning objectives, handle conflict resolution, receive support, and to discuss any questions or concerns on behalf of the Clinical Education site. During each clinical education experience, a student may encounter a patient who refuses treatment by a student. Should this occur, the student and the Clinical Instructor (CI) will manage this refusal per protocols established by the Clinical Education site.

Patient Rights

Students are required to inform patients/clients that they are student physical therapists. Patients/clients have the right to refuse physical therapy services provided by a student, including observation of treatments, and these requests must be honored by the student and the CI.

Site Visits

DPT faculty may visit the clinical education site with appropriate notice during student clinical experiences when requested by the OIT/OHSU DPT program (i.e. for midterm or final reviews) the student or the clinical education site. The DCE will arrange on-site visits, phone meetings, and/or by electronic means (Zoom, email, etc.) midway through each student's clinical education experience with the purpose of facilitating discussion through which both students and clinical staff can discuss overall progress, successes, or identify problems and discuss remediation strategies. The DCE may make other site visits as necessary.

ATTENDANCE POLICIES

OIT/OHSU DPT Program requires 100% clinical attendance, and students must participate in a minimum of 38 weeks of full-time clinical experiences, as scheduled per

the facility operating schedule for the entire length of the clinical experiences. This includes an instance where the start of a clinical experience is delayed due to onboarding or clinic scheduling issues. Students shall follow the schedule of the SCCE/CI and clinic, including holidays. The student's regular weekly schedule, as entered in CI Details in EXXAT, may be five eight-hour days, four ten-hour days, or some other combination that equals a minimum of 38 weeks of full-time clinical experiences, and may include weekend days. Students are expected to spend at least 36 hours but not more than 45 hours per week in the clinic. Students can expect to spend an additional 8-10 hours per week outside of scheduled clinic/facility time studying, preparing, and reviewing relevant material.

Punctuality

Students are required to be on time for each scheduled clinical experience and are encouraged to arrive early. Students who expect to be late are to call the SCCE/CI to notify them prior to the start time and should communicate an expected arrival time. Students who are repeatedly late or depart early (before all patient care and documentation is completed) are subject to failure to meet the expected performance level on professional indicators on the clinical instructor evaluation tool (CIET), with excessive tardiness and absenteeism putting them at risk of failing the clinical education experience.

Requested Absences

Students must submit written requests to the CI and DCE for any days off, prior to the requested time during their clinical experience, including a plan for making up the missed time. All missed days MUST be made up, including facility holidays. Days absent are made up by adding an extra day to the students' originally scheduled days. This may mean extending the clinical experience to allow these extra days. Absences may not be made up by adding additional hours to regularly scheduled days.

Unexcused Absences

Unexcused and/or unreported absences are not permitted. Students who have unexcused or unreported absences or excessive absenteeism are at risk of failing the clinical education course due to failure to meet the expected performance level on the professional indicators on the clinical instructor evaluation tool.

Unexpected Absences due to Illness

If the student is ill and unable to attend the clinical education experience, the CI and DCE must be notified prior to the expected arrival time of the student for that day. Students with symptoms or illness that may be communicable to patients or staff should not have contact with patients or staff. If students are unsure whether they are healthy enough to be in contact with patients, they should seek medical advice and an evaluation of their medical condition. Students must comply with the site's policies and procedures for evidence of medical release to return to work. Persons with the following conditions should not be allowed in the clinic without medical clearance:

- Active chicken pox, measles, German measles, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, or tuberculosis
- Diarrhea lasting over three days or accompanied by fever or bloody stools
- Conjunctivitis
- Draining or infected skin lesions
- Group A Strep infection (Strep Throat) until after 24 hours of treatment has occurred
- Fever within 24 hours
- Influenza
- COVID-19

Students will be readmitted to the clinical area after illness at the discretion of the MD, CDC and facility guidelines, the CI and the DCE.

Serious Illness or Injury Procedures

Students should be aware of potential health risks that could occur during participation in clinical education experiences. Students should follow all recommendations by the Occupational Safety and Health Administration. If a student sustains an injury during a clinical education experience, they should immediately notify their CI, follow clinical site policy regarding reporting of an incident (as able), and manage the care for the injury sustained. The CI is responsible for ensuring that all required documentation and reporting is completed. Both the student and CI are required to notify the DCE that an incident has occurred and what course of action has been taken, including the status of the student's health and any patient involvement.

Students who experience an illness or injury during participation in coursework or clinical education experiences are responsible for associated costs. In accordance with OIT/OHSU DPT policy, all students are required to have current medical insurance coverage that covers appropriate medical care.

If, during or before a clinical education experience, a student sustains an illness or injury that may affect their ability to perform the essential functions of a physical therapist, the student must inform the DCE as soon as possible.

Incomplete Student Experience

If a student is unable to complete a clinical education experience due to serious illness, injury, or family emergency, the experience may be graded as incomplete. See the OIT/OHSU Department of Physical Therapy Education Student Handbook/Policies and Procedures for details on assignment of incomplete grades. The DCE will determine appropriate timing, length, and placement for the incomplete clinical education experience.

Holidays

Students will follow the holiday schedule established by the clinical site, NOT the academic calendar of the University. The student must notify the DCE in writing regarding the scheduled holidays during their clinical education experience. If a student needs to observe a religious holiday, a written request must be submitted to the DCE prior to the start of the clinical experience and approval will be based on the clinical site's policy. ALL missed days MUST be made up, including facility holidays.

NPTE

If students intend to take the National Physical Therapy Examination during a clinical rotation, they need to notify their CI at the beginning of the clinical education experience or at least 30 days in advance. Clinical sites must allow students to be absent for one day to take the National Physical Therapy Examination. Make up of this day is at the discretion of the CI and/or SCCE.

Travel Between Clinical Experiences

Students are not permitted to change the start or end dates of their clinical experience to accommodate travel without written permission from the DCE. If additional days are necessary due to travel, students should meet with the DCE at the soonest opportunity to discuss potential modifications to their clinical experience dates.

EVALUATION POLICIES AND PROCEDURES

Grading of Clinical Education Experiences

Clinical education experiences are graded as “Pass/Fail” based on student’s rating on standardized evaluation tool (CIET), completion of weekly planning forms, CI comments, the amount of student improvement throughout the experience, and completion of assigned coursework. The DCE holds the responsibility for assigning grades for all clinical education experiences. If a student is unable to meet the goals and objectives outlined for each clinical education experience in the allotted time or following an extended time (if granted), the student will receive a failing grade in the course. The student may also receive a failing grade if safety or professional concerns are evident or if performance fails to progress. Any clinical education experience may be terminated at any point at the request of the CI and/or at the discretion of the DCE if the student is not demonstrating adequate progression. Additionally, safety or significant professional violations could result in immediate removal from the site and failure of the clinical education experience.

Failure of a clinical education experience must be successfully remediated to meet program and graduation requirements. The location, length, and type of make-up of a clinical education experience will be determined by the DCE. A student repeating the clinical education experience may be required to complete additional assignments or follow up with the DCE. Reorganization of the student’s clinical education schedule due to failures may result in a longer period to successfully complete the entire curriculum.

If a student fails one clinical education experience, they will be subject to dismissal from the DPT program, outlined in more detail in the OIT/OHSU Department of Physical Therapy Education Student Handbook/Policies and Procedures.

Clinical Instructor Performance Expectations

Teaching effectiveness information is gathered from the Physical Therapy Site Evaluation (PTSE 2) that students complete and submit at the end of each clinical experience. CI Teaching Effectiveness includes:

- 1) The CI clearly explains the site’s expectations and responsibilities of the student and encourages student input.
- 2) The CI communicates in an open, clear, concise, and non-threatening manner.

- 3) The CI integrates knowledge of various learning styles into student clinical teaching.
- 4) The CI provides timely and constructive feedback regarding student performance.
- 5) The CI skillfully uses the clinical environment for planned and unplanned learning experiences.
- 6) THE CI teaches in an interactive manner that encourages problem solving.
- 7) The CI facilitates patient-therapy relationships through discussion of the patient/client management model.
- 8) The CI is a positive role model in physical therapy practice.
- 9) The supervising CI is accessible when needed per the therapy practice/client management model.

Student Evaluation of Clinical Experiences

- 1) CI details in EXXAT – students are expected to enter updated information for their CI including contact information and years of experience.
- 2) Physical Therapy Student Evaluation (PTSE) - students will complete this at the end of the clinical experience and review it with their CI.

Additional Required Student Assignments

- 1) Students are required to present an in-service/presentation to the clinical staff during each of the first three internships (PT 721-723). Examples include but are not limited to an oral presentation on a topic solicited from staff members, a case study about one of the patients treated, discuss validity of an intervention, or discuss ICE experience or Capstone experience. A completed copy of the relevant presentation or document(s) must be forwarded to the DCE by the last scheduled day of each experience.
- 2) Students are required to complete one facility/clinic specific project for the FINAL Clinical Experience PT 724. CI's or facility staff may assign or recommend a relevant task. Examples may include, but are not limited to:
 - a. Clean, organize and label clinic/facility equipment or storage area
 - b. Translate clinic documents or provide anatomy/mobility "Cheat Sheet" into 2nd language, including exercise sheets
 - c. Complete a facility specific project as recommended by CI
 - d. Create educational handouts/materials for patients
 - e. Review and update the facility's Student Manual
 - f. Participate in community activity on Physical Therapy with staff

For the final internship, students are required to submit a short-written description of the task or project; briefly reflecting on how this task/project met a specific need for the site and how it positively impacted the patients and staff. If relevant to the project, students will submit copies of documents created, before/after photos (without patient's included), etc. All associated documents are to be submitted to the DCE by the last scheduled date of each clinical experience. Each project will be graded, "Pass, Fail," based on completion and relevance to the needs of the specific site.

- 3) Students and clinical instructors are expected to collaborate to complete the weekly planning form in EXXAT throughout the course of each clinical experience to support the development and progression of skills, as well as reflect on areas of growth.

Clinical Instructor Evaluation

- 1) Clinical Instructor Evaluation Tool (CIET) is to be assigned to the CI through EXXAT and is completed at the midterm and at the end of each clinical experience. This serves as the Final Clinical Evaluation. Students are expected to demonstrate entry-level performance in all elements of the CIET evaluation tool by the end of their final clinical experience (See instructions and expectations for each Clinical Education Experience outlined in *Appendix A*).
- 2) In-Service Evaluation Form - Each student is required to conduct 3 in-services during Clinical Experience 1, 2 and 3 (PT 721-723) to be presented to the CI and clinical staff based on a topic of choice, or a topic recommended by the CI. A student performance survey [Inservice Presentation Feedback Form.docx](#) with CI/clinical staff feedback should be completed for each in-service and will be submitted to the DCE by the student.

Site Evaluation

To successfully complete clinical education coursework, all students will be required to complete a site evaluation form for each clinical education experience. Students will use professional language and communicate thoughts directly, but respectfully. These evaluations should provide OIT/OHSU DPT faculty and other students with information regarding the opportunities and overall effectiveness of clinical education sites. If there is information on the form or any other additional information that the student is uncomfortable sharing via the form, the student should set up a meeting with the DCE to discuss the issues. Additionally, at the end of each course, students are expected to complete a course evaluation. It is an accreditation requirement for the University and for the DPT program that student evaluations be utilized for faculty evaluation as well as curricular evaluation. SCCEs and CIs are encouraged to evaluate the DCE and

OIT/OHSU DPT program by completing and submitting the [ACCE/DCE Performance Assessment: Clinical Instructor and Center Coordinator of Clinical Education Surveys](#).

Behavioral Incident Reports

Incident reports can be used to document (Incident/Behavioral Report in EXXAT) a series of problematic behaviors. They include information on the background of the situation, any concerning behaviors, and potential consequences of those behaviors. An incident report is completed by the CI or SCCE and reviewed with the student and DCE in a timely manner.

Learning Contracts

The DCE will create a learning plan/contract when a student who is having sustained difficulty with professional and/or clinical behaviors should create a learning plan together with CI, SCCE, and/or DCE to assist in the development of behaviors and skills. The student's faculty advisor should be made aware of the learning contract. The DCE creates the learning contract with CI participation before implemented to assure that problems are identified with strategies to accomplish and allow student success.

A learning contract should be initiated when:

1. A student is not meeting professional behavior guidelines as outlined by the *APTA Core Values*.
2. A student who has received an Incident Report and has repeated demonstration of concerning behavior and/or who needs further guidance and oversight.
3. The CI, SCCE, and/or DCE determine that a learning contract is necessary to provide additional support and structure to increase the likelihood of a student's successful completion of clinical education experiences.

The DCE should meet with the Program Director and use input from the student, CI, and/or SCCE to evaluate whether the student has met the requirements of the contract. One of the following determinations will be made:

1. The student has met the conditions of the learning contract, and the contract requirements have been met. The learning contract will be kept in the student's file.
2. The student needs additional time to meet the goals of the learning contract and completion dates are modified.

3. The student has not met the learning contract and is not progressing adequately toward meeting the learning contract. The consequences as listed on the learning contract should then be implemented.

Appendix A: Clinical Internship Evaluation Tool (CIET) Instructions

CLINICAL INTERNSHIP EVALUATION TOOL (CIET) INSTRUCTIONS

Introduction

When the University of Pittsburgh's Department of Physical Therapy was developing the CIET they recognized that in the present-day health care environment, a student graduating from an entry-level physical therapy program must be ready to "hit the ground running." The graduate should be able to skillfully manage patients in an efficient manner while achieving an effective outcome. For this tool to be an effective and reliable measure, students must be rated against the standard of a competent clinician who meets the above criteria.

Using the Form

This form is composed of two sections. The first section, Professional Behaviors, evaluates Safety, Professional Ethics, Initiative, and Communication Skills in the clinic. Safety behaviors address whether the student is following all health and safety precautions required at your facility along with taking any other measures needed to maintain both the patient's safety and their own safety. Professional Ethics addresses the student's knowledge of, and compliance with, all rules, regulations, ethical standards, legal standards, and their professional appearance and conduct in the clinic during all interactions. Initiative addresses the student's ability to maximize all opportunities for learning during their clinical affiliation, begin to problem solve independently, seek out, accept, and implement constructive criticism, and develop teamwork and flexibility in the clinical setting. Communication Skills looks at both their ability to verbally communicate with patients, families, and other healthcare professionals along with their written skills with documentation, home programs, and other required paperwork. When evaluating the student on Professional Behaviors, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as: Never (0% occurrence), Rarely, Sometimes (50% occurrence), Most of the Time, or Always (100% occurrence). From the onset of the fieldwork experiences, our expectation is that the student shows safe, professional

behavior and demonstrates a great deal of initiative. Note that you cannot mark "Not Observed" on these behaviors. You may mark "not observed" for Communication Skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be "not observed." Please use the "comments" section to explain a low mark or provide additional feedback to the student.

The second section, Patient Management evaluates the student's ability to efficiently manage a patient with an effective outcome. It is divided into four sections, Examination, Evaluation, Diagnosis/Prognosis, and Intervention. These elements of patient management are defined in the APTA Guide to Physical Therapist Practice. The examination includes all aspects of gathering data from the patient including obtaining a history, a systems review, and performing tests and measures. The evaluation is the analysis and synthesis of the data gathered in order to determine a diagnosis and plan of care for the patient. The student should demonstrate the development of their critical thinking skills during the evaluation process of patient management including determining the patient's impairments and functional limitations. Diagnosis/Prognosis involves all aspects of developing a plan of care for the patient including determining a diagnosis for physical therapy management (not the medical diagnosis), determining the prognosis or outcome for this episode of physical therapy care, determining the appropriate frequency and duration of care including criteria for discharge, and determining the appropriate treatments. Intervention includes the student's ability to apply the treatments, perform patient/family education, monitor the patient's response to treatment and adapt accordingly, and recognize when the outcome has been reached. For all areas of patient management, the student should be using the best available evidence in their decision making. When evaluating the student's Patient Management skills, please keep in mind that the student should be compared to a 'competent clinician who skillfully manages patients in an efficient manner to achieve an effective outcome'.

This form is designed for use with all patient types, and in any clinical setting, thus the student should be evaluated based on your clinic population and the expectation for productivity/efficiency in your specific clinic. In considering the student's scores for their Patient Management skills, please review the operational definitions which are presented as an additional resource. Please use the comment page for specific areas of concern and/or positive feedback. On the last page you are asked to make a global rating about how the student compares to a competent clinician on a scale from 0 to 10. The bottom of the scale indicates a student Well Below a Competent Clinician and the top of the scale represents a student Above a Competent Clinician. On the last page please also indicate whether the student is performing at a satisfactory level for their current level of education.

CIET Grading Expectations

CIET Grading Expectations	Professional Behaviors	Patient Management	Final Global Rating
PT 721 Clinical Experience I	“Sometimes” or “Most of the time” Progressing towards, “Always”	“At the level for Familiar Patients”	4 or >
PT 722 Clinical Experience II	“Most of the Time” - progressing towards “Always”	“At the level for Familiar Patients”	5 or >
PT 723 Clinical Experience III	“Most of the Time” or “Always”	“At that level for Familiar Patients,” Progressing to, “At that level for All Patients”	6 or >
PT 724 Clinical Experience IV	“Always”	“At that level for All Patients”	7 or >

