OHSU | Oregon TECH
Oregon Institute of Technology

DOCTOR OF PHYSICAL THERAPY

Clinical Education Handbook

ACADEMIC YEAR 2026–2027

RURAL HEALTHCARE

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Oregon Institute of Technology
Oregon Health & Science University

Doctor of Physical Therapy Program

Klamath Falls, Oregon

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Introduction

Clinical education is an essential component of the Oregon Institute of Technology (OIT)/Oregon Health & Science University (OHSU) Doctor of Physical Therapy (DPT) curriculum. It provides students with opportunities to integrate foundational knowledge, clinical reasoning, psychomotor skills, and professional behaviors while delivering patient-centered care under the supervision of licensed physical therapists in a variety of practice settings. Through progressive clinical experiences, students develop the competencies necessary for entry-level physical therapy practice and lifelong professional growth.

This Clinical Education Handbook serves as a resource for Doctor of Physical Therapy students, Director of Clinical Education (DCE), core faculty, Clinical Instructors (CIs), Site Coordinators of Clinical Education (SCCEs), and affiliated clinical education partners. The handbook outlines the policies, procedures, expectations, and responsibilities that guide the clinical education program and support successful partnerships between the University and its clinical affiliates.

Topics addressed within this handbook include clinical education requirements, student placement procedures, professional expectations, communication, evaluation, student support processes, risk management, and the respective roles and responsibilities of students, faculty, and clinical educators. The handbook is intended to promote consistency, transparency, and effective communication while ensuring that clinical education experiences support student learning, patient safety, and the educational standards established by the Commission on Accreditation in Physical Therapy Education (CAPTE), University policies, and affiliated clinical sites.

The Clinical Education Handbook is reviewed annually by the Director of Clinical Education and DPT core faculty and may be revised as program requirements, accreditation standards, University policies, or clinical education practices evolve. Students, faculty, and clinical education partners are responsible for familiarizing themselves with the policies contained within this handbook and complying with all applicable University, clinical site, and professional requirements.

Clinical Education Goals

The clinical education program is designed to prepare students for safe, ethical, and evidence-informed entry-level physical therapy practice through progressive clinical learning experiences. The goals of the clinical education curriculum are to:

1. Provide diverse, high-quality clinical education experiences that integrate classroom learning with patient-centered practice across the lifespan, continuum of care, and a variety of practice settings.
2. Facilitate the development of competent, reflective, and ethical physical therapists by promoting clinical reasoning, professional behaviors, communication, collaboration, and evidence-informed decision making.

3. Develop and sustain collaborative partnerships with clinical sites and clinical educators that provide meaningful learning opportunities while supporting excellence in clinical education and the physical therapy profession.

Equal Opportunity Statement

The DPT Program is committed to fostering an inclusive, respectful, and supportive learning environment that values diversity and promotes equitable educational opportunities for all students, faculty, clinical educators, patients, and community partners.

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 admitted to the DPT Program must be able to meet the program's Technical Standards, with or without reasonable accommodations, to successfully complete the curriculum. The Technical Standards are available in the DPT Student Handbook and on the program website. Students requesting accommodations should contact the University's Office of Disability Services to begin the interactive accommodation process.

Accreditation

The Oregon Institute of Technology/Oregon Health & Science University Doctor of Physical Therapy Program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Graduation from a CAPTE-accredited physical therapist education program is required for eligibility to sit for the National Physical Therapy Examination (NPTE). Licensure requirements are established by individual state licensing boards, and graduates are responsible for meeting the requirements of the state in which they seek licensure.

Current accreditation information is available on the program website and through CAPTE.

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.

The DCE is responsible for monitoring affiliation agreement status and coordinating renewal of agreements with the University's designated contracts office. Students may only participate in clinical education experiences at sites with a fully executed affiliation agreement.

Outstanding Financial Obligations

Students must remain in good financial standing with the University to participate in clinical education. Students with unresolved financial obligations may experience delays in clinical placement until university requirements have been satisfied. Students are encouraged to contact the appropriate University office as soon as possible if financial circumstances may affect their ability to participate in clinical education.

Clinical Compliance Overview

Detailed health, background screening, certification, confidentiality, and other compliance requirements are provided in the Health and Clinical Compliance Requirements section of this handbook. Failure to meet established deadlines may delay clinical placement or progression within the curriculum.

Students must remain compliant with all University, DPT Program, and clinical site requirements throughout the clinical education curriculum. Compliance supports patient safety, protects students and clinical partners, and maintains eligibility for clinical placement.

Medical Malpractice Insurance

Students will be covered under Oregon Tech's malpractice and liability insurance during hours worked during their clinical education experiences. 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.

Students are responsible for maintaining personal health insurance throughout all clinical education experiences.

Roles and 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 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 sites, monitoring student progression, mentoring clinical instructors, evaluating site quality, facilitating clinical remediation, maintaining compliance with CAPTE standards, and assessing overall outcomes of the clinical education program.

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) collaborates with the DCE to promote high-quality clinical education experiences and 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 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 professional practice. 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.

Clinical Instructors are expected to:

Professional Practice

- maintain licensure
- demonstrate ethical practice
- maintain clinical competence

Teaching

- supervise appropriately
- adapt instruction
- provide feedback

Evaluation

- complete CIET
- communicate concerns early
- collaborate with DCE

Professional Responsibilities

- protect HIPAA
- protect FERPA
- support continuous improvement

Student Responsibilities

Students are expected to assume an active role in their professional development throughout all clinical education experiences. Successful clinical learning requires initiative, accountability, self-reflection, and a commitment to continuous improvement. Students are expected to prepare for patient care through independent chart review, identify appropriate precautions and contraindications, formulate preliminary clinical hypotheses, and seek clarification whenever uncertainty exists.

Students are responsible for maintaining professional communication with patients, families, clinical instructors, faculty, and members of the interprofessional healthcare team. They are expected to actively seek and incorporate constructive feedback, demonstrate respect for diverse perspectives, contribute positively to the clinical learning environment, and uphold the ethical standards of the physical therapy profession.

Students are expected to complete all required documentation accurately and within the timelines established by the clinical site while demonstrating sound clinical reasoning and appropriate professional judgment. They are responsible for completing all clinical assignments, weekly planning activities, evaluations, and required program documentation in accordance with course requirements.

If concerns arise regarding the quality of the learning environment, communication with the clinical instructor, or achievement of educational objectives, students are expected to communicate promptly with the Clinical Instructor and DCE so concerns may be addressed early. Early communication is considered an essential component of professional practice and

often allows concerns to be resolved before they significantly affect student learning or patient care.

Assignment and Placement of Clinical Sites

Clinical Readiness

To be eligible for participation in full-time clinical education experiences, students must successfully complete all prerequisite coursework, achieve the minimum passing requirements established by the DPT program, and remain in good academic standing. In addition to academic performance, readiness for clinical education is determined by the student's demonstration of professional behaviors, safe clinical practice, effective communication, clinical reasoning, and psychomotor competence appropriate for their level of training.

The DCE, in collaboration with the Program Director and core faculty, continuously evaluate each student's readiness for clinical education using multiple sources of information, including academic performance, practical examinations, integrated clinical experiences, faculty observations, professional behavior assessments, and other program-specific requirements. Students who demonstrate deficiencies in professional conduct, safety, communication, clinical reasoning, or other essential competencies may be required to complete remediation or may have progression into clinical education delayed until sufficient readiness has been demonstrated. The collective responsibility of the DPT faculty is to ensure students entering clinical education are prepared to provide safe, ethical, and effective patient care.

Student Clinical Site Files

The Oregon Tech/OHSU DPT utilizes EXXAT for organizing clinical and curricular education information. All files and information regarding clinical 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.

Communication with and Recruitment of Clinical Sites

The OIT/OHSU Doctor of Physical Therapy Program is committed to developing and maintaining a diverse network of high-quality clinical education partners that provide meaningful learning experiences across the continuum of physical therapy practice. The Director of Clinical Education (DCE) is responsible for recruiting, evaluating, approving, and maintaining relationships with clinical sites and serves as the primary liaison between the University and all affiliated clinical partners.

Students are not permitted to independently contact existing affiliated clinical sites or recruit new clinical sites on behalf of the University. All communication regarding affiliation agreements, student placements, site availability, and recruitment of new clinical partners must be coordinated through the DCE. This process ensures consistent communication, protects established clinical partnerships, prevents duplication of recruitment efforts, and maintains compliance with university policies and contractual obligations.

Students, faculty, alumni, and clinical partners are encouraged to recommend potential clinical sites to the DCE. Students who become aware of a facility that may provide valuable educational opportunities may submit the site's contact information and any relevant details to the DCE for consideration, provided no conflict of interest exists. Recommendations do not guarantee that a site will be pursued or approved for student placement.

The DCE evaluates prospective clinical sites based on factors including, but not limited to:

- Ability to meet program learning outcomes
- Variety and complexity of patient populations
- Opportunities for progressive student responsibility
- Qualifications and experience of Clinical Instructors
- Commitment to student learning and mentorship
- Compliance with regulatory and accreditation expectations
- Student capacity and supervision model
- Overall quality of the clinical learning environment

The DCE may communicate with other academic programs affiliated with the prospective site, conduct virtual or on-site assessments, and obtain additional information to determine whether the site is appropriate for student education. Before any student may be assigned to a new clinical site, an affiliation agreement must be fully executed by both the University and the clinical facility. The DCE is responsible for coordinating contract development, determining site readiness, and identifying placement opportunities.

Whenever feasible, newly affiliated sites may receive an orientation meeting or site visit before or during the placement of the first student to promote successful collaboration and ensure expectations are clearly communicated.

Students will only be assigned to clinical sites that maintain a current, fully executed affiliation agreement with the University. Once a placement has been confirmed, students will receive guidance from the DCE regarding the appropriate timeline and method for communicating with their assigned Clinical Instructor (CI) and/or Site Coordinator of Clinical Education (SCCE).

Clinical Placement Framework

Clinical education placements are educational assignments designed to provide students with diverse learning experiences that support achievement of the program's curricular outcomes

and preparation for entry-level physical therapy practice. Clinical placement decisions are made by the DCE in collaboration with clinical partners based upon educational value, student readiness, site availability, accreditation requirements, and the program's responsibility to provide broad exposure across patient populations and practice environments.

Although students are encouraged to provide input regarding their clinical interests, preferred practice settings, and geographic preferences, clinical education experiences are not elective experiences and placement at a requested site, specialty area, or geographic location cannot be guaranteed. The DCE retains final authority regarding all clinical placements to ensure students receive appropriate educational experiences while maintaining equitable placement opportunities and strong relationships with affiliated clinical partners.

Students are expected to participate in a variety of clinical experiences representing different patient populations, practice settings, and healthcare delivery models throughout the curriculum. Clinical assignments are designed to facilitate development of entry-level competence through exposure to patients across the lifespan, varying levels of patient complexity, interprofessional collaboration, and the continuum of care.

Conflicts of Interest in Clinical Placements

The OIT/OHSU Doctor of Physical Therapy Program is committed to ensuring that all clinical education experiences provide an equitable, objective, and high-quality learning environment. To preserve the integrity of student assessment and protect patient care, students must avoid situations that create actual or perceived conflicts of interest (COIs) during clinical education experiences.

A conflict of interest exists when personal, professional, financial, or other relationships have the potential to influence—or appear to influence—the objectivity of clinical supervision, student evaluation, or patient care. Such situations may compromise the educational experience, create bias in student assessment, or affect the professional relationship between the student, Clinical Instructor (CI), and clinical site.

Students are responsible for disclosing any actual or potential conflicts of interest to the Director of Clinical Education (DCE) as early as possible, preferably before participating in the clinical site selection process. Examples of potential conflicts of interest include, but are not limited to:

- Current or previous employment at the clinical site
- Personal, familial, or close social relationships with employees, administrators, or Clinical Instructors
- Existing financial relationships or financial incentives with the clinical site
- Written or verbal employment agreements or pre-hire commitments
- Renting housing from a Clinical Instructor or other individual directly involved in the student’s supervision or evaluation

- Any circumstance that could reasonably be perceived as compromising objective evaluation or professional boundaries

The DCE, in consultation with core faculty as appropriate, will review all disclosed conflicts of interest and determine whether the student remains eligible for placement at the requested site. Students should not request or accept placement at a clinical site where a conflict of interest exists without prior approval from the DCE.

If a conflict of interest is identified after a placement has been confirmed or initiated, the DCE may determine that reassignment is necessary to preserve the integrity of the educational experience. Depending on the timing and availability of alternative placements, reassignment may require modification of the student's clinical schedule and could delay progression within the curriculum.

Clinical Experience Requirements

Practice Setting Requirements

The clinical education curriculum is designed to provide students with broad exposure to contemporary physical therapy practice while allowing flexibility to accommodate changing healthcare environments and clinical site availability. To ensure graduates develop the knowledge and skills necessary for entry-level practice, each student is expected to complete clinical education experiences that include **at least one traditional outpatient physical therapy setting** and **at least one additional clinical experience in a setting distinct from traditional outpatient orthopedic practice.**

Examples of qualifying settings include, but are not limited to, rural OP/IP, inpatient acute care, inpatient rehabilitation, long-term acute care hospitals (LTACH), skilled nursing facilities (SNF), home health, or outpatient specialty practice areas such as neurologic rehabilitation, vestibular rehabilitation, pelvic health, sports physical therapy, oncology rehabilitation, wound care, lymphedema, pediatrics, cardiopulmonary rehabilitation, amputee/prosthetic rehabilitation, industrial rehabilitation, and other specialty practice environments.

Remaining clinical education experiences will be assigned based upon student learning needs, progression within the curriculum, clinical site availability, and accreditation expectations. While the program strives to expose students to a wide variety of practice settings and patient populations, participation in every specialty area cannot be guaranteed.

Rural and Underserved Experiences

The OIT/OHSU DPT program values preparing graduates to practice in a variety of healthcare environments, including rural, urban, suburban, and medically underserved communities. Whenever feasible, students may be assigned to clinical education experiences in rural or underserved settings to broaden their understanding of healthcare access, interprofessional collaboration, and delivery of physical therapy services in diverse communities.

Clinical assignments are based upon educational needs, site availability, and program requirements. Although the program actively develops partnerships with rural clinical sites, placement in a rural setting cannot be guaranteed for every student.

Student Placement Selection Process

The clinical placement process is designed to provide each student with a variety of high-quality clinical education experiences that collectively support the development of an entry-level, generalist physical therapist. Clinical placements are individualized and are determined through collaboration between the student and the Director of Clinical Education (DCE), while considering the educational needs of the student, available clinical sites, and the needs of the clinical education program.

Clinical placement decisions are based upon multiple factors, including but not limited to:

- Achievement of program clinical education requirements
- The student's previous clinical education experiences
- Individual learning needs and educational goals
- Clinical site availability and confirmed placement offers
- Availability of fully executed affiliation agreements
- Student preferences and professional interests
- Geographic considerations, when feasible
- Clinical instructor experience and site capacity
- Opportunities for exposure to diverse patient populations, diagnoses, and practice settings
- The DCE's professional judgment regarding the educational appropriateness of the placement

Each year, the DCE solicits placement availability from affiliated clinical education partners. Once placement offers have been received and confirmed, students will be instructed to review available clinical sites through EXXAT. Students are encouraged to carefully review available clinical sites through EXXAT, including site information forms, previous student evaluations, and available learning opportunities, before submitting their site preferences. By submitting site preferences, students acknowledge that each requested site represents a clinical placement they are prepared to accept if assigned. Students are also encouraged to discuss their clinical goals and site preferences with the DCE and/or their faculty advisor before submitting their preferences.

Student site preferences are considered an important component of the placement process; however, placement at a preferred site cannot be guaranteed. Clinical placements are not assigned on a first-come, first-served or lottery basis. Instead, the DCE carefully considers each student's educational needs while balancing site availability, contractual requirements, clinical site requests, and the goal of providing equitable learning opportunities across the cohort.

Students will be notified of their confirmed clinical placements as soon as possible following confirmation by the clinical site. Whenever feasible, students will receive placement notification at least two months before the start of the clinical experience. In circumstances where clinical sites confirm placements later than anticipated, students will be notified promptly following receipt of confirmation.

The DCE retains final responsibility and authority for all clinical placement decisions. Placement assignments may be modified at any time if circumstances change, including but not limited to clinical site availability, affiliation agreement status, staffing changes, student learning needs, patient safety considerations, or other factors affecting the quality or feasibility of the clinical education experience.

Student Information Shared with Clinical Sites

To facilitate the clinical placement process, the Director of Clinical Education (DCE) may share limited student information with affiliated clinical sites for the purpose of securing and coordinating clinical placements. Information shared may include the student's name, University email address, telephone number, anticipated graduation date, curriculum vitae (CV) or résumé, and other information necessary to determine placement suitability or satisfy clinical site onboarding requirements.

Students are required to maintain an up-to-date résumé that accurately reflects their education, relevant work experience, volunteer activities, certifications, leadership, research, and any completed clinical education experience. Students are also responsible for ensuring that their university email address and telephone number remain current throughout the clinical education curriculum, as these are the primary methods of communication used by the DCE and clinical sites.

Some clinical sites may request additional information, such as areas of professional interest, prior clinical experiences, special skills, or responses to interview questions, to assist in determining placement compatibility. Students may also be required to participate in telephone, virtual, or in-person interviews as part of a site's placement selection process.

The OIT/OHSU DPT Program is committed to protecting the privacy of student educational records in accordance with the Family Educational Rights and Privacy Act (FERPA) and applicable University policies. Student information is shared only with individuals who have a legitimate educational interest in coordinating or supervising the student's clinical education experience and is limited to the information necessary to facilitate placement and clinical education requirements. clinical sites are expected to use student information solely for purposes related to the student's clinical placement, onboarding, and educational experience. Students should always maintain professional communication with clinical sites and promptly respond to requests for information or onboarding materials to ensure timely completion of placement requirements.

Declination of a Clinical Placement

Clinical placements are carefully coordinated by the Director of Clinical Education (DCE) in collaboration with affiliated clinical sites to ensure each student has the opportunity to achieve the program's clinical education objectives. Because placement availability is limited and coordinated months in advance, students are expected to accept clinical placements assigned by the DCE.

Once a clinical site has confirmed a student's placement and the DCE has communicated the assignment, the placement is considered a professional commitment between the student, the University, and the clinical site. Confirmed placements are not intended to serve as temporary or "back-up" placements while awaiting availability or confirmation from another preferred clinical site. Students should carefully consider their submitted site preferences, understanding that all requested sites represent placements they are willing to accept if offered. Requesting cancellation of a confirmed placement solely because a more preferred site later becomes available is inconsistent with professional expectations and may negatively impact the program's relationships with its clinical education partners. For this reason, requests to withdraw from a confirmed placement for reasons of personal preference will generally not be approved.

Students may request to decline a clinical placement under extenuating circumstances. Requests to decline a placement must be submitted to the DCE in writing as soon as the student becomes aware of the concern. The DCE will review each request on an individual basis in consultation with core faculty, when appropriate. Approval of a request to decline a placement is not guaranteed.

Examples of circumstances that may be considered include, but are not limited to:

- Significant personal or family emergencies
- Newly identified conflicts of interest
- Health or accessibility concerns that cannot be reasonably accommodated
- Changes in clinical site availability or educational appropriateness
- Other exceptional circumstances as determined by the DCE

Student preference alone, including geographic location, specialty interest, housing availability, or schedule preference, is generally not considered sufficient justification to decline a confirmed clinical placement.

If a student declines an assigned placement without DCE approval, or if an approved alternative placement is not immediately available, progression through the clinical education curriculum may be delayed until another appropriate placement can be secured. The timing and availability of replacement placements depend upon clinical site capacity, affiliation agreements, and educational requirements and cannot be guaranteed.

The DCE retains final responsibility for approving placement changes and will make every effort to identify an alternative placement that supports the student's educational progression while maintaining the integrity of the clinical education program and its relationships with affiliated clinical partners.

Site Changes and Cancellations

Clinical education placements are developed through collaboration between the University and its clinical education partners. Although every effort is made to maintain confirmed placements, unforeseen circumstances such as staffing changes, patient census fluctuations, organizational restructuring, natural disasters, public health emergencies, or other unforeseen events may require modification or cancellation of a clinical placement before or during the experience.

If a clinical site cancels or substantially modifies a confirmed placement, the student will be notified as soon as reasonably possible, typically within two business days of the University receiving notification from the clinical site. The Director of Clinical Education (DCE) will make every reasonable effort to identify an alternative placement that meets the student's educational needs while considering practice setting, timing, and geographic proximity whenever feasible. Because placement availability is dependent upon clinical site capacity, immediate reassignment cannot be guaranteed and may affect the student's clinical education schedule or anticipated graduation timeline.

Students may also be reassigned to another clinical site if circumstances arise that affect the quality of the learning experience, patient safety, contractual obligations, or the educational needs of the student.

Hardship Requests

The DPT Program recognizes that students may experience significant personal circumstances that affect their ability to complete clinical education experiences in certain geographic locations. Students may submit a written hardship request to the DCE for consideration during the clinical placement process.

Hardship requests are reviewed individually and are intended to address extraordinary circumstances that substantially affect a student's ability to participate in clinical education. Approval of a hardship request does not guarantee placement at a specific clinical site or geographic location.

Examples of circumstances that may be considered include, but are not limited to:

- Sole caregiver responsibilities for a dependent child or family member
- Active military service or military spouse obligations
- Documented medical conditions or disabilities requiring accommodation
- Court-ordered obligations
- Other extraordinary circumstances supported by appropriate documentation

Students are expected to understand that travel, temporary relocation, and associated financial responsibilities are inherent components of professional clinical education. Employment obligations, housing preferences, commuting distance, or personal convenience are generally not considered hardships.

Students requesting a hardship accommodation must submit supporting documentation by the deadline established by the DCE. Requests are reviewed by the DCE in consultation with core faculty, as appropriate. If approved, every reasonable effort will be made to identify a suitable placement; however, placement availability is dependent upon existing affiliation agreements and clinical site capacity. Accommodation of a hardship request may delay clinical placement or progression within the curriculum.

Student Policies

Essential Functions

Students admitted to the Doctor of Physical Therapy Program must be able to meet the program's Technical Standards, with or without reasonable accommodations, to safely and effectively perform the essential functions required for successful completion of the curriculum and entry-level practice.

The complete Technical Standards are located in the DPT Student Handbook (Appendix C) and are incorporated into this handbook by reference.

Disability Accommodations

Students requesting reasonable accommodations during clinical education must complete the University's accommodation process through the appropriate Disability Services Office before the start of the clinical experience whenever possible.

After accommodations have been approved, students should meet with the DCE to discuss implementation within the clinical education environment. With the student's written permission, approved accommodations will be shared with the assigned clinical site on a need-to-know basis to facilitate implementation while maintaining confidentiality.

Because clinical education occurs within healthcare environments, reasonable accommodations may differ from those implemented during didactic coursework due to patient safety, essential job functions, and clinical site operational requirements.

Employment

Full-time clinical education experiences typically require a schedule comparable to that of full-time employment and often involve preparation, documentation, and independent study outside of scheduled clinical hours. Students are strongly discouraged from maintaining

outside employment during full-time clinical education experiences, as employment may contribute to fatigue, decreased academic performance, and reduced clinical success.

Legal and Regulatory Responsibilities

Students are responsible for becoming familiar with the physical therapy practice act and applicable laws governing physical therapy practice in the state where they are completing each clinical education experience. Students are expected to understand regulations related to student supervision, delegation, documentation, and the scope of practice for physical therapists and physical therapist assistants. Resources are generally available through the applicable state licensing board or regulatory agency.

Health and Clinical Compliance Requirements

Health Requirements

Students are responsible for maintaining compliance with all University, DPT Program, and clinical site health requirements throughout the clinical education curriculum. These requirements are intended to protect students, patients, clinical partners, and the University while ensuring eligibility to participate in clinical education experiences.

All students are required to maintain current health records and documentation in accordance with University policy and applicable clinical site requirements. Students are responsible for obtaining, updating, and submitting all required documentation by established deadlines. Any compliance item that expires during a clinical education experience must be renewed prior to the start of the experience unless otherwise approved by the clinical site.

Clinical sites may establish additional health requirements beyond those required by the University. Students are responsible for complying with all site-specific requirements as a condition of placement. Failure to meet required health or compliance requirements may limit available placement opportunities, delay progression within the curriculum, or prevent participation in a clinical education experience.

Common health requirements include, but are not limited to:

- Proof of current health insurance
- Annual health examination (as required)
- Tuberculosis screening
- Immunization records and/or immunity documentation
- Hepatitis B vaccination or approved declination, when accepted by the clinical site
- Tdap vaccination
- Annual influenza vaccination or approved declination, when accepted by the clinical site
- Current American Heart Association (AHA) Basic Life Support (BLS) certification

- Completion of required annual compliance training (e.g., HIPAA, OSHA, Bloodborne Pathogens, Fire Safety, Infection Prevention, PPE, Hazard Communication, and Elder and Child Abuse Reporting)
- Additional site-specific training or documentation as required

Students are responsible for all costs associated with meeting these requirements.

Communicable Disease Requirements

Clinical sites may establish additional communicable disease prevention requirements based on current public health guidance, governmental regulations, or organizational policies. These requirements may include vaccinations, laboratory testing, masking, personal protective equipment, or other infection prevention measures.

Students are responsible for complying with all applicable clinical site requirements. Failure to meet required communicable disease policies may limit available clinical placement opportunities, delay progression within the program, or affect timely completion of graduation requirements.

Students with documented medical conditions or approved accommodations that may affect compliance with clinical site requirements should notify the Director of Clinical Education (DCE) as early as possible to discuss available options. While reasonable efforts will be made to identify appropriate clinical placements, accommodations remain subject to clinical site requirements, patient safety considerations, and applicable laws.

Medical Insurance

Students are required to maintain current personal health insurance, including hospitalization and emergency medical coverage, throughout all clinical education experiences. Students are responsible for all costs associated with maintaining this coverage as well as any medical care received during a clinical education experience.

Emergency Medical Care and Occupational Exposure

Should a student become ill or sustain an injury during a clinical education experience, appropriate emergency medical care should be obtained immediately in accordance with the clinical site's policies and procedures. Students are personally responsible for all costs associated with emergency medical treatment.

Students must immediately notify their Clinical Instructor (CI) or Site Coordinator of Clinical Education (SCCE) of any injury, illness, exposure to bloodborne pathogens, communicable diseases, or other occupational exposure occurring during a clinical education experience. The Director of Clinical Education (DCE) must also be notified as soon as reasonably possible so that appropriate University reporting requirements and follow-up procedures can be completed.

Each clinical site maintains its own policies regarding occupational injuries, bloodborne pathogen exposure, infection control, and emergency response. Students are expected to become familiar with these policies during orientation and comply with all required reporting and follow-up procedures.

Additional Clinical Compliance Requirements

Criminal Background Checks

Students entering the DPT Program are required to complete state and national criminal background checks in accordance with university policy, Oregon Administrative Rules, and clinical site requirements. Additional or updated background checks may be required by individual clinical sites before participation in a clinical experience. Students are responsible for all associated costs.

Any criminal conviction occurring after admission to the program must be reported promptly to the DCE. Such convictions may affect eligibility for clinical placement, progression within the program, or future licensure.

Drug Screening

Students are required to complete a 10-panel drug screening in accordance with university policy, Oregon Administrative Rules, and clinical site requirements. Additional drug testing may be required by individual clinical sites before or during clinical education experiences. Students are responsible for all costs associated with required drug screening.
Positive drug screens or failure to comply with required testing may affect eligibility for clinical placement and progression within the DPT Program.

Basic Life Support Certification

Students must maintain current American Heart Association (AHA) Basic Life Support (BLS) certification throughout the clinical education curriculum. Certification must remain current for the duration of each clinical education experience. Students are responsible for all costs associated with obtaining and maintaining certification.

Confidentiality and HIPAA

Students are required to complete annual training related to the Health Insurance Portability and Accountability Act (HIPAA) and patient confidentiality before participating in clinical education experiences. Students are expected to maintain the confidentiality of all protected health information (PHI) and comply with all federal regulations, University policies, and clinical site policies regarding patient privacy.

Patient information may only be accessed or disclosed for legitimate educational and patient care purposes as authorized by the supervising physical therapist or clinical site. All educational materials must be de-identified in accordance with HIPAA requirements. Unauthorized access, disclosure, or misuse of confidential information may result in disciplinary action by the University and/or clinical site.

Artificial Intelligence and Technology Use

Artificial intelligence (AI) and other technology tools may support learning when used responsibly, transparently, and in accordance with University and clinical site policies. Students may use approved AI tools for studying, organizing information, or generating practice questions when no confidential, protected, or personally identifiable information is entered into the system.

Students may not use AI to generate, complete, or substantially revise patient documentation, clinical reflections, clinical reasoning assignments, evaluations, or other work intended to demonstrate the student's own judgment and performance unless the course faculty member and clinical site have expressly authorized that use. Students remain responsible for verifying the accuracy, appropriateness, and originality of all submitted work.

Protected health information, student education records, clinical site information, and other confidential material must never be entered into public or unapproved AI systems. Use of technology must comply with HIPAA, FERPA, University policy, clinical site requirements, and applicable professional and ethical standards.

Travel, Housing, and Financial Responsibilities

Clinical education is an essential and required component of the Doctor of Physical Therapy curriculum. To provide students with diverse learning experiences and meet program learning outcomes, clinical education placements may require travel, temporary relocation, or out-of-state assignments.

Students are responsible for all costs associated with participation in clinical education experiences, including, but not limited to:

- Transportation and mileage
- Housing or temporary lodging
- Meals and daily living expenses
- Parking and tolls
- Licensure or site-specific onboarding costs, when applicable
- Other expenses associated with participation in clinical education

While some clinical sites may offer housing or assist students in identifying local accommodations, housing is not guaranteed. Information regarding available student housing,

when provided by the clinical site, will be communicated through the clinical placement system.

Students should anticipate that clinical placement decisions will be based primarily on educational quality, achievement of program learning objectives, clinical site availability, and program requirements. Although the Director of Clinical Education (DCE) considers approved hardship requests and student preferences whenever feasible, placements cannot be made solely based on proximity to home, employment, housing availability, transportation, or personal convenience.

Students are expected to plan financially for travel and temporary relocation throughout the clinical education curriculum. Questions regarding travel expectations or hardship requests should be discussed with the DCE as early as possible during the placement process.

Professional Expectations

Characteristics of Successful Students

Students who consistently demonstrate successful performance during clinical education share several common characteristics that support professional growth and patient-centered care. Successful students demonstrate initiative by preparing for patient encounters through independent chart review, identifying appropriate precautions, and seeking opportunities to expand their knowledge and clinical skills.

Professional Identity

They communicate professionally with patients, families, Clinical Instructors, faculty, and members of the healthcare team while actively seeking and incorporating constructive feedback into their practice. Successful students demonstrate accountability by completing documentation in a timely manner, managing their responsibilities effectively, maintaining professional conduct, and seeking assistance early when challenges arise.

Clinical education provides opportunities for students to transition from learners to entry-level physical therapists by integrating knowledge, clinical reasoning, professional behaviors, and ethical practice within authentic healthcare environments. Throughout each clinical experience, students are expected to demonstrate increasing independence, accountability, reflective practice, and commitment to lifelong learning while recognizing the limits of their current competence and appropriately seeking guidance when needed.

Clinical education is intended to foster lifelong learning. Students are expected to engage in regular self-reflection, demonstrate adaptability, accept feedback without defensiveness, and continuously strive to improve their clinical reasoning, communication, psychomotor skills, and professional behaviors throughout each clinical experience.

Development of a professional identity is a continuous process that extends beyond technical competence and includes integrity, compassion, cultural humility, resilience, collaboration, and service to patients, communities, and the profession.

Professional Conduct

Professional behavior extends beyond technical competence and includes accountability, integrity, initiative, communication, adaptability, and respect for patients and colleagues. Students are expected to consistently demonstrate professional behaviors that foster trust, support collaborative healthcare, and promote safe, patient-centered practice. Deficiencies in professional behavior may result in remediation, implementation of a learning contract, delay in progression, or unsuccessful completion of a clinical education experience regardless of technical skill performance.

Professional conduct reflects a student's commitment to ethical practice, accountability, integrity, compassion, and service. Students are expected to conduct themselves in accordance with the APTA Code of Ethics for the Physical Therapist, the APTA Guide for Professional Conduct, the OIT/OHSU Student Code of Conduct, and all applicable policies of the assigned clinical site. Students are encouraged to review the current APTA Code of Ethics and Guide for Professional Conduct available through the APTA website.

Professional behavior encompasses verbal and written communication, appearance, demeanor, interpersonal interactions, reliability, initiative, respect for diversity, and sound professional judgment. Conduct inconsistent with these expectations may result in remediation, a learning contract, removal from the clinical site, delayed progression, or unsuccessful completion of a clinical education experience.

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

Professional practice requires more than technical competence. Students are expected to demonstrate emotional intelligence, adaptability, cultural humility, resilience, accountability, and respect while working within diverse healthcare environments. Effective collaboration with patients, families, physical therapist assistants, clinical instructors, physicians, nurses, and members of the interprofessional healthcare team is an essential component of entry-level physical therapy practice.

Students are expected to contribute to a psychologically safe learning environment by communicating respectfully, demonstrating openness to feedback, supporting colleagues,

acknowledging limitations, and seeking assistance when appropriate. These behaviors promote effective teamwork, improve patient outcomes, and support development of a professional identity consistent with the values of the physical therapy profession.

Students are expected to demonstrate professional behaviors including:

- Accountability and dependability
- Respectful verbal, written, and nonverbal communication
- Professional interactions with patients, families, colleagues, and members of the healthcare team
- Appropriate use of technology and social media consistent with university and clinical site policies
- Receptiveness to feedback and commitment to continuous improvement
- Professional boundaries and ethical patient relationships
- Cultural humility and respect for diversity
- Reliability, initiative, and self-directed learning
- Compliance with University, program, and clinical site policies

Academic Responsibilities During Clinical Education

Clinical education experiences are intended to provide immersive, full-time learning in patient care. Students are expected to prioritize assigned clinical responsibilities during scheduled clinical hours. Completion of coursework, assignments, examination preparation, or other academic activities that interfere with patient care, clinical responsibilities, or learning opportunities is not permitted unless specifically approved by the Clinical Instructor (CI). Students should complete University assignments, including CIET self-assessments and other course requirements, outside of scheduled clinical hours.

Clinical Appearance and Dress

Professional appearance contributes to patient confidence, promotes a positive image of the physical therapy profession, and supports a safe and respectful healthcare environment. Students are expected to maintain appropriate personal hygiene, professional attire, and a neat appearance throughout all clinical education experiences.

Students are required to comply with the dress code and appearance policies established by their assigned clinical site. In the absence of site-specific requirements, students are expected to adhere to the following standards:

- Wear an OIT/OHSU student identification badge and any required facility identification badge while in the clinical setting.
- Maintain good personal hygiene and a neat, professional appearance.
- Wear clothing that is clean, professional, in good condition, and allows safe participation in patient care activities.
- Wear clean, closed-toe, closed-heel shoes that provide appropriate support and comply with clinical site safety requirements.

- Maintain natural nails that are clean and appropriately trimmed in accordance with infection prevention standards. Artificial nails or nail enhancements are prohibited when restricted by the clinical site.
- Minimize fragrances, including perfume, cologne, scented lotions, and aftershave, to maintain a comfortable environment for patients and staff.
- Secure hair, jewelry, and other personal items as necessary to promote patient safety and comply with infection control practices.
- Visible tattoos, body piercings, and other body adornments must comply with the policies of the assigned clinical site.

Students should be prepared to wear scrubs, business casual attire, or other site-specific uniforms as required by the clinical site. The Director of Clinical Education (DCE) may provide additional guidance when questions arise regarding professional appearance.

Students are expected to present themselves in a manner that reflects professionalism, respects the expectations of the clinical site, and supports patient trust and confidence in the healthcare team.

Communication Expectations

Effective communication is essential to safe, ethical, and patient-centered physical therapy practice. Throughout each clinical education experience, students are expected to communicate respectfully, professionally, and promptly with their Clinical Instructor (CI), Site Coordinator of Clinical Education (SCCE), Director of Clinical Education (DCE), patients, families, and members of the interprofessional healthcare team.

Students are expected to actively participate in communication by asking appropriate questions, seeking clarification when needed, providing accurate and timely information, accepting and applying constructive feedback, and communicating with honesty and integrity. Professional communication includes verbal, written, electronic, and nonverbal interactions and should reflect respect, accountability, and sound professional judgment.

Students are expected to notify both the Clinical Instructor and the DCE as soon as reasonably possible regarding circumstances that may affect patient care or successful completion of the clinical education experience, including but not limited to:

- Illness, injury, or absence from the clinical site
- Patient safety concerns or adverse events
- Professionalism or interpersonal concerns
- Significant changes in clinical performance or learning needs
- Circumstances that may interfere with successful completion of the clinical experience

Students are encouraged to communicate concerns early rather than waiting for problems to become more significant. Prompt communication allows concerns to be addressed collaboratively and supports student learning, patient safety, and successful clinical outcomes.

Communication should remain professional and comply with all University policies, clinical site policies, and applicable federal and state privacy regulations, including HIPAA and FERPA where appropriate.

Documentation Expectations

Documentation is an essential component of patient care and professional practice. Students are expected to complete documentation according to the standards and timelines established by the clinical site while demonstrating accurate clinical reasoning, medical necessity, objective measurement, skilled intervention, and professional communication.

Students are responsible for documenting only services they personally performed or directly participated in under appropriate supervision. Documentation must accurately reflect the patient's presentation, interventions provided, response to treatment, and clinical decision-making. Habitually incomplete, inaccurate, or late documentation may be considered both a clinical performance and professionalism concern.

Students may not use unapproved artificial intelligence tools to create or alter patient documentation. Any technology used in documentation must be authorized by the clinical site and comply with patient privacy, security, and professional standards.

Patient Rights and Patient-Centered Care

Students are expected to respect the rights, dignity, privacy, and autonomy of every patient and to provide care that is ethical, compassionate, and patient-centered. Students must clearly identify themselves as student physical therapists and ensure that patients understand the student's role in the delivery of care.

Patients have the right to refuse treatment provided by, or observation by, a student physical therapist. Such decisions must be respected without pressure or prejudice and must not compromise the patient's access to care. Students should promptly notify their Clinical Instructor (CI) of the patient's decision and follow the direction of the CI and clinical site regarding continued care.

Safe Practice and Removal from the Clinical Environment

If a student's behavior, clinical performance, or professional conduct creates an immediate concern for patient safety or significantly disrupts clinical operations, the Clinical Instructor (CI) or Site Coordinator of Clinical Education (SCCE) may temporarily remove the student from patient care activities or require the student to leave the clinical site.

The CI or SCCE should notify the Director of Clinical Education (DCE) as soon as reasonably possible so that the circumstances can be reviewed and an appropriate plan developed. Depending upon the nature of the concern, the plan may include additional supervision, coaching, remediation, a Clinical Learning Contract, temporary suspension from the clinical environment, reassignment, or unsuccessful completion of the clinical education experience.

Whenever feasible, the University will work collaboratively with the student and clinical site to address concerns and support student development. Patient safety, ethical practice, and the clinical site's ability to provide appropriate supervision remain the highest priorities.

Clinical Experiences and Expectations

Integrated Clinical Experiences (I.C.E.)

Students will participate in 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.

Clinical Readiness Workshop

Prior to the first full-time clinical education experience, students are required to participate in a Clinical Readiness Workshop designed to facilitate a successful transition from the classroom to the clinical environment. This multi-day experience provides an opportunity for students to review essential clinical knowledge and skills, clarify expectations for clinical education, and address questions before beginning patient care.

Workshop activities may include review of the Clinical Education Handbook, clinical policies and procedures, documentation expectations, patient safety principles, professional behaviors, clinical reasoning, psychomotor skills, required assignments, and other topics identified by faculty or students as areas requiring reinforcement. Additional educational activities may be incorporated to address emerging practice trends or student learning needs.

Participation in the Clinical Readiness Workshop is a required component of preparation for Clinical Experience I.

Full-Time Clinical Experiences

The Doctor of Physical Therapy curriculum includes a series of progressively challenging full-time clinical education experiences designed to integrate classroom learning with supervised patient care across a variety of practice settings and patient populations. Clinical education

experiences are completed under the supervision of qualified licensed physical therapists who serve as Clinical Instructors (CIs).

Throughout the curriculum, students assume increasing responsibility for patient management while developing clinical reasoning, communication, professionalism, documentation, and collaborative practice skills. Clinical experiences are intentionally sequenced to promote progressive independence while ensuring appropriate supervision and patient safety.

The clinical education program is committed to providing a breadth of experiences across the lifespan and continuum of care that support achievement of program learning outcomes and preparation for entry-level physical therapist practice. Clinical placements are individualized based upon educational needs, program requirements, clinical site availability, and the professional judgment of the Director of Clinical Education (DCE).

All full-time clinical education courses are graded on a Pass/Fail basis.

PT 721 – Clinical Experience I

Clinical Experience I introduces students to full-time patient care under the direct supervision of a Clinical Instructor. Emphasis is placed on developing foundational clinical skills, professional behaviors, documentation, patient communication, and participation as a member of the healthcare team. Students begin applying examination, intervention, and clinical reasoning skills while managing selected patients with appropriate supervision.

PT 722 – Clinical Experience II

Clinical Experience II emphasizes increasing independence in patient examination, evaluation, clinical reasoning, development of plans of care, documentation, and management of patients with a broader range of diagnoses and complexity. Students continue to develop confidence as contributing members of the interprofessional healthcare team while incorporating reflective practice and professional growth.

PT 723 – Clinical Experience III

Clinical Experience III focuses on advanced clinical reasoning, increasing efficiency, and management of patients across the lifespan and continuum of care. Students are expected to demonstrate greater independence while refining professional identity, leadership, communication, and evidence-informed clinical decision-making.

PT 724 – Clinical Experience IV

Clinical Experience IV serves as the terminal clinical education experience and emphasizes independent entry-level performance under appropriate supervision. Students are expected to demonstrate competence in patient examination, evaluation, intervention, documentation,

discharge planning, interprofessional collaboration, and appropriate supervision and utilization of physical therapist assistants and support personnel consistent with applicable practice acts.

Course-specific CIET expectations are summarized in Appendix A. These benchmarks describe developmental progression and are considered with the full body of evidence used to determine the final course grade.

Student Support During Clinical Education

Student performance during clinical education is monitored continuously throughout each clinical experience to promote student success, ensure patient safety, and facilitate timely intervention when concerns arise. Monitoring is intended to be collaborative, developmental, and individualized based on the student's level of preparation, clinical setting, and demonstrated performance.

The DCE maintains regular communication with students, Clinical Instructors (CIs), and Site Coordinators of Clinical Education (SCCEs) through scheduled and as-needed communication, including email, telephone, videoconferencing, and on-site visits. Student progress is evaluated using multiple sources of information, including Clinical Internship Evaluation Tool (CIET) assessments, weekly planning assignments, clinical instructor feedback, faculty observations, site visits, student self-assessments, and other required course assignments.

Students demonstrating concerns related to patient safety, professional behaviors, communication, documentation, clinical reasoning, or progression toward course expectations may receive additional monitoring, faculty consultation, remediation activities, or implementation of a Clinical Learning Contract. The frequency and type of monitoring are determined by the DCE based upon the student's educational needs and are intended to provide timely support while promoting successful progression through the curriculum.

Ongoing Communication

Communication between the clinical 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 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 site.

Site Visits

The DCE or designated faculty representative may conduct clinical site visits throughout any clinical education experience to support student learning, facilitate communication, assess clinical site quality, and ensure achievement of program objectives. Site visits may occur in person, virtually through videoconferencing, or by telephone, depending on the educational needs of the student, the clinical site, geographic location, and other logistical considerations.

Site visits provide an opportunity for students, Clinical Instructors, and faculty to discuss student progress, review learning objectives, celebrate successes, identify concerns, and collaboratively develop strategies to facilitate continued growth. Additional site visits or meetings may be scheduled whenever concerns related to safety, professional behavior, communication, clinical performance, or achievement of course outcomes are identified.

The DCE reserves the right to increase the frequency of communication or site visits whenever additional support is deemed beneficial for student success or patient safety.

Student Well-Being During Clinical Education

Students who experience persistent stress, burnout, mental health concerns, or other circumstances that may affect clinical participation should communicate with the DCE, faculty advisor, or appropriate University support services as early as possible. Seeking assistance is consistent with professional self-awareness and does not, by itself, adversely affect clinical evaluation.

Full-time clinical education can be physically, emotionally, and cognitively demanding. Students are encouraged to monitor their well-being, use healthy strategies for managing fatigue and stress, and seek support before challenges significantly affect learning, professionalism, or patient care.

Attendance Expectations

Clinical education is an essential component of the Doctor of Physical Therapy curriculum and requires consistent attendance to support student learning, continuity of patient care, and professional development. Students are expected to attend and actively participate in all scheduled clinical education experiences and to successfully complete the required 38 weeks of full-time clinical education.

Clinical schedules are determined by the assigned clinical site and may include weekdays, weekends, holidays, or alternative work schedules. Students are expected to follow the schedule established by the Clinical Instructor (CI), Site Coordinator of Clinical Education (SCCE), and clinical site. Delays in beginning a clinical experience due to onboarding requirements or site scheduling do not reduce the required duration of the experience.

The typical clinical schedule ranges from 32 to 40 hours per week and may consist of five 8-hour days, four 10-hour days, or another schedule established by the clinical site. Students should also anticipate spending additional time outside scheduled clinical hours preparing for patient care, reviewing evidence, completing required assignments, and reflecting on clinical experiences.

Punctuality

Punctuality is an important component of professional practice and demonstrates respect for patients, Clinical Instructors, colleagues, and the healthcare team. Students are expected to

arrive sufficiently early to prepare for the clinical day and begin assigned responsibilities at the scheduled start time.

Students who anticipate arriving late must notify the CI or SCCE as soon as possible, preferably before the scheduled start of the clinical day, and communicate their anticipated arrival time. Repeated tardiness, unauthorized early departure, or failure to complete assigned clinical responsibilities, including documentation, may be considered deficiencies in professional behavior and may affect successful completion of the clinical education experience.

Planned Absences

Students should make every effort to avoid scheduling personal appointments or other commitments during clinical education experiences. Requests for planned absences must be submitted in writing to both the CI and DCE as early as possible and should include a proposed plan for completing missed clinical time. Approval must be obtained before travel or other commitments are finalized.

All missed clinical time is generally expected to be made up to ensure that students meet required clinical education weeks, hours, and course objectives. Makeup time is typically completed by extending the clinical education experience or adding an additional clinical day rather than adding hours to an already scheduled day, unless another arrangement is approved by the DCE and clinical site.

Unplanned Absences and Illness

Students who are unable to report to the clinical site because of illness, injury, emergency, or another unexpected circumstance must notify both the CI and DCE as soon as reasonably possible and before the scheduled start time whenever feasible. Students must follow the clinical site's illness, infection prevention, return-to-work, and reporting policies.

Students experiencing symptoms of a communicable illness should not report to the clinical site when doing so would create a risk to patients, colleagues, or others. The clinical site or University may require medical evaluation, clearance, testing, masking, or other precautions before the student returns. Missed clinical time may require makeup or extension of the clinical experience.

Unexcused or Unreported Absences

Unexcused or unreported absences are inconsistent with professional expectations. Failure to notify the CI and DCE of an absence, repeated absenteeism, or failure to comply with attendance requirements may result in additional monitoring, remediation, implementation of a Clinical Learning Contract, or unsuccessful completion of the clinical education experience.

Serious Illness, Injury, or Occupational Exposure

A student who experiences a serious illness, injury, occupational exposure, or other health condition that may affect safe participation in clinical education must obtain appropriate medical care and follow all clinical site and University reporting procedures. Injuries or exposures occurring at the clinical site must be reported promptly to the CI or SCCE and to the DCE.

The student may be required to provide documentation regarding functional limitations, ability to meet the program's Technical Standards, or readiness to return to the clinical environment. Approved accommodations will be coordinated through the University's established process. When a student cannot complete the experience within the scheduled period, the program may assign an Incomplete or In Progress grade, modify the clinical schedule, or delay progression consistent with University and program policies.

Holidays and Religious Observances

Students follow the operating calendar and work schedule of the assigned clinical site, including holidays and weekend coverage when scheduled. University holidays or academic breaks do not automatically apply during full-time clinical education experiences.

Students seeking accommodation for a sincerely held religious observance should notify the DCE and CI as early as possible so that an appropriate plan may be considered. Any missed clinical time remains subject to the program's attendance and makeup requirements.

NPTE Readiness

Preparation for the National Physical Therapy Examination (NPTE) is integrated throughout the curriculum to support progression toward entry-level practice and licensure. Students are required to complete two comprehensive NPTE practice examinations using an approved board preparation platform, such as Scorebuilders, PEAT, or another platform approved by the DPT Program.

The first practice examination is administered during the later phase of didactic coursework to help students identify strengths, areas for improvement, and priorities for focused board examination preparation. A second practice examination is completed during PT 724 - Clinical Experience IV. Completion of the PT 724 practice examination is required for successful completion of the course.

Students are encouraged to achieve the readiness benchmark established by the selected examination platform, generally 65% or greater, before registering for the NPTE. Because scoring systems and predictive standards vary by platform, the program may apply the platform-specific recommended benchmark when interpreting readiness.

Students who do not achieve the recommended benchmark will be encouraged to submit an individualized NPTE learning plan and study schedule that identifies content priorities, preparation resources, and structured study activities intended to maximize successful

preparation for and passage of the NPTE. The practice examination score alone does not determine the PT 724 course grade when all other course requirements have been met.

Students may not register for or take the NPTE before successfully completing all required didactic and clinical coursework and satisfying the program and University requirements for degree completion. Eligibility and authorization to test remain subject to the requirements of the applicable licensing jurisdiction and examination authority.

Travel Between Clinical Education Experiences

Clinical education experiences are scheduled in collaboration with clinical sites to meet curricular requirements and support continuity of patient care. Students are expected to begin and complete each clinical education experience on the assigned dates.

Requests to modify the start or end dates of a clinical education experience to accommodate personal travel or other non-academic commitments are generally not approved. Students who anticipate circumstances that may affect their ability to adhere to the assigned schedule should notify the DCE as soon as possible to discuss available options.

Any modification to a clinical education schedule requires prior written approval from the DCE and must be coordinated with the clinical site. Approval is granted only under exceptional circumstances and remains subject to the educational needs of the student, clinical site availability, patient care considerations, and program requirements.

Evaluation Policies and Procedures

Grading of Clinical Education Experiences

Clinical education experiences are graded on a Pass/Fail basis. Final grades are assigned by the Director of Clinical Education (DCE), in consultation with core faculty when appropriate, and are based on a comprehensive evaluation of student performance throughout the clinical education experience rather than any single assessment or evaluation score.

Sources of evidence considered in determining the final course grade may include:

- Clinical Internship Evaluation Tool (CIET) ratings and narrative comments
- Student progression throughout the experience
- Professional behaviors and communication
- Patient safety and ethical practice
- Clinical reasoning and decision-making
- Documentation quality and timeliness
- Weekly planning and reflection assignments
- Midterm and final meetings, interviews, or site visits
- Student self-assessment and responsiveness to feedback
- Completion and quality of required course assignments

CIET ratings provide important information regarding student performance; however, no single rating, global score, or assessment independently determines successful completion of a clinical education experience. The DCE considers the student's overall progression, level of supervision required, consistency of performance, responsiveness to feedback, achievement of course objectives, and demonstration of expected competencies when assigning the final course grade.

Clinical Assessment of Student Performance

Clinical Instructors complete the CIET at the midpoint and conclusion of each full-time clinical education experience. Students also complete a self-assessment and are expected to participate actively in discussion of their performance, areas of growth, and goals for continued development.

Students are expected to demonstrate progressive development across the clinical education sequence and to achieve entry-level performance by the conclusion of PT 724. Course-specific expectations and CIET benchmarks are summarized in Appendix A. Detailed scoring guidance is available through the official CIET materials provided to students and Clinical Instructors.

Evaluation of Clinical Instructors and Clinical Sites

The DPT Program is committed to maintaining high-quality clinical education experiences through ongoing evaluation and collaboration with clinical sites and Clinical Instructors. At the conclusion of each experience, students complete the Physical Therapy Student Evaluation (PTSE) and other required course or program evaluations.

Students are expected to provide honest, constructive, objective, and professional feedback regarding the clinical learning environment, supervision, educational opportunities, communication, and overall effectiveness of the experience. Students should maintain current Clinical Instructor and site information in EXXAT and review the PTSE with the CI when appropriate.

Student feedback is reviewed by the DCE as part of the program's continuous quality improvement process and may be used to support Clinical Instructor development, evaluate clinical sites, guide future student placements, and identify opportunities for program improvement. Students who have concerns that cannot be appropriately communicated through the evaluation form, or who wish to discuss sensitive information confidentially, should contact the DCE directly.

Site Coordinators of Clinical Education and Clinical Instructors are also encouraged to provide feedback regarding the DPT Program, DCE, and clinical education process through program surveys and other evaluation tools.

Clinical Education Problem Resolution

The DPT Program encourages students to address routine questions or concerns at the lowest appropriate level whenever possible. Students are generally expected to communicate directly

with their Clinical Instructor regarding clinical expectations, feedback, scheduling, and learning needs. If a concern cannot be resolved, affects the quality of the learning environment, or involves patient safety, professionalism, discrimination, harassment, confidentiality, or another significant issue, the student should promptly notify the DCE.

The DCE will work collaboratively with the student, Clinical Instructor, Site Coordinator of Clinical Education, and other appropriate individuals to clarify expectations, facilitate communication, identify solutions, and support a safe and productive learning environment. Nothing in this process limits a student's right to use applicable University reporting, grievance, disability accommodation, Title IX, or student conduct procedures.

Early Identification of Concerns

The DPT Program encourages early identification and communication of concerns related to student performance during clinical education. Students, Clinical Instructors, and Site Coordinators of Clinical Education are encouraged to notify the DCE as soon as concerns regarding safety, communication, professionalism, clinical reasoning, documentation, or progression are identified. Early communication frequently allows concerns to be addressed through coaching, additional faculty support, clarification of expectations, or targeted remediation before they significantly affect student learning or patient care.

Prompt communication among all parties is considered an essential component of successful clinical education and contributes to a collaborative learning environment focused on student development and patient safety.

Behavioral Incident Reports

The DPT Program is committed to maintaining a safe, respectful, and professional clinical learning environment. A Behavioral Incident Report may be initiated whenever a student's behavior raises concerns regarding patient safety, professionalism, ethical conduct, communication, confidentiality, compliance with facility or University policies, or other conduct inconsistent with expectations of the physical therapy profession.

Behavioral incidents may be reported by Clinical Instructors, Site Coordinators of Clinical Education, faculty, healthcare professionals, patients, or other individuals involved in the student's educational experience. Reports are reviewed by the DCE in collaboration with the Program Director and core faculty, as appropriate.

Depending upon the nature and severity of the incident, actions may include counseling, remediation, implementation of a Clinical Learning Contract, increased monitoring, reassignment, delay in progression, unsuccessful completion of the clinical education experience, referral through University student conduct processes, or other actions consistent with University and program policies.

Behavioral Incident Reports are intended to document concerns, facilitate timely intervention, and support student development while protecting patient safety and maintaining professional standards.

Clinical Learning Contracts

When a student demonstrates ongoing concerns related to professional behaviors, communication, clinical performance, safety, or other competencies required for successful progression, the DCE, in collaboration with core faculty, may implement an Individualized Clinical Learning Contract. The learning contract is developed with input from the CI and, when appropriate, the SCCE to identify areas requiring improvement, establish measurable performance expectations, define strategies and resources to facilitate success, and establish timelines for reassessment. The student's faculty advisor will be notified and may participate in supporting the student's progress.

The purpose of a learning contract is to provide structured guidance, promote consistent communication, and facilitate development of the professional and clinical competencies expected of a student physical therapist. Implementation of a learning contract does not automatically result in failure of the clinical education experience, and successful completion of a learning contract does not independently guarantee a passing course grade.

At designated intervals or at the conclusion of the learning contract period, the DCE will review input from the student, CI, SCCE, Program Director, and other relevant faculty, as appropriate. Decisions are based on multiple sources of evidence, including clinical performance, professional behaviors, demonstrated improvement, patient safety, and achievement of the learning contract objectives.

Following review, the learning contract may be:

- Successfully completed when the student has met the identified expectations;
- Continued or modified when meaningful progress has occurred but additional time, support, or revised objectives are needed; or
- Determined not successfully completed when the student has not demonstrated sufficient progress, which may result in additional remediation, delayed progression, unsuccessful completion of the clinical education experience, academic suspension, or other action consistent with program and University policies.

Reassignment of Clinical Placements

The DCE is committed to supporting successful clinical education experiences through early communication, collaboration, and problem-solving. When concerns arise, every reasonable effort will be made to resolve the issue while maintaining a safe, effective, and productive learning environment for the student, clinical site, and patients. Depending on the circumstances, resolution may include consultation, additional faculty support, increased monitoring, a site visit, clarification of expectations, or implementation of a Clinical Learning Contract before reassignment is considered.

Reassignment is uncommon and will be considered when continuation of the experience is no longer in the best interest of the student, clinical site, educational objectives, or patient safety. The DCE may initiate reassignment at any time, and students or clinical sites may also request reassignment when appropriate.

Circumstances that may warrant consideration of reassignment include:

- Patient safety concerns;
- Unethical, illegal, or unprofessional conduct;
- Significant changes in the clinical site's ability to provide an appropriate educational experience;
- Insufficient patient volume or variety to achieve course objectives;
- Inability to provide appropriate clinical supervision;
- Serious interpersonal concerns that cannot be resolved through appropriate communication and intervention; or
- Other circumstances that substantially interfere with achievement of clinical education objectives.

Students are expected to notify the DCE as soon as concerns arise rather than waiting until the end of the experience. Students may be asked to provide written documentation describing the concern. clinical sites may request removal of a student when concerns related to patient safety, professionalism, performance, supervision, or other circumstances arise. Such requests will be reviewed collaboratively by the DCE, clinical site, and core faculty, as appropriate.

If reassignment is necessary, the DCE will work with the student to identify another appropriate placement when possible. The availability and timing of alternative placements depend on clinical site capacity, affiliation agreements, and the student's educational needs and cannot be guaranteed. Reassignment may require modification of the clinical education schedule and may delay progression or graduation.

Reassignment or removal from a clinical site does not automatically determine the final course grade. The DCE, in consultation with core faculty as appropriate, will evaluate all available information to determine the final course outcome and any required remediation or subsequent academic action.

Required Clinical Education Assignments

Clinical education assignments are designed to reinforce evidence-informed practice, clinical reasoning, professional communication, reflection, and meaningful contribution to the clinical site. Students are expected to complete all required assignments by established deadlines.

Professional Presentation - PT 721 through PT 723

During each of the first three full-time clinical education experiences, students complete a professional presentation or in-service for the Clinical Instructor and/or clinical staff. Topics should be relevant to the clinical setting and may include a case study, evidence review, practice improvement topic, patient education topic, or another subject approved by the Clinical Instructor. Required presentation materials and feedback documentation must be submitted in accordance with course requirements.

Clinical Site Contribution Project - PT 724

During PT 724, students complete a project that addresses an identified need of the clinical site and provides a meaningful contribution to patients, staff, clinical education, or community engagement. The project should be developed collaboratively with the Clinical Instructor and may include educational resources, workflow or quality improvement activities, updates to student orientation materials, community education, or another site-approved initiative.

Students submit a concise written description and reflection explaining the identified need, the work completed, and the anticipated or observed benefit to the site, patients, staff, or community. Relevant supporting materials may be submitted when appropriate and must not contain protected or identifiable patient information.

Weekly Planning and Reflection

Students and Clinical Instructors collaborate throughout each clinical education experience to complete the required weekly planning and reflection process in EXXAT. These activities are used to identify learning priorities, establish goals, monitor progression, recognize areas of concern, and promote timely communication regarding support needs or performance expectations.

Clinical Internship Evaluation Tool (CIET)

The OIT/OHSU Doctor of Physical Therapy Program uses the Clinical Internship Evaluation Tool (CIET) to assess student performance during each full-time clinical education experience. The CIET evaluates professional behaviors, patient management, communication, documentation, clinical reasoning, safety, and overall progression toward entry-level physical therapist practice.

Clinical Instructors complete the CIET at the midpoint and conclusion of each clinical education experience. Students complete a self-assessment and participate actively in discussion of their

progress, strengths, areas for development, and goals for continued learning.

Expected Progression

Course	Professional Behaviors	Patient Management	Expected Global Rating
PT 721	Progressing toward consistent professional behaviors	Manages familiar patient presentations with appropriate supervision	5 or higher
PT 722	Demonstrates professional behaviors with increasing consistency	Manages familiar patients with increasing independence	6 or higher
PT 723	Consistently demonstrates professional behaviors	Progresses toward management of a broad range of patient presentations	7 or higher
PT 724	Consistently demonstrates entry-level professional behaviors	Demonstrates entry-level management of a broad range of patient presentations consistent with the setting	8 or higher

These benchmarks describe expected developmental progression and serve as general guidelines for students, Clinical Instructors, and faculty. They do not function as isolated cut scores. Final course grades are based on comprehensive review of CIET performance, narrative feedback, progression across the experience, patient safety, professionalism, clinical reasoning, and other available evidence.

Students and Clinical Instructors should use the official CIET materials provided through EXXAT for detailed operational definitions, scoring instructions, and rating guidance.