



Department of Physical Therapy and Athletic Training, Doctor of
Physical Therapy Program

CLINICAL EDUCATION HANDBOOK

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Clinical Education Program Overview

The University of Utah, Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy (DPT) Clinical Education Program provides an environment for integrating the knowledge, skills, and attitudes necessary to provide quality patient care. The Program focuses on the common process of physical therapy practice involving professional behavior, communication, patient examination, and interventions; graduating entry-level, general practitioners who competently manage patients across the lifespan and continuum of care. Clinical education, as an essential component of the overall curriculum, is comprised of part-time and full-time clinical experiences. Experiences are scheduled in a variety of practice settings representing the scope of physical therapy practice and occur under the direct supervision of licensed physical therapists with a minimum of one-year of professional PT experience. Each clinical education course is designed to correlate with the student's academic preparation with sequentially increasing volume and complexity of knowledge, skills, and clinical reasoning. In the final clinical experience, the student is expected to integrate all knowledge and skills learned in the classroom, laboratory, and prior clinical experiences, achieving entry-level competence in performance and behaviors. Students must exhibit a satisfactory level of performance for each clinical education course to progress in the DPT program. Performance expectations for the experiences are explained and distributed to students and clinical sites in advance.

Each student is expected to actively participate in the clinical education process, sharing in the planning and evaluation of learning experiences. The Department is committed to evaluating the quality of all Program activities. The clinical education program incorporates a system of evaluation designed to assess the quality of student performance, clinical faculty performance, and activities of the Director of Clinical Education (DCE) and Associate Directors of Clinical Education (ADCE).

Clinical faculty members (site coordinators of clinical education (SCCE) and clinical instructors (CI)) are an integral part of the collegial environment in which our students are educated. The Program is committed to a plan for clinical faculty development designed to incorporate a variety of elements leading to professional growth. This exchange of services by the academic and clinical faculty promotes a cooperative attitude among all involved in the preparation of our future professional colleagues in physical therapy. Semiannually, the University of Utah offers opportunities for clinical instructors to become APTA Level I and Level II Credentialed Clinical Instructors. **As a clinical faculty privilege, University of Utah SCCEs and CIs may receive a scholarship from the Department equivalent to the APTA member course fee for each course. CIs also qualify for our Clinical Instructor Privileges Program granting access to the University library system, as well as other benefits.**

Full-Time Clinical Experiences

Students are required to complete four full-time clinical experiences, each 11-12 weeks in length. The first full-time experience is completed at the beginning of the second semester (summer) following the first academic year, and three Terminal Full-Time Clinical Experiences occur during Fall/Spring Semesters of the third year. The standard University schedule is modified during these terms to accommodate the clinical experiences. Students are also required to complete one part-time integrated clinical experience (ICE) during the first academic year (spring). This consists of student clinical participation within a physical therapy clinic 4 hours per week during the Spring Semester- first year. Additional part-time integrated clinical experiences are optional and highly encouraged.

Experiences are coordinated with a DCE while taking student desire, student need for a particular experience, and availability of clinical sites into account. Since the student is being prepared as a general practitioner of physical therapy, able to manage patients across the lifespan and continuum of care, the student fulfills requirements within the following clinical areas:

1. inpatient acute care (or rural setting with at least a 50% inpatient hospital acute care component),
 2. outpatient musculoskeletal practice,
 3. neurological rehabilitation (pediatric or adult / inpatient or outpatient), and
 4. geriatrics* or optional* based on student preference and learning needs.
- *An optional setting may be chosen only if the student can account for significant geriatric experiences within the other three experiences.

Students are *strongly encouraged* to complete at least one of their experiences in a rural setting and/or outside their state of residence. In some cases, if not enough in-state sites are available to fulfill a student's needs, then the student may be placed outside their local state.

Clinical Education Sites

Clinical site selection and development is the responsibility of the Director and Associate Directors of Clinical Education. The University of Utah presently has tremendous support for on-going clinical experiences in Utah and throughout the United States. Clinical sites are chosen based on their reputation, their philosophy of clinical education, the type of facility, unique opportunities offered to students, the clinical expertise or experience of the clinical instructors, and the quality of student teaching/mentorship. Information about clinical sites and locations as well as former student evaluations of the site/location are available for students to review. Placements are requested of the clinical sites via email and are confirmed or denied by the SCCE. Experience requests for the next calendar year's placements are distributed in the Spring of each year according to the national voluntary mailing date (March 1st) and are requested back on/before April 30th.

The Clinical Education component is the key integrative aspect for physical therapy practice within the Doctor of Physical Therapy program and site coordinators/instructors are central to the student's attainment of entry-level competency.

We are very fortunate to have clinical instructors who share their time, expertise, professional values, and patients, with our students, in providing high quality clinical education. Quality clinical education is critical to effectively prepare competent physical therapists. It is also a rewarding and exciting component of the curriculum!

Additional information can be found online at <https://health.utah.edu/physical-therapy-athletic-training> and through the Program's Exxat Site Resources page (<https://public.exxat.com/P004/University%20of%20Utah>). If you are unable to locate needed information, or need clarification, do not hesitate to contact either the DCE or Clinical Education Administrative Assistants.

New Site Development

New Site Development is when the clinical education team, along with the assistance of the student, work to create a new partnership with a clinical site. **Students are not allowed to contact a site to request a specific placement opportunity.** However, if you wish to go to a clinical site that we do not

currently have a contract with, you must reach out to that site to request the appropriate information needed for the clinical education team to initiate the formal request. You will then submit the required information to the My Requests tab (in your wishlist for a given rotation) to the clinical education team (Sara Wallace for students in the SLC Residential Pathway, Tori Burroughs for students in the STG Residential pathway, and Jennifer Bogardus for students in the Hybrid Pathway). Each site request will be considered after vetting the site and reviewing the overall needs of the department as well as the student requesting the site.

Student Evaluation

The Clinical Education Program uses the **Clinical Internship Evaluation Tool (CIET)** to evaluate student clinical performance. The Clinical Internship Evaluation Tool is split into a Professional Behaviors Section with 4 subsections and a Patient Management Section with 4 subsections. Following these sections is a final Global Rating Scale comparing the student's current performance to the performance of a competent, entry-level clinician.

Both clinical instructor and student use the CIET to evaluate student performance and to collaborate to achieve a successful clinical experience. The student is primarily responsible to ensure timely and appropriate completion of the tool and is responsible to submit all necessary materials to the DCEs to receive credit/grade for the course. Overall, the Clinical Education Program provides students a structured clinical mentorship throughout the DPT program, leading to competent entry-level practice.

Students must exhibit a satisfactory level of performance for each clinical experience. Grading expectations for the clinical experiences are explained and distributed to students and clinical instructors in advance (see Quick Reference Expectations and Course Syllabi). At any time during the clinical experiences, if safety issues, clinical performance, or professional behavior become a major concern, a student may be immediately withdrawn from the site and the experience by either the clinical site or DCE.

Clinical Education Program Philosophy

The clinical education philosophy is an adjunct to, and is built upon, the Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Mission, Vision, and Values (<https://health.utah.edu/physical-therapy-athletic-training>). The program prepares students as physical therapists prepared for not only the current level of practice, but also to adapt to future changes throughout their careers. The entire curriculum prepares students to be confident independent practitioners in the multifaceted roles of clinician, teacher, researcher, consultant, administrator, and life-long learner. To this end, students are required to obtain a wide exposure to a variety of practice settings and patient/client populations throughout the program.

To obtain a wide variety of exposure to various practice settings, students complete four full-time experiences totaling 45 weeks, in a minimum of three different (and most prevalent) settings: acute hospital-based care, neurological rehabilitation, and outpatient musculoskeletal/ambulatory care. The fourth experience setting is optional, taking into consideration the student's interests and development needs. Within the four experiences, the student must also gain broad exposure to patients in their geriatric years. Students are not required to complete a rotation specific to geriatrics, but must demonstrate exposure and competence in treating geriatric patients throughout their other required

rotations. To provide further exposure to various practice settings, students may complete part-time integrated clinical experiences during their didactic semesters. These experiences foster concurrent academic knowledge integration into clinical skills, as well as exposure to different practice settings or aspects of patient care.

We feel strongly that clinical education is an integral component of the physical therapy curriculum serving to not only integrate academic didactic learning into practical clinical application skills, but also to enhance and enrich didactic learning. Clinical education serves to enhance the socialization of the student to professional practice, building strong professional core values. Therefore, we use an integrative approach with students completing concurrent part-time integrated clinical experiences (one required and others optional) and full-time experiences throughout the curriculum (one full-time experience at the end of the 1st academic year, and three terminal experiences following the completion of all didactic education).

The Program in Physical Therapy seeks to address the health care physical therapy needs for the community, state, and region. To that end: (1) we place students in experiences locally, throughout the state and region (students are encouraged to complete an experience in a rural setting and/or outside their state of residence); and (2) many of our current clinical sites are within Utah and the Intermountain West.

We believe strong relationships with our clinical sites foster optimal and successful clinical experiences. Good communication, midterm visits/conferences, and personal acquaintance with the facility staff/program fosters a better reciprocal understanding of the academic preparation of our students, our understanding of the facility's programs and staff expertise, and fosters clinical teacher development at the site location. This allows us to better match students with sites and facilitate problem solving when difficulties arise.

We believe an optimal clinical education experience is dependent upon the clinical instructors' knowledge of our program, their interest in educating students, and abilities as clinical educators. To assist in the development of the clinician as a clinical educator, the Department sponsors clinical education-related continuing education for clinical instructors. The Directors of Clinical Education or other faculty members may provide on-site education, per request, to foster the development of the clinical instructor as an educator.

We strive to make the best match between potential available experiences and the student's educational needs and interests. Since the goal is education as a general practitioner who is able to manage patients across the life span and continuum of care, a well-rounded, varied education is critical. When possible, a student's personal considerations will be accommodated, but not at the risk of jeopardizing the breadth and depth of a student's overall clinical education. Clinical assignments are made through a collaborative decision-making process between a Director of Clinical Education, the student, and the clinical site. The University, Program, and Directors of Clinical Education retain final decision-making authority to best meet the education goals of the program and student.

Clinical Education Program Policies

Nondiscrimination

The University of Utah does not discriminate on the basis of race, ethnicity, color, religion, national origin, sex, pregnancy, pregnancy-related conditions, age, disability, sexual orientation, gender identity, gender expression, genetic information or protected veteran's status, in employment, treatment, admission, access to educational programs and activities, or other University benefits or services. The University does not discriminate on the basis of sex in the education program or activity that it operates, as required by Title IX and 34 CFR part 106. The requirement not to discriminate in education programs or activities extends to admission and employment.

Inquiries about the application of Title IX and its regulations may be referred to the Title IX Coordinator, to the Department of Education, Office for Civil Rights, or both. Additionally, the University endeavors to provide reasonable accommodations and to ensure equal access to qualified persons with disabilities. [Click here to request a reasonable accommodation.](#)

Where discrimination is found to have occurred, the University will take reasonable steps to investigate the matter, stop the harassment, prevent its recurrence, and remedy its effects. If you or someone you know has experienced discrimination, sexual misconduct including sexual harassment, or disability discrimination, we encourage you to report it to the University's designated and authorized Title IX/ADA/Section 504 Coordinator in the Office of Equal Opportunity and Affirmative Action, (801) 581-8365 (V/TDD). Upon request, this information is available in alternative formats, such as cassette, Braille, or large print.

Equal Opportunity for Individuals with Disabilities

The University of Utah seeks to provide equal access to its programs, services, and activities for people with disabilities. If students need accommodations in class or clinic, reasonable prior notice needs to be given to the Center for Disability Services, 162 Olpin Union Building, 581-5020 (V/TDD). CDS will work with the student, course instructor, and clinical instructor to make arrangements for accommodations. All information in this course can be made available in alternative format with prior notification to the Center for Disability Services (<https://disability.utah.edu>).

Integrated Clinical Experiences (Part-Time)

Students are required to complete 1 full-time and also have the opportunity to complete 1 or more optional part-time integrated clinical experiences (ICE). Each experience is 1CR and requires the student accumulate a minimum of 45 direct contact hours over the semester. The first experience is required as part of the students' first Spring semester; all subsequent experiences are optional.

The purposes of the first (required) part time ICE are to begin acculturation into the profession of PT, practice and integrate knowledge, skills, and professional behaviors learned in the academic setting into the clinical setting, broaden clinical exposure, prepare for full-time clinical experiences the following summer, and provide the student the opportunity to develop an appreciation for clinical experiences and for the instructors who provide learning opportunities. During the first part time experience, students typically spend one half day per week (4 hours) for 11-14 weeks during a semester. While the

number of hours of experience is critical, students need both the accumulation of hours as well as these hours spread over time to integrate coursework into clinical practice and to achieve a breadth and depth of applied knowledge. Therefore, students are discouraged from completing all clinical hours in larger chunks over fewer weeks (e.g., over Spring break).

The purposes of subsequent optional part-time clinical experiences are to broaden the student's clinical exposure and prepare students for options of full-time experiences during subsequent terms, provide the student the opportunity to practice and integrate knowledge, skills and professional behaviors learned in the academic setting, provide the DPT students with exposure to advanced or specialized areas of physical therapy practice within the program, and/or, provide the student the opportunity to develop an appreciation for clinical experiences and for the instructors who provide advanced learning opportunities. Depending on the purpose of each experience, students may spread their hours over the course of the semester (e.g., integrating & practicing skills learned in the classroom), or chunk hours into a confined time period (e.g., during Spring or Fall break to gain exposure to different practice settings), or a combination of the two.

Student Responsibilities: Students are required to complete all pre-clinical site requirements (e.g., immunizations, HIPAA); learn and review, as necessary, classroom and laboratory material; apply classroom material and laboratory practice in the clinic; identify questions and needs as they occur in the clinic; meet objectives for professional conduct (Professionalism Core Values & Professional Behaviors); meet course requirements; meet mutual objectives set by the student and clinical instructor; complete any assignments given by the clinical instructor or the program; adhere to departmental policies and procedures; independently assess his/her own performance; assess the clinical education experience; and, professionally receive/provide feedback from/to the clinical instructor.

UNDER NO CIRCUMSTANCES should a student or family member contact a clinical site with the intent to explore the possibilities of completing a part-time experience at that site! If this occurs, the student will lose the opportunity to complete the experience at that site! The DCE or ADCE handles placement request communication with sites.

Clinical Instructor Responsibilities: Plan experiences for the student based on your site, the school's objectives, the student's objectives; demonstrate effective use of skills identified as objectives for the student as well as facilitate these same skills in the student; assess student performance and provide feedback to the student on an ongoing basis and complete a midterm and final assessment of the student's performance and professional behaviors (as requested by the program); participate in an in-person or virtual midterm visit with clinical education faculty; contact the school if he/she has any issues or concerns at any time regarding student performance or behavior.

Full-Time Clinical Experiences

Students are expected to complete their clinical experiences according to the Department schedule. The standard University schedule is modified to accommodate the clinical experiences. Remedial or repeated experiences may be scheduled outside published experience dates. Due to the demand for clinical sites, experience dates may be flexed to accommodate the clinical site. These cases will be arranged as needed. General timeline is as follows:

PHTH 7810	11-week experience scheduled to begin mid-May (May-Jul)
PHTH 7840	11-week experience scheduled to begin following Summer Year 2 (Aug-Oct)
PHTH 7860	11-week experience scheduled to follow PHTH 7840 (Nov-Jan)
PHTH 7880	12-week experience scheduled to follow PHTH 7860 (Jan-Apr)

UNDER NO CIRCUMSTANCES should a student or family member contact a clinical site with the intent to explore the possibilities of completing a full-time experience at that site! If this occurs, the student will lose the opportunity to complete the experience at that site! The DCE or Clinical Education Assistant handles placement request communication with sites.

Experience Setting Requirements

Students complete a total of 45 weeks of full-time clinical experiences under the mentorship of an experienced clinician. Full-time experiences are coordinated with the DCEs while taking student desire, student need for a particular experience, and availability of clinical sites into account. Since students are being prepared as a general practitioner of physical therapy with the ability to manage patients across the lifespan and continuum of care, each must fulfill a fulltime experience requirement within each of the following clinical settings:

- inpatient acute care (or other setting with at least a 50% inpatient hospital acute care component),
 - outpatient musculoskeletal or general ambulatory care practice,
 - neurological rehabilitation (may be pediatric or adult; inpatient or outpatient), and
 - geriatrics* or optional* based on student preference and learning needs.
- *An optional setting may only be chosen if the student can account for significant geriatric experiences within other previous or planned experiences.

Academic Good Standing

All students must be in good academic standing within the physical therapy program, successfully completing all prior coursework and clinical experiences. Each core faculty member sets expectations in their individual coursework for students to demonstrate competence and safety prior to engaging in clinical education. Core faculty notify the DCEs when a student is determined not competent or safe to continue, or progress, in the clinical education program. In addition, students who are placed on or remain on academic probation at the time of the clinical rotation will be sent to The Progress Committee for review and determination of preparedness for clinical rotations.

Rural And Out of State Experiences

Students are encouraged to complete at least one of their full-time experiences in a rural setting and/or outside their local state of residence. Due to the demand for student clinical placements and the availability of some clinical specialty sites, there may not be enough local sites to fulfill a student's needs. In these cases, students would then be placed in a full-time experience in a rural setting and/or outside their area of preference.

Establishing New Clinical Sites

Students are often interested in setting up new clinical sites in areas where they have family and housing would be affordable. The decision to establish a formal relationship with a clinical facility is carefully considered based on the following:

- The desire of the clinical staff at the facility to have students.
- The belief the student will participate in a high-quality learning experience.
- The type(s) of learning experiences available to students.
- The likelihood the facility will be utilized on a regular basis for future UU-DPT students.
- The needs of the Program.
- The cost to the Program to maintain a quality clinical education relationship with the site.

New clinical sites are established WHEN:

- The DCE sees a need for additional sites in a specific area of practice or geographical location.
- The site offers unique opportunities not available at already contracted sites.
- Our current sites are unable to offer student placement due to changes in staffing patterns limiting the number of students, or for other reasons affecting the clinical education at the site.

UNDER NO CIRCUMSTANCES should a student or family member contact a potential new clinical site with the intent to explore the possibilities of completing a part-time or full-time experience at that site! If this occurs, the student will lose the opportunity to complete the experience at that site! The DCE(s) handles communication with sites regarding any clinical placement. Please refer to New Site Development for details on student responsibilities.

Full-Time Experiences at Sites Providing Financial Incentives

A student will NOT be placed at a clinical site funding a portion or all the student's education in the Program and/or has hired the student to begin employment upon completion of the physical therapy program. The funding and/or employment presents a conflict of interest for all parties involved and presents a bias towards evaluating student performance. A student is REQUIRED to disclose to the Program any such arrangements made with clinical sites and/or employers. This policy will not prohibit students from accepting offers of employment at facilities where they are currently completing an experience or have previously completed an experience.

Full-Time Experiences at Former Employment Sites

A student will NOT be placed at a clinical site where the student has worked or volunteered (more than 45 hours) in the physical therapy department **within the last 3 years**. A student will also NOT be placed at a facility where the student has been or is currently being treated as a patient in the physical therapy department. The Program believes it may be more difficult for a student to establish themselves as a student professional in these settings since former colleagues and therapists may continue to interact with the student within previously established roles and may present a bias toward evaluating the student's performance. At times, a healthcare entity may have multiple locations, in which we may consider for a student so long as no bias in grading or performance exists.

Returning to a Previous Experience Facility

Students may not return to complete a full-time experience at a facility where s/he has previously completed a full-time experience (e.g., PTH 7810 at the University Orthopaedic Center and PTH 7880 at the University Orthopaedic Center). Students may however complete more than one full-time experience within the same health system when each experience is in a different department or specialty setting (acute care, inpatient rehabilitation, burn center, cancer center, pain center, etc.). Students may return to complete a full-time experience at a facility where s/he has previously completed a part-time clinical experience, only if it is in the student's best educational interest.

Contract or Clinical Training Agreements with Clinical Sites/Facilities

A written legal agreement/contract must be in effect with signatures from both the University of Utah and the clinical facility prior to a student beginning any experience. The University has a standard agreement but will also review specific agreements preferred by some facilities. Students are required to read the established agreement prior to their clinical experience to familiarize themselves with any specific site requirements. The clinical education team manages these contracts.

Requesting Accommodations for a Clinical Experiences

When needed, the student should formally request, via email, the accommodation needed and provide documentation supporting the request a minimum of two months prior to a clinical experience, or as soon as possible. The clinical education team reviews the request, renders a decision and informs the student. If approved, the DCE/ADCE will contact the clinical location to request the accommodation and coordinate with the clinical site as to whether they are able to provide the accommodation. If the clinical site is unable to provide the accommodations, the clinical education team will need to find a new clinical site for the student. If a new clinical site cannot be found, the student may need to complete the clinical at a later time.

Expenses for Clinical Education

Incidental/Relocation Expenses:

The unique nature of clinical education does require students to allocate additional funds beyond tuition and fees to cover this curriculum requirement. Examples of additional costs may include, but are not limited to, clinical site on-boarding fees, commuting, parking, travel, as well as relocation and/or housing expenses for out of area experiences.

Registration and Tuition:

The student must register for all clinical experiences. The student is responsible to acquire all necessary information and register prior to all University deadlines. Students should pay close attention to the University calendar and deadlines, as clinical experiences may fall outside the standard University schedule. Registration is required to maintain a full-time student status for the purposes of professional liability insurance and for financial aid. A student who is not registered for clinical education will not be able to participate in either full-time or part-time clinical experiences.

Cancelling a Full-Time Experience

Any full-time experience will not be changed once confirmed with a clinical site, except if significant extenuating circumstances arise. Extenuating circumstances may include student illness or injury, significant family issues impacting the student's ability to participate, an alteration in the student's ability to progress within the program, or a problem at the clinical site (identified by the SCCE or DCE).

Cancelling a full-time experience would result in the student completing the experience later in the curriculum – typically following the final experience, and therefore delaying graduation. Students should discuss the situation with the DCE(s) as soon as possible if they feel a need to change a full-time experience due to extenuating circumstances.

Under no circumstances should a student directly contact a clinical site to negotiate a change or cancel a planned experience. A student should wait to plan significant life events (e.g., weddings, family reunions/vacations) until full-time experience dates have been confirmed with the site. That being said, the risk always exists a site may cancel or change the experience at the last minute, resulting in rescheduling the experience to an alternate time. The student must comply or forfeit the experience.

If the SCCE identifies a problem (lack of staff, closing of the clinic location, change in management, need for a new contract, etc.) requiring a change or cancellation of an experience, it is the responsibility of the SCCE to inform the DCE as soon as possible. When an experience is cancelled, the DCE will plan alternative options with the student. If the site cancels an experience, the program will do its best (depending on site location availability) to place the student at an alternate site during the regularly scheduled experience dates. If an alternate placement cannot be found, the student's experience start date may be delayed.

Students may not “swap” or exchange clinical experiences.

Absences or “Time Off” During Full-Time Clinical Experiences

The program does not allow “time off” or “vacation” during clinical education coursework. A student may miss a maximum of TWO (2) days without having to make up the time in cases of *injury, illness, emergency, documented Pro Bono Clinic coverage, or approved professional development (e.g., state, national, or international professional conferences, student conclaves, research symposia)*. Family vacations, weddings, holiday travel, residency interviews, job interviews, and time off for NPTE prep, are NOT considered excused absences. Students must also comply with clinical site student absence policies. The site/SCCE/CI may require a student to make up any missed time. We trust our clinical educators to make decisions in consideration of the student's, CI's, and site's best interest and student learning needs. SCCEs/CIs are encouraged to contact a DCE with any questions or concerns regarding this policy.

Any absence does not lessen the student's responsibility to meet the expectations of the experience. If the student is not meeting the expectations of the experience, an absence request may be denied. If the student does not meet expectations of the experience after an absence, the student will be required to make up any missed time, extend the experience to allow for additional time to meet competencies, or fail the course.

All absences must be reported (unplanned) or requested (planned) by completing a Time-Off request in Exxat. In addition, students and CIs must document ALL student missed time in the CIET – date &

amount of time missed, how and when (date) time was made up, if applicable. Failure to comply with this policy may result in a delay in the scheduled completion of the student's experiences and/or graduation.

Some full-time experiences will require geographical separation from family, significant others, friends, and pets. Anticipate when this will coincide with holidays or other significant events.

All make-up time should be completed within the scheduled start-end dates of the experience if at all possible. A week between each Terminal Full-Time Clinical Experience is allowed for situations such as altered start-end dates, or travel to a distant clinical experience site. This time may be used for remediation or making up missed time only if other scheduling options are not available.

Unplanned Absence: When a student misses a day from a full-time experience, the student must notify a DCE within 24 hours via email or text. Following the absence, the student must also submit an absence request in Exxat with the date(s) of the absence, the reason for the absence, and the plan for make-up time, if applicable.

Planned Absence: **Any planned absence must be initially approved by the DCE before discussing with the SCCE or CI.** Approval is ultimately dependent upon CI and SCCE approval. Examples of planned absences include professional development opportunities (e.g., state, national, or international PT conferences, student conclaves, research symposia), residency interviews, and the National Physical Therapy Exam (NPTE).

The total number of weeks students are in the clinic exceeds accreditation standards and allows a bit of flexibility as long as performance standards are met. This allows us to focus more on clinical performance rather than checking off a requirement based on days or total hours.

The full-time experience schedule plans for students to complete all experiences the week prior to the April NPTE. If for some reason, a student is finishing his/her clinical experience the week during or following the NPTE, please note the absence must be approved by the DCE, CI & SCCE well in advance of the exam.

Pro Bono Clinics – Participation during any full-time clinical experience – FOUR ½-day Clinical Experience Credit. Students may be excused from their full-time clinical experience a maximum of FOUR ½-days (or TWO full days), to compensate for equivalent time providing patient care services at any University affiliated pro bono Clinic. Students are required to plan ahead to obtain prior written approval from the DCE and clinical instructor, then send the DCE verification of service completion from the Pro Bono Board Student Liaison.

Student Illness, Injury, or Emergencies While on Experiences

Students are not considered employees of the clinical site. If the student is injured during an experience, the facility shall provide emergency medical care to the student in case of need but shall not bear the cost of such care (as per contract). As such, students are required to carry valid health insurance during enrollment in the Program. Facility policies will be followed when the filing of an incident report is necessary. In a non-emergent situation, the student may seek medical attention at the healthcare provider of his/her choice. The student is responsible for all costs of medical care received.

Illness & Medical Appointments while on Full-Time Experiences: Any missed time must be reported to a DCE. Time off for planned medical and dental care, either for the student or the student's dependents, should be discussed with the DCE first and then the CI, prior to making the appointment. The student is expected to schedule appointments outside of clinical time so time away from the clinical setting is least disruptive to the functioning of the facility.

In all sudden illness or emergency cases, the student will notify the facility prior to the start of the workday or as soon as the student knows of the illness/emergency and will speak directly to the CI or SCCE regarding the absence. Text or email notifications are NOT approved methods of communication unless students have tried to reach the CI/SCCE by phone, or unless preferred by site/CI.

Holidays

Holidays (e.g., New Year's, Easter, Memorial Day, Independence Day, Pioneer Day, Labor Day, Thanksgiving, Christmas, and others) will occur during full-time clinical experiences. Students are expected to follow the holiday schedule designated by the facility; therefore, students may be in clinic on a holiday and may be separated from family/friends. Students are only excused from an absence if the facility is closed. Students are not excused if their Clinical Instructor is taking time off during the holidays. Closure of the University does not excuse the student from participating in scheduled clinical experiences. *Students should not expect to have any time off during holidays, especially during the Thanksgiving and Christmas time frames.* See Absence policy above.

Clinic Hours

In many cases, student clinical hours may approximate 8:00am-5:00pm Monday through Friday. The student is expected to follow their clinical instructor's schedule and therefore the schedule may take a variety of formats. Students may not dictate their scheduled clinical hours! Some common formats are: four 10-hour days; 7 days "on" (10-hour days) / 7 days "off" (students on this schedule will need to work additional days in order to accumulate the requisite experience days/hours); longer days on M, W, F and shorter days on T, TH; and, a combination of five 8-hour days or four 10-hours days spread out throughout the week. Other variations are possible including weekend hours, start times earlier than 8:00am and leaving time later than 5:00pm. Students are expected to comply with any schedule variation. Students should notify the DCE well in advance of the clinical experience with any special needs that would not allow them to comply with an atypical schedule.

Tardiness will not be tolerated. If a student is late, the CI should discuss the issue with the student when it first occurs and give a verbal warning. If it occurs a second time, tardiness should be documented in the Clinical Internship Evaluation Tool, Professional Behaviors Section, Subsection #2 Professional Ethics (Question 6) with a verbal warning to the student. If a third instance occurs, the DCE should be notified, and the event documented in the Clinical Internship Evaluation Tool. Any action taken by the Program and the CI will be communicated in writing to the student.

Students should also realize one must learn to be effective prior to being efficient, and therefore may end up staying later than the CI to complete chart reviews, documentation, or other non-direct patient care tasks. The student may not perform physical therapy examination, evaluation, or interventions if the CI (or PT designee) is not present and immediately available.

Students are reminded they are still students and, as such, they should expect to spend time outside of clinic hours reviewing information and completing assignments. Each clinical experience course will have assignments, as well as it is common and appropriate for CI(s) to assign homework. Students are expected to meet all given deadlines.

Employment During Clinical Education Courses

We highly recommend students do not maintain employment during full-time clinical education courses but realize that may not be possible or realistic. Depending on the location and/or hours of the clinical experience, the student may need to adjust employment hours or not be able to continue employment. If employment hours conflict with facility hours, the student will be expected to forfeit or change employment hours. The student should NEVER request to leave early or request the clinical site to alter hours around employment demands.

Appropriate Behavior

Students are expected to adhere to:

- the University of Utah Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program, Student Code of Professional Responsibility
- the [APTA Code of Ethics](https://www.apta.org/apta-and-you/leadership-and-governance/policies/code-of-ethics-for-the-physical-therapist) (<https://www.apta.org/apta-and-you/leadership-and-governance/policies/code-of-ethics-for-the-physical-therapist>),
- the [APTA Guide for Professional Conduct](https://www.apta.org/your-practice/ethics-and-professionalism/apta-guide-for-professional-conduct) (<https://www.apta.org/your-practice/ethics-and-professionalism/apta-guide-for-professional-conduct>),
- the [APTA Professionalism Core Values](https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant) (<https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant>).

In addition to the above, the following are specific suggestions for professional behavior in the clinical setting. Students are expected to:

- Seek all the information needed to comply with the clinical site's departmental and organizational policies. Students should ask for additional information or seek clarification of information provided. Such policies will concern lunch, breaks, smoking regulations, dress code, fire and emergency procedures, departmental hours, and holidays, etc. Proper orientation is a shared responsibility for the student and instructor.
- Abide by departmental regulations of the clinical site.
- Arrive on time (early is considered "on time"), keep appointments, and leave at a time agreed upon (in advance) by the clinical instructor. Do not leave "early."
- Use free time constructively and wisely as mutually agreed upon with the clinical instructor. Constructive and wise use of free time is typically considered activities related to patient care.
- Demonstrate initiative in patient care, departmental functions and in own learning.
- Accept and contribute constructive suggestions/communications in a professional manner.
- Not accept any gifts or gratuities offered by patients, families, caregivers or vendors (e.g., Jazz tickets). Any such gifts or gratuities offered should be reported to the clinical instructor and handled in a manner in accordance to site policies.
- Avoid chewing gum while treating patients. According to OSHA standards, no food should be in patient care areas or eaten while treating patients.
- Obtain permission of the clinical instructor before visiting patients after departmental hours. In some facilities, this may be an acceptable practice; in others, it is not.

- Ask questions of the clinical instructor to facilitate learning and ensure patient safety and quality care. Students should be discrete about questions asked in front of the patient and reserve all questions regarding prognosis for when the patient is not present. Students should also be aware of the clinical instructor's time constraints in answering questions as well as their own obligation to ask those questions.
- Adhere strictly to ethical standards, protecting patients' confidence. Do not discuss patients' condition(s) outside the clinical setting and with anyone who does not have a "need to know". Patients may be discussed with classmates and faculty for educational purposes only maintaining HIPAA compliance (see related HIPAA guidelines regarding de-identification of patient records/information).
- Attend to common courtesy in the clinical setting. Communication of respect, display of good listening skills and sensitive verbal communications are helpful in promoting productive working relationships with clinical supervisors and peers.
- Report back to the school any ethical or legal compromises noted at their clinical sites.
- Silence personal cell phones or other electronic communication devices during clinic hours unless used for reasonable accommodations of a documented disability, or as determined acceptable use by site policy.

Further guidelines and information are provided elsewhere in the Clinical Education Handbook for successful clinical experiences. The University of Utah is privileged to have the opportunity to send students to our clinical affiliates and expects students to have the highest professional regard and respect for these opportunities.

Appropriate Clinical Professional Dress and Grooming

Appropriate professional attire is important as a representative of the University of Utah, Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program. Students are expected to wear professional attire for all activities involving clinical contact with patients, unless instructed otherwise by the site. Client consideration and professional image are of utmost importance in any clinical situation. Attire should be comfortable and non-restrictive to allow for movement as necessary during patient care while maintaining a conservative modesty.

Students must determine site-specific dress code requirements prior to the first day of the clinical experience. Dressing more conservatively or formally on the first day/week of the clinical is suggested, until the dress code is clarified. If students report to the clinic wearing any inappropriate dress, they may be asked to go home to change, to change into temporary scrubs for the day, or be dismissed for the day with the day needing to be made up later. The following clinical attire expectations at University of Utah Health clinical locations. Students are expected to adhere to these guidelines AND the site's policies. Examples of Appropriate Clinical Attire include:

Clothing/Accessory Style	Acceptable	Unacceptable
Tops/Jackets	Tops should fit appropriately and look professional, wrinkle free, and clean. Shirts featuring the University of Utah, U of U Health, or clinical site logo are appropriate.	Tops that reveal undergarments or abdomen. Halter tops, spaghetti-strap, scrub top (if non-clinical) or tops that are worn out (holes, tears, faded, stained) are also unacceptable. Any type of fleece material is not permitted in clinical areas due to infection control. Clothing that

		displays any writing or images, other than University of Utah related logos, is not permitted.
Pants/Dresses/Skirts	Pants/dresses/skirts should fit appropriately and look professional, wrinkle free, and clean, and should be appropriate for your job and work area. All dresses and skirts should have modest hemlines.	Pants/dresses/skirts that reveal undergarment or expose abdomen or are worn out (holes, tears, faded, stained).
Footwear	Footwear should be professional looking, clean, and in good condition and appropriate for the required clinical tasks. Includes: pumps, flats, boots, loafers, professional sandals, and other leather shoes. Heels should not exceed 3 inches for safety reasons.	Footwear that does not comply with department-specific safety regulations. Flip flops of any kind including thong-style flip flops, beachwear flip-flops, yoga flip-flops etc. Footwear that is odor-ridden, worn, or stained.
Jewelry Body Piercing	Ear piercings and nose studs are acceptable. If ear has a gauge, the gauge should be removed, and the hole should be plugged with plugs matching skin tone.	Exposed eyebrow, tongue, cheek, lip, or nose ring. Piercings should be concealed if outside acceptable.
Tattoos	Tattoos should be non-offensive.	An employee may be asked to cover tattoos, depending on the unit or business need. For example, any tattoo that could be perceived as offensive or hostile in the workplace based on racial, sexual, religious, ethnic or other characteristics of a sensitive or legally protected nature that would diminish your effectiveness in your ability to provide care for our patients or support your co-workers must be covered during your shifts.
Employee Badges	Badges must be worn below eye level and the above the bottom of the sternum, free from distracting stickers, pins, etc. Photo ID must be always legible and visible.	Lanyards used to hold ID badges are not permitted.
Grooming Standards	Employee should practice good personal hygiene and be free of offensive odor. Hair should be clean and not distracting and pulled off face when appropriate. Facial hair including mustache and beard should be trimmed. Makeup should appear professional. No hats or head coverings should be worn inside (except for approved departments and for those worn for religious and/or medical purposes). Hands and fingernails must be clean.	Perfume, lotions, or cologne that might interfere with those who are ill or allergic to such odor. Clothing and body with smoke odor. Extreme trends such as mohawks, long spiked hair or any other hairstyles that could create an infection control issue. Acrylic nails, as determined by the department.
Personal Items	Personal items such as hip packs, backpacks, purses, or other types of	Personal items such as hip packs, backpacks, purses, or other types of bags are not to be worn

	<p>bags are to be clean, professional, and free from offensive or unprofessional images or words. control measures. Items must be appropriately stored in lockers or other spaces provided by the department while at work.</p> <p>In the event a bag is required due to a medical condition, please work with your department and/or Human Resources to ensure appropriate accommodations can be made.</p>	or handled while providing patient care due to infection control measures.
<p>Face Coverings per <i>Hospitals and Clinics</i> <i>Face Covering</i> <i>(Masking) and Eye</i> <i>Protection for</i> <i>COVID- 19 policy</i></p>	Face coverings (i.e., non-procedural protection) should be clean and professional.	Face coverings that include offensive, politically charged, obscene, unprofessional images or words.

ID Badges

The Program recognizes the importance of the identification of healthcare providers to the consumer and requires students to display proper identification during all patient encounters. Students and/or their CIs are required to inform consumers of the student's role in the encounter and gain informed consent for the student's participation. The standard University of Utah Vertical Health Sciences Identification Card (U Card) will be used as the student's ID badge. Identification badges should always face front (must not rotate), worn on the upper chest area (defined as the bottom edge of the ID badge being no lower than the level of the sternum, bringing the ID badge closer to the face) and visibly apparent to others. Identification badges are to be worn during all clinical experiences. Clinical sites may provide students with facility picture identification. In this case, the student would not wear two badges unless dictated by the clinical site.

Withdrawal From a Clinical Experience

At any time during the clinical experience, after consultation with the SCCE and the CI(s), a DCE and/or the faculty may withdraw a student from a clinical experience if, in their judgment, the student is performing incompetently or poses a safety threat to patients, the staff of the facility, or him/herself. The SCCE and the CI(s) may immediately remove any student from the premises who poses an immediate threat or danger, or for just cause under the clinical facility's disciplinary policy. "The student shall be required to follow all the rules, regulations, and procedures of the facility" (as per contract). These rules, regulations, and procedures should be introduced to the student during orientation to the facility or prior to the experience.

Immunizations

Upon matriculation into the Program, students are required to show proof of the following immunizations. A student may apply for a medical or religious exemption for any immunization from the

University of Utah VP of Health Sciences. Only approved medical or religious exemptions through the University of Utah VP of Health Sciences will be accepted.

Students maintain updated records online in Exxat. Students are responsible for keeping all immunizations up-to-date and readily available to provide clinical sites with verification of all immunizations. Immunizations/exemptions should be up-to-date through the completion date of any experience (should not expire during the experience).

A clinical site may have additional criteria or requirements and the student is responsible for communication with the facility to determine any differences and obtaining the requisite test/immunizations. The student is responsible for the costs of all immunizations. If the student does not provide the required information/proof, the clinical facility or the Program has the right to suspend/cancel the student's clinical experience. A clinical site is not obligated to accept a University of Utah approved medical or religious exemption to any immunization. A clinical site may have its own exemption process. The Program will do its best, but cannot guarantee, to find a clinical site accepting of an approved exemption. Difficulty in finding a site accepting of an exemption, may delay or prevent a student's graduation.

<u>REQUIRED</u>	MMR (Measles, Mumps, Rubella)	2 vaccinations OR positive antibody titer. If titer is negative or equivocal, 1 booster will be needed.
<u>REQUIRED</u>	Diphtheria/Tetanus	Submit primary DPT series
<u>REQUIRED</u>	Tetanus, Diphtheria, Pertussis (Td/Tdap)	Substitute 1-time dose of Tdap after 2005; then boost with Td every 10 years.
<u>REQUIRED</u>	Hepatitis B	3 vaccinations OR positive antibody titer (lab report required). A student may begin a clinical if the series is in process but must provide documentation of completion. If titer is negative or equivocal, 1 booster will be needed.
<u>REQUIRED</u>	Varicella (chickenpox)	2 vaccinations OR positive antibody titer OR medically documented history of disease. If titer is negative or equivocal, 1 booster will be needed.
<u>REQUIRED</u>	Influenza	Annually – shot or nasal spray. Submit documentation of a flu shot administered during the current flu season Oct-Mar.
<u>REQUIRED</u>	Tuberculosis (TB) Screening	Negative TB skin test OR 2 step skin test (1-3 weeks apart) OR QuantiFERON Gold Blood Test OR if positive results, must provide a clear chest x-ray result. Annual test is required.
<u>OPTIONAL</u>	Polio	Completed primary series (at least 3 vaccinations) OR positive antibody titer
<u>OPTIONAL</u>	COVID-19	1-2 doses depending on manufacturer
<u>RECOMMENDED</u>	Human Papillomavirus (HPV)	3 doses
<u>RECOMMENDED</u>	Hepatitis A	2 doses

<u>RECOMMENDED</u>	Pneumococcal (polysaccharide)	1-2 doses
<u>RECOMMENDED</u>	Pneumococcal conjugate 13-valent (PCV13)	1 dose
<u>RECOMMENDED</u>	Meningococcal	1 or more doses

Background Checks

The University of Utah requires a completed national background check of all individuals who will have direct patient contact. Students are responsible for obtaining a background check at the time of entry into program through Exxat. Students should keep a copy of the results for their own records. Also, many clinical sites require updated or new background checks prior to any experience. Students should be prepared to have several screens completed during the program. Screens required beyond the initial screen will be at the cost of the student. Be sure to check with your clinical site for specific requirements.

Drug Screens

The University of Utah requires drug screens to be completed by all individuals who have direct contact with patients. Students are responsible for obtaining the required drug screen upon matriculation into the program through Exxat, and as often as prior to every full-time clinical experience if required by the clinical site. Students are responsible for all drug screening costs beyond the initial screen and should keep a copy of the screening results for their own records. Most clinical sites require drug screens prior to an experience.

Cardiopulmonary Resuscitation Training

Students must maintain current CPR certification/recertification valid throughout the physical therapy program and be prepared to show proof of certification to clinical sites. We accept ONLY **American Heart Association BLS for Healthcare Providers** training.

Health Insurance Portability and Accountability Act (HIPAA), Infection Control, Environmental Hazards & Other Recurrent Annual Training

All students must show evidence to clinical sites (upon request) of having completed HIPAA training, infection control, environmental hazards, and other compliance training requirements. Students complete requisite training annually. Failure to complete this annual training may result in disciplinary action, up to and including imposition of academic sanctions consistent with applicable University policy and procedure, suspension of clinical privileges, or dismissal from the DPT program. Trainings will be due April 15th on a yearly basis for all students.

Health Insurance

Students must maintain and provide evidence of medical health insurance coverage effective throughout the physical therapy program.

Professional Liability Insurance

For participation in any clinical education course, students must provide evidence of comprehensive general liability and professional liability insurance or properly reserved self-insurance. The program purchases adequate insurance coverage for all students in the program and a Certificate of Insurance is available in Exxat.

Current Contact Information and Communication

Students are responsible to provide the Program with a current address and phone number and keep this data current in their Exxat Profile throughout their duration in the Program. The DCE may contact the student at their current (home or cell) phone number to discuss an experience, advise the student of a change in an experience, or for other clinical education related reasons. **UMail (University email) is the official form of communication at the University of Utah. Students are required to use their UMail email address for all electronic mail correspondence!**

Student Supervision

According to the legal contract with facilities, the facility shall designate an individual (SCCE) to act as liaison with the school, to provide for supervision of the student in accordance with the Physical Therapy Practice Act by a physical therapist with a minimum of one year of clinical experience, and to provide the student and the school with feedback on the student's performance.

A CI, or his/her designee, must be always on the premises when the student is performing physical therapy activities. The student cannot provide physical therapy services if a supervising physical therapist is not on-site and immediately available for consultation. If a student is assigned to a small clinic with only one physical therapist, the student cannot provide physical therapy services without a physical therapist on-site, as may occur if the therapist is sick.

In the event a supervising physical therapist is not available on-site while a student is scheduled to be in the clinic, alternative arrangements must be made for the student's clinical hours. Options may include observation of another professional, assignment to another clinic for the day, or make-up days after the assignment. Students may participate in co-treatments with other professionals (occupational therapists, speech therapists, for example) if the supervising CI is on the premises; however, the patient must be actively receiving physical therapy care. Students can receive instruction from physical therapist assistants, and other health care providers, but the CI or his/her designee must be on site.

Student supervision under Medicare A: in the skilled nursing facility setting, under MDS 3.0, in order to record the minutes as individual therapy when a student is involved in the treatment, only ONE (1) resident can be treated by the therapy student and the supervising therapist. In addition, the supervising therapist cannot be treating or supervising other individuals, and the therapist must be able to immediately intervene or assist the student as needed while the student and resident are both within line-of-sight supervision (e.g., the therapist could be completing documentation while supervising the student and resident). When a therapy student is involved in the treatment, and one of the following situations takes place, then the minutes may be coded as "concurrent therapy."

- The student and supervising therapist are each treating a separate resident while the student is in line-of-sight of the supervising therapist.

- The student is treating two residents simultaneously, both of whom are in line-of-sight of the supervising therapist, and the therapist is not treating any patients and not supervising other individuals.
- The supervising therapist is treating two residents simultaneously (regardless of payer source), both of whom are in line-of-sight, and the student is not treating any residents.

For further guidelines, visit <https://www.apta.org/your-practice/payment/medicare-payment/supervision-under-medicare>. For other settings, such as acute care, the CI must provide on-site supervision. Refer to the CMS Federal Register Volume 64, Number 213 or visit <https://www.apta.org/your-practice/payment/medicare-payment/supervision-under-medicare>.

Student supervision under Medicare B: In order to bill for student services provided to patients and clients with Medicare B, the CI must be present and actively engaged in all decision making related to the patient's care. The CI may not be engaged in another activity simultaneously.

Refer to CMS guidelines: <http://www.cms.gov/> or to the APTA website <https://www.apta.org/your-practice/payment/medicare-payment/supervision-under-medicare>.

Clinical Instructor Qualifications and Responsibilities

The individual(s) who directly supervises and provides clinical instruction for at least 160 hours (4 weeks) to the same student must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience. The person primarily responsible for providing direct supervision is referred to as the Clinical Instructor (CI). The Site Coordinator of Clinical Education (SCCE) may also serve as a CI. Clinical instructors should demonstrate:

- clinical competence,
- legal and ethical behavior meeting/exceeding the expectations of members of the profession,
- effective communication skills,
- effective behavior, conduct and skill in interpersonal relationships,
- effective instructional skills (including ongoing positive and negative feedback on student performance),
- effective supervisory skills,
- performance evaluation skills.

The clinical instructor is responsible for carrying out clinical learning experiences and assessing student performance in the cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. The Program evaluates clinical instructor qualifications and effectiveness through telephone and/or site visits, interviews with students and CIs; CI/student completion of an instructor profile; CI's successful completion of the APTA Credentialed Clinical Instructor Program Level 1 and 2 courses, student course reflective journal entries; CI student performance ratings and comments in the CIET; and the student's final evaluation of the site and clinical instruction.

Clinical Instructor Privileges

We are extremely fortunate to have clinical instructors share time, expertise, professional values, and patients with our students in providing high quality clinical education! Quality clinical education is critical to effectively preparing our students to become competent physical therapists. To thank SCCEs

and CIs for time and efforts, the University of Utah offers the following - SCCEs/CIs interested in applying for Clinical Instructor I or II status should contact a DCE or Clinical Education Executive Secretary.

Clinical Instructor I: Awarded to SCCE & CI working with University of Utah DPT students. Once awarded, privileges are maintained dependent on current eligibility.

Eligibility:

- Serve as a SCCE at a site accepting at least 1 UUDPT student during any calendar year.
- Serve as a CI for at least 1 UU-DPT student during any current calendar year.
- Must not be working in a Physician Owned Physical Therapy (POPTS) practice.

Privileges:

- On-site & Remote Access to Library
- University U-Mail email account
- University Credit Union
- University Bookstore – 10% discount
- UTA Bus/Trax/Forerunner Passes
- University Discounts & Special Offers, such as
 - Access to Campus Recreation facilities
 - University Union services
 - Cell phone and plan discounts
 - Utah athletic event ticket offers.
- Paid APTA (member rate) registration fees to the Credentialed Clinical Instructor Program, Level 1 & 2 courses sponsored by Department.
- Reduced registration fee to selected continuing education courses offered by the department.

Clinical Instructor II: Awarded to clinical instructors who have demonstrated a continued commitment to, and excellence in, mentoring University of Utah DPT students.

Eligibility:

- Serve as a CI for at least two (2) full-time UUDPT students with an average rating of 4/5 on student evaluations of the clinical experience and clinical instruction.
- APTA Credentialed Level I and Level II Clinical Instructor
- Must not be working in a Physician Owned Physical Therapy (POPTS) practice.

Privileges: (in addition to Clinical Instructor I)

- Limited reimbursement to UPTA or APTA continuing education courses (in-person or online)

Evaluation of Student Clinical Performance While on Clinical Experience

The University of Utah, Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program utilizes the Clinical Internship Evaluation Tool (CIET) in the evaluation of student performance in the clinic during all full-time clinical experiences. The evaluation should be reviewed early in the experience, with formal evaluations of the student schedule at least at midterm and near the end of the experience (final). Students and Clinical Instructors are required to complete training on proper use of the evaluation tool. CIET training is completed online through EXXAT. Further instructions will be provided to students prior to PHTH 7810.

CIET Performance Criteria:

The first section, *Professional Behaviors*, evaluates Safety, Professional Ethics, Initiative, and Communication Skills in the clinic. Safety Behaviors address whether the student is following all health and safety precautions required at your facility along with taking any other measures needed to maintain both the patient's and their own safety. Professional Ethics addresses the student's knowledge of, and compliance with, all rules, regulations, ethical standards, legal standards, and their professional appearance and conduct in the clinic during all interactions. Initiative addresses the student's ability to maximize all opportunities for learning during their clinical affiliation, begin to problem solve independently, seek out, accept, and implement constructive criticism, and develop teamwork and flexibility in the clinical setting. Communication Skills looks at both their ability to verbally communicate with patients, families, and other healthcare professionals along with their written skills with documentation, home programs, and other required paperwork.

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

On the last page you are asked to make a global rating about how the student compares to a competent, entry-level clinician on a scale from 0 to 10. The bottom of the scale indicates a student *Well Below a Competent Clinician* and the top of the scale represents a student *Above a Competent Clinician*.

On the last page please also indicate whether the student is performing at a satisfactory level for their current level of education. Please let the DCE know immediately if there is a problem in any area of **Professional Behaviors** or the student is not meeting the expected goals in a timely manner. In the comment section, please explain a "No" response and give an overall summary of the student's performance.

Student Performance Rating and Expectations:

Student performance ratings must be completed at midterm and near the completion of the experience (final). When evaluating the student on Professional Behaviors, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as: *Never* (0% occurrence), *Rarely*, *Sometimes* (50% occurrence), *Most of the Time*, or *Always* (100% occurrence). From the onset of the clinical experience, our expectation is that the student shows safe, professional behavior and demonstrates a great deal of initiative. Note you cannot mark "Not Observed" on these

behaviors. You may mark “not observed” for Communication Skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be “not observed.” Please use the “comments” section to explain a low mark or provide additional feedback to the student.

When evaluating the student’s *Patient Management skills*, please keep in mind the student should be compared to a ‘competent clinician who skillfully manages patients in an efficient manner to achieve an effective outcome’. This form is designed for use with all patient types, and in any clinical setting; thus, the student should be evaluated based on your clinic population and the expectation for productivity/efficiency in your specific clinic. In considering the student’s scores for their Patient Management skills, please review the operational definitions which are presented as an additional resource.

Specific performance expectations for each experience are communicated in each respective course syllabus. We highly encourage clinical instructors and students to use the Weekly Planning Form as one means of providing formative (ongoing) feedback and collaboratively plan the experience.

Lack of appropriate progress is more concerning and should be immediately communicated with the DCE for appropriate interventions. If a student is unsure as to the expected performance level, it is the student’s responsibility to make an appropriate and timely inquiry. Once concerns are brought to the student’s attention (written and/or verbal), students are expected to be responsive. Do not hesitate to utilize the evaluation instruments more frequently if desired. The *Weekly Planning Form*, *Professional Behaviors Assessment* and *APTA Professional Core Values Assessment* are available from the students or the DCE to further diagnose and remediate issues in professional behavior.

Grading and Consequences of a Failure of a Full-Time Clinical Experience

All full-time clinical experiences are GRADED. The DCE is responsible for assigning experience grades. All assignments must be completed, and student students must achieve appropriate clinical performance ratings throughout the experience to be successful. Final determination of grades is made in consultation with clinical instructors, site coordinators of clinical education, academic faculty, and the Department Chair. The CI(s) written evaluation and recommendations, phone conversations and/or site visits with the student and/or CI(s), as well as any other communication between the CI(s), SCCE and the DCE or between the DCE and the student during the experience and with consideration of the entire record and performance of the student are taken into consideration.

Clinical Experience expectations are described in each course syllabus. The expectations for professional behavior are listed and described in the course syllabus, the Student Handbook, the Clinical Education Manual, and the Clinical Performance Instrument.

- If a student fails an experience, he/she MUST successfully repeat the experience with a passing grade to progress in the curriculum. The reason(s) for failure of an experience will serve as the basis for remediation.
- Failure to pass the second attempt at the clinical experience will serve as grounds for dismissal from the Program.

Clinical Education Management System – EXXAT

The Department of Physical Therapy and Athletic Training, Doctor of Physical Therapy Program uses Exxat PRISM and APPROVE to manage all aspects of the clinical education program. The system centralizes information such as student experience history, experience requirements, clinical site information, utilization data and student performance data.

The Clinical Experience Selection Process

Purpose

The purpose of this guide is to provide students, SCCEs and CIs with an overview of the policies and procedures for selecting clinical experiences during the Program.

This guide will:

- Outline the clinical education experience requirements and expectations.
- Outline the sequential timeline and process for experience selections.
- Inform SCCEs and CIs of the roles and responsibilities of the student, Director of Clinical Education (DCE), and the Clinical Education Assistant to the DCE in the selections process.

Considerations in the Placement Process

The Doctor of Physical Therapy Program at the University of Utah prepares students as physical therapists prepared to manage patients across the lifespan and continuum of care. Students are prepared for not only a current level of practice, but also to adapt to future changes throughout their careers. The entire curriculum prepares students to be confident independent practitioners in the multifaceted roles of clinician, teacher, researcher, consultant, administrator, and life-long learner. To this end, students are encouraged to obtain a wide exposure to a variety of practice settings and patient/client populations throughout the program.

Part and Full-Time Clinical Experience Requirements

Year	Integrated Clinical Experiences (ICE)	Time Frame (45 hours)		Year	Full-Time Clinical Experiences	Time Frame
Year 1	PTH 6800 (1 CR) Integrated Clinical Experience I Required	4 hrs/week for 11-14 wks				
Year 2	PTH 6820 (1 CR) Integrated Clinical Experience II <i>Optional</i>	4 hrs/week for 11-14 wks or <i>equivalent</i>		Year 2	PTH 7810 (7 CR) Full-Time Clinical: Experience I Required	11 weeks full-time 440 clinical hr equivalent

Year 2	PHTH 6830 (1 CR) Integrated Clinical Experience III <i>Optional</i>	4 hrs/week for 11-14 wks or <i>equivalent</i>	Year 3	PHTH 7840 (7 CR) Terminal Full-Time Clinical: Experience II Required	11 weeks full-time 440 clinical hr equivalent
Year 3	PHTH 6850 (1 CR) Integrated Clinical Experience IV <i>Optional</i>	4 hrs/week for 11-14 wks or <i>equivalent</i>	Year 3	PHTH 7860 (7 CR) Terminal Full-Time Clinical: Experience III Required	11 weeks full-time 440 clinical hr equivalent
Year 3	PHTH 7960 (1-5 CR) Independent Study <i>Optional</i>	4 hrs/week for 11-14 wks or <i>equivalent</i>	Year 3	PHTH 7880 (7 CR) Terminal Full-Time Clinical: Experience IV Required	12 weeks full-time 480 clinical hr equivalent

Full-Time Clinical Experience Practice Setting Requirements:

Practice Setting Requirements:

- Inpatient Hospital **Acute Care** (or mix that includes at least 50% acute care).
A portion of this experience must be in a hospital setting including adults and/or children.
- **Outpatient Musculoskeletal/Ambulatory Care**
This experience should take place in an outpatient ambulatory care environment.
- **Neurological Rehabilitation** (pediatric or adult; inpatient or outpatient)
This experience can be in an adult or pediatric inpatient or outpatient rehabilitation facility, specialized facility, home/community, or school system. To qualify as a rehabilitation setting, the majority of patients must have neurologic diagnoses/conditions and the staff must include other health care providers (PT, OT, SLP, TR, RN, MD, RD, SW, etc.) working in an interdisciplinary collaborative care environment.
- **Geriatric* or Optional***
*An optional setting may only be chosen *if* the student can account for significant geriatric experiences within other previous or planned full-time clinical courses. Students may choose to repeat a setting as their optional experience (e.g., a second ortho outpatient experience) or may choose a different specialty area setting (e.g., balance/vestibular, woman's health, burn, wound care).

Some sites offer a combination of experiences such as rural settings where the therapists see patients in acute care, the outpatient clinic, the school system, and home health routinely during the course of a day and/or week. In these cases, the practice setting assignment will be based on where the majority of the student's experience will be. This setting assignment will be determined by the Director of Clinical Education in consideration of the individual student's overall clinical education program.

While the full-time experiences do not require any specific order, given the schedule of the didactic curriculum, students will get the most out of their experiences with the following suggested sequencing:

Full-Time Clinical: Experience I:

Skilled Nursing or Short-Term Rehab Facility, Outpatient Ortho, Acute Care, Rural

Terminal Full-Time Clinical: Experience II, III & IV:

Acute Care, Outpatient Ortho, Neurologic Rehab, Rural, other specialty settings

Student Special Needs/Requests

Students choose a prioritized list of options for their full-time clinical experiences through a collaborative decision-making process with the Director of Clinical Education. The Director of Clinical Education strives to ensure the best match possible between anticipated student placement availability and the students' needs/interests while not jeopardizing the breadth and depth of a student's overall clinical education. Therefore, students should make their preference requests only after researching their options and utilizing clinical education office hours with the clinical faculty. Given students select their own list of preferred sites, they do the best work at accommodating their own special needs (such as location secondary to transportation constraints, need to remain in Utah for an experience, or other needs requiring individual consideration). There are times however when a student's preferences cannot be accommodated. The University, Program, and Directors of Clinical Education retain final decision-making authority to best meet the education goals of the Program and the student.

Full-Time Clinical Experience Selection Process & Timeline

The full-time clinical experience placement process begins approximately 12-18 months in advance and proceed generally as follows. **UNDER NO CIRCUMSTANCES** should a student or family member contact a clinical site with the intent to explore the possibilities of completing an experience at that site! The DCEs handle all placement communications with sites! Students may contact a clinical site or clinical instructor regarding a clinical experience **ONLY AFTER** the experience has been confirmed with the site by the DCE.

Schedule:

January	<ul style="list-style-type: none">■ Consultation time with DCE for Terminal Full-Time Clinical Experience II, III & IV■ Clinical sites requiring applications and/or interviews may be due as early as January. Applications provided to students as requested.
February	<ul style="list-style-type: none">■ Individual student meetings with DCE(s) to select specific placement request for each experience. Meetings completed by early-mid Feb. Student meetings are scheduled according to each class's lottery order■ Additional consultation time with DCE(s) as needed■ Students update Exxat Profiles, resumes and letters of intent to be sent with all placement requests
March	<ul style="list-style-type: none">■ Placement requests sent to clinical sites (National Mailing Date = March 1) for specific placement positions during the following calendar year■ Additional consultation time with DCE(s) as needed■ Interviews conducted PRN per clinical sites
April	<ul style="list-style-type: none">■ Requests returned (responses trickle in throughout April) – National Due date is April 30■ DCE(s) contact sites that have not responded to our request(s)■ Additional consultation time with DCE(s) as needed■ Interviews conducted PRN per clinical sites

May	<ul style="list-style-type: none"> ■ Students (denied placement or not yet placed) review experience options with DCE(s) ■ Additional consultation time with DCE(s) as needed ■ Interviews conducted PRN per clinical sites ■ Placement requests and confirmations ongoing as needed new incoming class - Students in Year 1 ■ Orientation to the clinical experience placement process with new incoming class ■ Consultation time with DCE(s) to review placement options
June	<ul style="list-style-type: none"> ■ Individual student meetings (new incoming class) with the DCE(s) to select specific PHTH 7810 (FTCE-1) placement from offered slots completed by early June.
July - December	<ul style="list-style-type: none"> ■ Placement requests and confirmations ongoing as needed

Consultation with DCE(s):

Students have the opportunity to meet with a DCE as frequently as needed (& the DCE is able). Early in the calendar year, students are encouraged to meet with a DCE to review their clinical education plan. Students interested in going out of state for upcoming experiences are encouraged to meet with a DCE early. Each student *MUST* meet with a DCE at least once annually to review his/her overall clinical education program and discuss placement opportunities, including DCE recommendations. The DCEs strive to ensure the best match possible between available placement positions and the students' needs/interests while not jeopardizing the breadth and depth of a student's overall clinical education.

Out of State Sites, Sites Requiring Application and/or Interviews, Known First-Come-First-Served Sites:

Students who are interested in planning future experiences (at least 1 year in advance) out of state or applying to a site requiring an application/interview process, should meet with a DCE Late in Fall semester or early in Spring semester to discuss options. Following consultation with the DCE, students are asked to submit their site request to the DCE. The DCE will contact the site to request clinical placement. In the case the site is unable to accept the student, we will work with the student to select an alternate placement.

Lottery Placement Request Process:

1. Students finalize clinical placement request "Wishlist" in Exxat ranked order and SAVE their list (do not submit). Meetings are scheduled according to class lottery order for each rotation.
2. If a student misses the meeting with the DCE, their place in the lottery pick is skipped until an alternate meeting time with the DCE can be arranged.
3. During the individual meeting, the DCE reviews the student's Exxat Wishlist and their overall clinical education plan. If a student has made an unwise request choice that compromises the goals of the program for independent general practice, then that student's request may not be honored. The DCE counsels the students towards alternate placements that are in the student's best interest and also meets program requirements.
4. DCEs send all placement requests for the following calendar year to clinical sites, beginning March 1.
5. Students are notified when placements are confirmed** - when a site accepts a student placement, the student is COMMITTED AND CONFIRMED to that placement! The placement is "published" in Exxat, and the student will be able to see their scheduled experience in their Coursework.

6. Students are notified if the placement is denied, and then alternate placements requests are made by the DCE in consultation with the student.

**Every year, a portion of the sites are unable to accommodate a student in a position they previously offered. In these cases, alternate choices are made by the student in collaboration with a DCE.

Full-Time Clinical Experience Performance Expectations Quick Reference

PROGRAM YEAR	CIET MIDTERM	CIET FINAL	Course Assignments
<u>Year One</u> Full-Time Clinical: Experience I PH TH 7810 11 wks Summer 440 clinical hours	<u>Overall Criteria:</u> Global Rating of 3-5 <u>Professional Behaviors:</u> <i>NO items rated Never or Rarely</i> <u>Patient Management:</u> <i>NO items rated Well Below</i> if Contact DCE with ANY concerns!	<u>Overall Criteria:</u> Global Rating of 4-5 <u>Professional Behaviors:</u> <i>ALL items rated Most of the Time or Always</i> <u>Patient Management:</u> <i>MOST items (60%+) rated Familiar or higher</i> if Contact DCE with ANY concerns!	<ul style="list-style-type: none"> ◆ 2 Webinars ◆ 1 “Evidence in the Clinic” ◆ 1 In-service or Project for clinical site <u>Midterm & Final:</u> <ul style="list-style-type: none"> ◆ CIET ◆ Evaluation of Clinical Site & Clinical Instruction
<u>Year Three</u> Terminal Full- Time Clinical: Experience II PH TH 7840 11 wks Fall (Aug-Oct) 440 clinical hrs	<u>Overall Criteria:</u> Global Rating of 5-7 <u>Professional Behaviors:</u> <i>ALL items rated Most of the Time or Always</i> <u>Patient Management:</u> <i>NO items rated Well Below</i> if Contact DCE with ANY concerns!	<u>Overall Criteria:</u> Global Rating of 6-8 <u>Professional Behaviors:</u> <i>ALL items rated Most of the Time or Always</i> <u>Patient Management:</u> <i>MOST items (80%+) rated Familiar or higher</i> if Contact DCE with ANY concerns!	<ul style="list-style-type: none"> ◆ 2 Webinars ◆ 1 “Evidence in the Clinic” ◆ 1 Patient-Centered Interprofessional Collaborative Care ◆ 1 In-service or Project for clinical site <u>Midterm & Final:</u> <ul style="list-style-type: none"> ◆ CIET ◆ Evaluation of Clinical Site & Clinical Instruction
<u>Year Three</u> Terminal Full- Time Clinical: Experience III PH TH 7860 11 wks Fall/Spring (Nov-Jan) 440 clinical hrs	<u>Overall Criteria:</u> Global Rating of 5-7 <u>Professional Behaviors:</u> <i>ALL items rated Most of the Time or Always</i> <u>Patient Management:</u> <i>NO items rated Well Below</i> if Contact DCE with ANY concerns!	<u>Overall Criteria:</u> Global Rating of 6-8 <u>Professional Behaviors:</u> <i>ALL items rated Always</i> <u>Patient Management:</u> <i>ALL items rated Familiar or higher</i> if Contact DCE with ANY concerns!	<ul style="list-style-type: none"> ◆ 2 Webinars ◆ 1 “Evidence in the Clinic” ◆ 1 Patient-Centered Interprofessional Collaborative Care ◆ 1 In-service or Project for clinical site <u>Midterm & Final:</u> <ul style="list-style-type: none"> ◆ CIET ◆ Evaluation of Clinical Site & Clinical Instruction
<u>Year Three</u> Terminal Full- Time Clinical: Experience IV PH TH 7880 12 wks Spring (Jan-Apr) 480 clinical hrs	<u>Overall Criteria:</u> Global Rating of 6-8 <u>Professional Behaviors:</u> <i>ALL items rated Most of the Time or Always</i> <u>Patient Management:</u> <i>NO items rated Well Below</i> if Contact DCE with ANY concerns!	<u>Overall Criteria:</u> Global Rating of 7.5-8.5 <u>Professional Behaviors:</u> <i>ALL items rated Always</i> <u>Patient Management:</u> <i>ALL items rated Familiar or higher</i> if Contact DCE with ANY concerns!	<ul style="list-style-type: none"> ◆ 1 Webinars ◆ 1 “Evidence in the Clinic” ◆ 1 In-service or Project for clinical site ◆ 1 Professional Development Plan ◆ 1 PT-GQ <u>Midterm & Final:</u> <ul style="list-style-type: none"> ◆ CIET ◆ Evaluation of Clinical Site & Clinical Instruction

Student Responsibilities and Clinical Experiences

Clinical education courses are held throughout the academic program to assist students in integrating didactic content into the real-life world of patient care and in becoming entry-level practicing physical therapists.

Part-Time Clinical Experiences

These experiences serve to expose students to different aspects and areas of physical therapy and allow students hands-on practice of skills learned during the semester.

PHTH 6800, Part-Time Integrated Clinical Experience I

All students in the program are **required** to complete Part-Time Integrated Clinical Experience I during the Spring Semester of Year 1. The first year DPT student spends one afternoon a week (4 hours) for 11-14 weeks throughout the semester in a clinical environment under the direct supervision of a licensed physical therapist. This experience is designed to help students become socialized to the clinical environment, and to practice and integrate knowledge, practical skills, and professional behaviors.

Pre-Requisites: successful completion of summer and fall DPT curriculum and good academic standing in the Department.

Course Requirements:

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful completion of required time within the clinic, verified by clinical instructor.
- Successful completion of the Professional Behaviors Assessment by the student and the supervising CI with ratings of at least “beginning” level and progressing readily toward “intermediate” level.
- Successful completion of all assignments required by the clinical faculty.
- Successful completion of all course assignments, including all web-based course assignments
- Thoughtful completion of the Evaluation of the Clinical Experience and Evaluation of the Clinical Instruction

PHTH 6820 (Part-Time Integrated Clinical Experience II), 6830 (Part-Time Integrated Clinical Experience III), 6850 (Part-Time Integrated Clinical Experience IV, & 7960 (Independent Study)

In these *optional* clinical experiences, the second or third year DPT student spends a minimum of 4 hours for 11-14 weeks, or equivalent variations (45 clinical hours) throughout any semester, under the direct supervision of a licensed physical therapist in a specialized clinical experience. This experience is designed to expose students to various specialized practice settings and to allow students to practice skills learned during the semester.

Pre-Requisites: successful completion of all previous coursework within the curriculum and good academic standing in the Department.

Course Requirements:

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Integrate and apply clinical instructor feedback.
- Successful completion of required time within the clinic, verified by clinical instructor.
- Successful completion of a final reflective journal or webinar assignment.
- Thoughtful completion of the Evaluation of the Clinical Experience and Evaluation of the Clinical Instruction

Student Responsibilities – Part-Time Integrated Clinical Experiences

Following assignment or selection of a clinical experience site, students will:

PRIOR to the experience:

1. Become more familiar with the site by reviewing information available in Exxat and any other resources about the facility (web page, previous student evaluations, consultation with DCE, comments from peers, etc.).
2. Contact the Site Coordinator of Clinical Education (SCCE) or Clinical Instructor (CI) at the site (via telephone or email) to establish a mutually acceptable weekly schedule for your experience once cleared to do so by the clinical education team. Students should make this initial contact by the end of the first week of the semester. Begin building a positive relationship with your CI – this begins with your very first contact!
3. Update your Exxat Student Profile and send to SCCE/CI.

DURING the experience:

4. Start each experience by building a positive and professional relationship with your CI and the staff at the facility. Once you arrive at the facility, remember you are a guest in the facility and are expected to follow the spoken and unspoken rules, as well as treat everyone with respect.
5. Dress according to the facility dress code.
6. During the first two sessions of the experience, students should discuss the goals, objectives, and expectations of the experience with their CI, and review with the CI what they are learning during the semester. Complete CI Details in Exxat.
7. Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
8. Follow HIPAA (Health Insurance Portability and Accountability Act) guidelines at all times. If you are in a situation that seems challenging to HIPAA rules, talk candidly with your CI about the situation and work together on options to provide appropriate levels of confidentiality.
9. Be ON TIME EVERY DAY and DO NOT LEAVE EARLY. Tardiness will not be tolerated!!
10. If a student is ill, or for any other reason, is unable to make a scheduled clinic session, the student MUST notify the facility prior to the start of the workday or as soon as the student knows of the pending absence and will speak directly to the CI or SCCE regarding the absence.
11. Any time missed due to illness or emergency must be reported to the Clinical Instructor and DCE. Time off for appointments for medical and dental care – either for the student

or the student's dependents, should be discussed with the CI prior to making the appointment. It is expected the student will attempt to schedule appointments so time away from the clinical setting is least disruptive to the functioning of the facility. Students may be required to make up any missed time.

12. Look for ways to contribute by helping the staff, seeking out learning opportunities, demonstrating initiative and being friendly. Scan the environment – help clean up, share space and equipment, and pick up obstacles. Be a team player.
13. Make note of questions to ask your CI later, topics to research, medical terms to learn, self-assessment comments, or to discuss with your CI.
14. Complete all required assignments for the course and assigned by the clinical instructor.
15. Contact the DCE immediately if you have concerns. Don't wait – ask for help and work together on strategies or solutions to your question or concerns.
16. Enjoy every moment.
17. Complete the Evaluation of the Clinical Site and Evaluation of the Clinical Instruction.

AFTER the experience:

18. Send a thoughtful hand-written thank you note to the CI and SCCE expressing your gratitude for their time and energy in contributing to your development as a professional and physical therapist.

Full-Time Clinical Experiences

The full-time experiences assist the student to integrate all learned knowledge, skills and behaviors acquired to date into clinical practice. Responsibilities and expectations progress during each experience with entry level competency expected at the end of the Program.

PHTH 7810, Full-Time Clinical Experience I

One, full-time clinical experience, eleven (11) weeks (440 clinical hours) in length completed during the summer at the end of the first year in the program. Students practice patient management skills in the clinical environment under the direct supervision of an experienced physical therapist. Students perform patient examination/measurement techniques, evaluate, and interpret examination results, determine a physical therapy diagnosis and prognosis, design and implement a thorough plan of care, and evaluate patient outcomes. The student will also practice and progressively develop a variety of professional skills critical for appropriate professional development.

Pre-Requisites: Successful completion of all didactic coursework-to-date (Year 1) in the Department, including: Clinical Experience I - PHTH 6800; and good academic standing in the Department.

Course Requirements:

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful student performance on all skills in the Clinical Internship Evaluation Tool (CIET); Global Rating anticipated between 4-5/10.
- Successful completion of all assignments required by the clinical instructor.

- Successful completion of all course assignments, including all web-based course assignments (e.g., reflective journals, evidence-based reports, in-service or evidence-based project).
- Thoughtful completion of the Evaluation of the Clinical Experience and Evaluation of the Clinical Instruction.

PHTH 7840 (Terminal Full-Time Clinical Experience II) & PHTH 7860 (Terminal Full-Time Clinical Experience III)

Two, full-time clinical experiences, eleven (11) weeks (440 clinical hours) in length completed following all didactic coursework in the Program. Students practice patient management skills in the clinical environment under the direct supervision of an experienced physical therapist. Students perform patient examination/measurement techniques, evaluate, and interpret examination results, determine a physical therapy diagnosis and prognosis, design and implement a thorough plan of care, and evaluate patient outcomes. The student will also practice and progressively develop a variety of professional skills critical for appropriate professional development.

Pre-Requisites: Successful completion of all didactic coursework-to-date (Year 1 & 2) in the Department, including: Part-Time Integrated Clinical Experience I - PHTH 6800; Full-Time Clinical Experience I – PHTH 7810; and, good academic standing in the Department.

Course Requirements:

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful student performance on all skills in the Clinical Internship Evaluation Tool (CIET); Global Rating anticipated between 6-8/10.
- Successful completion of all assignments required by the clinical instructor.
- Successful completion of all course assignments, including all web-based course assignments (e.g., reflective journals, case report, in-service or evidence-based project).
- Thoughtful completion of the Evaluation of the Clinical Experience and Evaluation of the Clinical Instruction.

PHTH 7880, Terminal Full-Time Clinical Experience IV

One, full-time clinical experience, twelve (12) weeks (480 clinical hours) in length completed following all didactic coursework in the Program. Students practice evaluation through assessment and measurement techniques and interpretation of those results, and plan and carry out appropriate and thorough treatment programs in the clinical environment under the direct supervision of an experienced physical therapist. The student will also practice and progressively develop a variety of professional skills critical for appropriate professional development.

Pre-Requisites: Successful completion of all didactic coursework (Year 1-3) in the Department, including: Clinical Experience I - PHTH 6800; Full-Time Clinical Experience I – PHTH 7810; Terminal Full-Time Clinical Experience II – PHTH 7840; Terminal Full-Time Clinical Experience III – PHTH 7860; and good academic standing in the Department.

Course Requirements:

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful student performance on all skills in the Clinical Internship Evaluation Tool (CIET); Global Rating anticipated between 7.5-8.5/10.
- Successful completion of all assignments required by the clinical instructor.
- Successful completion of all course assignments, including all web-based course assignments (e.g., reflective journals, evidence-based reports, in-service or evidence-based project).
- Thoughtful completion of the Evaluation of the Clinical Experience and Evaluation of the Clinical Instruction.

Student Responsibilities – Full-Time Clinical Experiences

Following confirmation of a clinical placement, students will:

PRIOR TO the experience:

1. Become more familiar with the site by reviewing information available in Exxat and any other resources about the facility (web page, previous student evaluations, consultation with DCE, comments from peers, etc.).
2. Contact the Site Coordinator of Clinical Education (SCCE) (via telephone or email) **no later than two (2) months prior to the start date**. Begin building a positive relationship with the site – this begins with your very first contact!
3. Follow up the first contact with:
 - Cover letter or email introducing yourself and your anticipation of a great learning experience.
 - Update your Profile in Exxat and send to SCCE/CI.
 - Include any documentation or proof of completion of any requirements needed by the site (e.g., immunizations, drug screen, HIPAA training, etc.)

All documentation MUST be received by the site no later than one (1) month prior to your start date!

4. Review the Clinical Education Manual. Bookmark the student resources on the clinical education website for reference while on your clinical experience.
5. Review the practice act in the state(s) where you are completing a full-time experience.
6. Review the Clinical Internship Evaluation Tool (CIET) and be prepared to complete your self-assessment efficiently and appropriately.
7. Review appropriate course material prior to the experience with a focus on clinically relevant topics and skills. Practice skills and problem solving with your peers prior to your experiences.
8. Analyze your own learning style but be willing and open to using other styles. Your CI may have a different style and will work with you to find the most effective teaching and learning methodology.
9. Practice your self-assessment skills and be prepared to use them on a consistent basis. Analyze your own performance prior to asking for feedback from your CI. When you request feedback, ask for specific comments on performance rather than asking, "How did I do?"

DURING the experience:

10. Start each experience by building a positive and professional relationship with your CI and the staff at the facility. Once you arrive at the facility, remember you are a guest in the facility and are expected to follow the spoken and unspoken rules, as well as treat everyone with respect.
11. Dress according to the facility dress code.
12. Meet with your CI towards the end of the first week to discuss the goals, objectives, and expectations of the experience.
13. Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
14. Follow HIPAA (Health Insurance Portability and Accountability Act) guidelines at all times. If you are in a situation that seems challenging to HIPAA rules, talk candidly with your CI about the situation and work together on options to provide appropriate levels of confidentiality.
15. Value what you know and what you do not know. Demonstrate humility by being able to say, "I don't know" and use your own resources to locate the answer. Remember, CIs do not expect students to know everything, nor do they expect students to function independently. They do expect students to demonstrate initiative by practicing skills on their own time, preparing for new experiences, reviewing theory and academic knowledge, and asking questions appropriately.
16. Take responsibility for your education by setting realistic goals, seeking additional learning opportunities, practicing skills, being familiar with the Clinical Performance Instrument and experience expectations per the syllabi, writing down questions for discussion at an appropriate time and providing feedback to your CI.
17. Be efficient with clinic time. You may need to be resourceful in facilitating formal meeting times with your CI, ideally at least weekly. To minimize meeting time, come prepared for all meetings with written goals, questions and comments (complete a weekly feedback form). Have a mechanism for keeping time and be aware of time for effective management of your day and your patient's time.
18. Self-assess through active reflection. Critical components of the clinical education process are evaluation of the student by the CI and self-assessment using the CIET and other forms of verbal and written feedback. Seek out the feedback and apply it in the clinical environment without defensiveness – eagerly seek to improve.
19. Don't expect your CI to know everything or to have all the answers. Learning is a life-long process, and each patient provides unique challenges and life experiences.
20. Be ON TIME EVERY DAY and DO NOT LEAVE EARLY unless previously planned and approved. Tardiness will not be tolerated!!
21. If a student is ill, or for any other reason, the student MUST notify the facility prior to the start of the workday or as soon as the student knows of the pending absence and will speak directly to the CI or SCCE regarding the absence.
22. Any time missed due to illness or emergency must be reported to the Clinical Instructor and DCE. Time off for appointments for medical and dental care – either for the student or the student's dependents, should be discussed with the CI prior to making the appointment. It is expected the student will attempt to schedule appointments so time away from the clinical setting is least disruptive to the functioning of the facility. Students may be required to make up any missed time. Refer to the POLICIES portion of the Clinical Education Manual for policies regarding student absences from the clinic.

23. Look for ways to contribute by helping the staff, seeking out learning opportunities, demonstrating initiative and being friendly. Scan the environment – help clean up, share space and equipment, and pick up obstacles. Be a team player.
24. Make note of questions to ask your CI later, topics to research, medical terms to learn, self – assessment comments to add to your CIET, or to discuss with your CI.
25. Demonstrate awareness of your responsibility to the patient and the family. Remember, you joined the physical therapy profession to work with patients and provide evidence-based practice.
26. Recognize the value of working with patients across the continuum of care. The opportunity to see patients in different settings is critical to your development as a generalist physical therapist.
27. Seek all learning aspects from each setting regardless of your specific practice interests or plans for practice setting after graduation. As a student, you have the unique opportunity to learn from numerous experienced clinicians in a variety of settings. The knowledge, skills, and behaviors you learn in each setting are applicable to the next setting and to your employment after graduation. Reflect on each learning opportunity and consider how to use what you have learned in another situation.
28. Complete all required assignments for the course, submitting assignment on Canvas by the due dates.
29. Complete all assignments given by your clinical instructor in a timely manner!
30. Contact the DCE immediately if you have concerns. Don't wait – ask for help and work together on strategies or solutions to your question or concerns.
31. **Enjoy every moment!**
32. Complete Evaluation of the Clinical Site and Evaluation of the Clinical Instruction.

AFTER the experience:

33. Send a thoughtful hand-written thank you note to the CI and SCCE expressing your gratitude for their time and energy in contributing to your development as a professional and physical therapist.

Student Project / Inservice:

Students are required to complete either a formal evidence-based in-service and/or project of interest during each full-time clinical experience. The in-service/project should be relevant to the staff at the facility and a learning opportunity for the student. Students should expect to spend 10-20 hours on the project and should be presented to the clinical faculty/staff at the site. If possible, the student is encouraged to do a collaborative project with another student from any discipline.

- A. In-service option: complete an evidenced-based educational presentation based on a clinical question from the experience, AND/OR
- B. Project option: complete an evidenced-based project for the site. This should be a site identified need and will result in a usable product.

Topic and Format: The topic should be a mutual decision between the student and the clinical instructor(s). It MUST be evidence-based. We highly suggest the topic and format be determined within

the first 3 weeks of the experience with an outline and timeline ready to share with the CI(s) by midterm.

Examples from past projects/in-services include:

- Teach staff how to find literature online including setting up RSS feeds on clinical questions.
- Synthesize literature on latest surgical updates, modalities or special tests.
- Participate in a research project or a portion of a research project.
- Create a patient-oriented bulletin board.
- Create a poster for educational purposes.
- Create a patient education video, booklet, brochure.
- Research information on health issues related to different cultures within the community.
- Develop an information packet regarding community services for individuals with specific diagnoses/conditions or patient populations.
- Develop or modify educational information for different cultural groups or patient populations.
- Update existing presentations or computerize a presentation.
- Create standardized forms for evaluations, progress notes, discharge.
- Design new exercise programs or re-design old programs.
- Create/modify/update the student information packet for the site.
- Design an interdisciplinary student journal club or grand rounds.
- Participate in a marketing project.
- Participate in an administrative project or a portion of a project.
- Find information and costs for a new piece of equipment.
- Develop a brochure on accessible public transportation for patients/clients.
- Create a caregiver packet.
- Participate in, or develop, a screening program (community screening, injury screening for nurses and aides, fall prevention, etc.).
- Develop a system for loaning used equipment (standing frames, outgrown pediatric equipment).
- Design templates for medical equipment letters of medical necessity (with literature justifications).
- Collection of best standardized outcome measures to be used with individuals with a specific diagnosis/condition.

Required: A written narrative (paragraph) on the project/in-service submitted on Canvas course site.

Levels of Supervision

(APTA HOD P06-00-15-26 Position)

The American Physical Therapy Association recognizes the following levels of supervision:

General Supervision: The physical therapist is not required to be on site for direction and supervision but must be available at least by telecommunications.

Direct Supervision: The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

Direct Personal Supervision: The physical therapist or, where allowable by law, the physical therapist assistant is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision.

Glossary of Clinical Education Terms

Academic program: The aspect of the curriculum where students' learning occurs directly as a function of being immersed in the academic institution of higher education; the didactic component of the curriculum that is managed and controlled by the physical therapy educational program.

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

ADA (Americans with Disabilities Act): The 1990 federal statute that prohibits discrimination against individuals in employment, public accommodations, etc.

Administration: The skilled process of planning, directing, organizing, and managing human, technical, environmental, and financial resources effectively and efficiently. A physical therapist or physical therapist assistant can perform administrative activities, based on recognition of additional formal and informal training, certification, or education.

Affective: Relating to the expression of emotion (e.g., affective behavior).

Altruism: The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self-interest. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

Caring: The concern, empathy, and consideration for the needs and values of others. (*Professionalism in Physical Therapy: Core Values*, 2021.)

Clients: Individuals who are not necessarily sick or injured but can benefit from a physical therapist's consultation, professional advice, or services. Clients are also businesses, school systems, families, caregivers, and others who benefit from physical therapy services.

Clinical education/training agreement: A legal contract that is negotiated between academic institutions and clinical education sites that specifies each party's roles, responsibilities, and liabilities relating to student clinical education. (*Synonyms:* letter of agreement, affiliation contract)

Clinical education consortia: The formation of regional groups that may include physical therapy programs or clinical educators for the express purpose of sharing resources, ideas, and efforts.

Clinical education experience: Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings. While the emphasis is on the development of patient/client physical therapy skills, experiences may also include interprofessional experiences and non-patient/client service delivery such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.

Clinical education program: The portion of the Doctor of Physical Therapy program conducted in the health care environment rather than the academic environment; the sum of all clinical education experiences provided.

Clinical education site: The physical therapy practice environment where clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment and encompasses the entire clinical facility.

Clinical instructor (CI): The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience.

Clinical Internship Evaluation Tool (CIET): American Physical Therapy Association developed student evaluation instruments that are used to assess the clinical education performance of physical therapist and physical therapist assistant students. The Physical Therapist CIET consists of 8 performance criteria across 2 sections and a final Global Rating.

Cognitive: Characterized by knowledge, awareness, reasoning, and judgment.

Communication: A verbal or nonverbal exchange between two or more individuals or groups that is: open and honest; accurate and complete; timely and ongoing; and occurs between physical therapists and physical therapist assistants, as well as between patients, family or caregivers, health care providers, and the health care delivery system.

Compassion: The desire to identify with or sense something of another's experience; a precursor of caring. (*Professionalism in Physical Therapy: Core Values*; 2021.)

Competent: Demonstrates skill and proficiency in a fluid and coordinated manner in rendering physical therapy care (physical therapist), or those aspects of physical therapy care (e.g., interventions) as directed and supervised by the physical therapist (physical therapist assistant).

Competencies: A set of standard criteria, determined by practice setting and scope, by which one is objectively evaluated.

Cultural competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Working definition adapted from 68 *Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes- Focused Research Agenda*, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.

Cultural and individual differences: The recognition and respect for and response to, age, gender, race, creed, national and ethnic origin, sexual orientation, marital status, health status, disability or limitations, socioeconomic status, and language.

Diagnosis: Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

Director of Clinical Education (DCE): An individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating development of the clinical education site and clinical educators. This person is also responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information on clinical education sites.

Ethical and legal behaviors: Those behaviors that result from a deliberate decision-making process that adheres to an established set of standards for conduct that are derived from values that have been mutually agreed on and adopted for that group.

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (*Professionalism in Physical Therapy: Core Values*; 2021.)

Evaluation: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

Full-Time Clinical Education Experience: A clinical education experience in which a student is engaged for a minimum of 35 hours per week. Full-time clinical education experiences designated to achieve the minimum number of weeks set forth by CAPTE are directed by a physical therapist clinical instructor. An integrated clinical education experience may be a full-time clinical education experience.

First full-time clinical education experience: The first clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week.

Intermediate full-time clinical education experience: A clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a

minimum of 35 hours per week and returns to the academic program for further completion of the didactic curriculum.

Terminal full-time clinical education experience: A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapist professional education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or last terminal experience is entry-level performance.

Integrated Clinical Experience: A curriculum design model whereby clinical education experiences are purposively organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities and values that occur prior to the terminal full time clinical education experiences. Integrated experiences are coordinated by the academic program and are driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment. For integrated clinical education experiences to qualify towards the minimum number of full-time clinical education weeks required by accreditation (CAPTE) standards, it must be full time and supervised by a physical therapist within a physical therapy workplace environment or practice setting.

Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do. (*Professionalism in Physical Therapy: Core Values*; 2021.)

Internship: A terminal full-time clinical education experience that provides recompense to participants in accordance with federal labor laws under the Fair Labor Standards Act.

Intervention: The purposeful and skilled interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in care (i.e., physical therapist assistant), using various methods and techniques to produce changes in the condition. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

Outcomes (assessment of the individual): Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

Patients: Individuals who are the recipients of physical therapy direct intervention.

Patient/client management model: Elements of physical therapist patient care that lead to optimal outcomes through examination, evaluation, diagnosis, prognosis, intervention, and outcomes. (Adapted from the *Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

Philosophy: Broad context and theoretical framework provided for program purpose, organization, structure, goals, and objectives; a statement of philosophy under some conditions may be synonymous with a mission statement.

Physical therapist: A person who is a graduate of an accredited physical therapist education program and is licensed to practice physical therapy.

Physical therapist assistant: A person who is a graduate of an accredited physical therapist assistant program and who assists the physical therapist in the provision of physical therapy. The physical therapist assistant may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

Physical therapist professional education: First level of education that prepares student to enter the practice of physical therapy.

Physical therapy: Use of this term encompasses both physical therapists and physical therapist assistants.

Physical therapy personnel: This includes all persons who are associated with the provision of physical therapy services, including physical therapists, physical therapist assistants who work under the direction and supervision of a physical therapist, and other support personnel. (*Synonym: physical therapy staff*)

Plan of care: Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

Preceptor: An individual who provides short-term specialized instruction, guidance, and supervision for the physical therapist student during a clinical education experience. This individual may or may not be a physical therapist as permitted by law.

Professional: A person who is educated to the level of possessing a unique body of knowledge, adheres to ethical conduct, requires licensure to practice, participates in the monitoring of one's peers, and is accepted and recognized by the public as being a professional. (See *Physical Therapist*.)

Professional duty: Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. (*Professionalism in Physical Therapy: Core Values*; 2021.)

Prognosis: The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

Provider of physical therapy: This indicates the part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist 70 including within the plan of care physical therapy interventions provided by the physical therapist assistant.

Psychomotor: Refers to motor activity that is preceded by or related to mental activity.

Reexamination: The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

Screening: Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.) (See also: *Cognitive*.)

Site Coordinator of Clinical Education (SCCE): A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.

Social responsibility: The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. (*Professionalism in Physical Therapy: Core Values*, 2021.)

Student placement forms: A questionnaire distributed by physical therapy education programs to clinical education sites requesting the number and type of available placements for students to complete clinical education experiences.

Supervision: A process where two or more people actively participate in a joint effort to establish, maintain, and elevate a level of performance; it is structured according to the supervisee's qualifications, position, level of preparation, depth of experience, and the environment in which the supervisee functions.

Treatment: The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, VA: American Physical Therapy Association; 2003.)

Validity: The degree to which accumulated evidence and theory support specific interpretation of test scores entailed by proposed use of a test. The degree to which a test measures what it is intended to measure; a test is valid for a particular purpose for a particular group.

Variety of clinical education experiences: Considers multiple variables when providing students with clinical learning experiences relative to patient care including, but not limited to, patient acuity, continuum of care, use of a PT/PTA care-delivery team, complexity of patient diagnoses and environment, and health care delivery system.

University of Utah Department of Physical Therapy and Athletic Training
Doctor of Physical Therapy Program

Student Clinical Education Manual Acknowledgement

Prior to any Full-Time Clinical Experience, students are required to review the most recent version of the Student Clinical Education Manual for all policy updates. Student attest to having done so by completing this form.

STUDENT CLINICAL EDUCATION MANUAL ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE BEEN PROVIDED A COPY OF THE *DEPARTMENT OF PHYSICAL THERAPY AND ATHLETIC TRAINING, DOCTOR OF PHYSICAL THERAPY PROGRAM STUDENT CLINICAL EDUCATION MANUAL* ON

_____, _____, 20_____
(Month) (Day) (Year)

I ACKNOWLEDGE AND AGREE THAT I HAVE READ AND UNDERSTOOD THE CONTENTS OF THE MANUAL. IF THERE ARE ANY PROVISIONS OF THE HANDBOOK I DO NOT UNDERSTAND, I WILL SEEK CLARIFICATION FROM THE DIRECTOR OF CLINICAL EDUCATION ABOUT THOSE PROVISIONS. I FURTHER ACKNOWLEDGE AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES IN THE MANUAL.

Student Name (PRINT)

Student Signature

Date

Notes

Notes