

Bellin College

2024 Clinical Education
Handbook



DOCTOR OF PHYSICAL THERAPY

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► Foreword

This Clinical Education Manual was created to provide the Department of Allied Health Doctor of Physical Therapy (DPT) Program academic faculty and staff, DPT students, and affiliating clinical education faculty and sites with a summary of the approved clinical education policies and procedures, a summary of the clinical education assessment tools and forms that are used by the program, and to provide full disclosure to all stakeholders regarding clinical placement processes. The policies and procedures are subject to change as the curriculum, Program, or Department requires. Annual revisions will occur in July.

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► Glossary of Abbreviations (Alphabetical) that Appear in this Manual

- APTA = American Physical Therapy Association
- BC = Bellin College
- BID = Background Information Disclosure
- CCIP = Credentialed Clinical Instructor Program
- CEC = Clinical Education Coordinator
- CEE = Clinical Education Experience
- CERF = Clinical Education Request Form
- CI = Clinical Instructor
- CSIF = Clinical Site Information Form
- DPT Program or “the Program” = Doctor of Physical Therapy Program
- FCFS = First Come First Serve
- HIPAA = Health Insurance Portability and Accountability Act
- ICE = Integrated Clinical Education
- IP = Inpatient
- IRD or IRF = Inpatient rehabilitation setting
- LOA = Leave of Absence
- LTAC = Long Term Acute Care setting
- OP = Outpatient
- PTSE:CECI = Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form
- SCCE = Site Coordinator of Clinical Education
- SNF = Skilled Nursing Facility
- SPT = Student Physical Therapist

▶ College Mission Statements

Mission Statement

Bellin College is dedicated to educating healthcare professionals through innovation, leadership, and service that promotes lifelong learning and excellence.

Vision

Bellin College will be the leader in health science higher education.

Values

Excellence – being the best

Integrity – honest and ethical behavior

Community – collaboration and inclusion

Caring – empowering relationships based on empathy and respect

▶ Bellin College Doctor of Physical Therapy (DPT) Program Mission Statement

Bellin College is dedicated to promoting an inclusive and innovative educational environment that prepares autonomous and collaborative Doctors of Physical Therapy who are altruistic, caring, and dedicated to providing excellence in practice. Graduates and faculty will be leaders, dedicated to lifelong learning, service, and advocacy for the advancement of the profession and society.

▶ Bellin College DPT Clinical Education Philosophy

Teaching and learning are dynamic processes of discovery attained through interaction and engagement. Bellin College DPT Program faculty members implement cooperative teaching strategies in partnership with students and our clinical sites to achieve program outcomes. Students share the responsibility of achieving their learning goals through participation in the education process. As co-creators of their learning, students have a responsibility to develop a scholarly approach to learning through assimilation and integration of new knowledge, utilization of technology, and reflection on life experiences.

Our clinical education experience requirements have been established to facilitate student exposure to a variety of practice environments and populations representative of contemporary physical therapy practice. Ongoing professional development of our students is supported in the classroom, laboratory experiences, and clinical education experiences through emphasis on self-reflection, clinical reasoning, professional advocacy, service, and leadership.

The DPT Program at Bellin College recognizes the extraordinary role that clinical education plays in the development of a student's professional identity. For this reason, our clinical education philosophy is based on the belief of continuous integration of knowledge and practice across the duration of the curriculum. The Bellin College DPT clinical education curriculum incorporates part-time integrated clinical education (ICE) experiences beginning in Term 1 as well as full-time clinical education experiences (CEEs) both integrated and at the end of the curriculum to best facilitate the successful transition from classroom to clinical practice as an autonomous professional capable of caring for patients in rural,

suburban, and/or urban regions. We deeply value the relationships with our clinical education partners, including Clinical Sites, Site Coordinators of Clinical Education (SCCEs), Clinical Instructors (CIs), and Clinical Faculty as collaborators in the education process to serve as educators, mentors, and professional role models.

► Accreditation

Effective July 19, 2022, Bellin College has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (3030 Potomac Ave. Suite 100, Alexandria, Virginia 22305-3085; phone: 703-706-3245; email: accreditation@apta.org). If needing to contact the program/institution directly, please call 920-433-6699 or email PhysicalTherapy@bellincollege.edu.

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

Bellin College's Doctor of Physical Therapy program is accredited by the Higher Learning Commission (HLC).

The College is accredited by the following agencies:

- **The Higher Learning Commission (HLC)**
30 North LaSalle Street, Suite 2400, Chicago, IL 60602-2504
Phone: (800) 621-7440, www.hlcommission.org
 - All academic programs
 - Approved for Distance Education Courses and Programs

▶ Clinical Education Structure

Integrated Clinical Education Courses (ICE)

In each of the first three semesters of the academic program, students are assigned to small groups and spend part-time hours in a variety of clinical practice settings. Clinical Faculty will supervise and help direct the students' learning while at ICE experiences based on set objectives and assignments provided by the Bellin College Faculty that lead the respective course(s). ICE experiences take place as part of scheduled lab hours in DPT 731 Clinical Fundamentals of Physical Therapy Practice (Term 1), DPT 741 Therapeutic Interventions I: Exercise Testing and Prescription (Term 2), and DPT 751 Therapeutic Interventions II: Strength, Conditioning and Special Topics (Term 3). The primary purpose of ICE experiences is to encourage early person-centered interaction in inpatient and outpatient settings to facilitate psychomotor, cognitive, and affective skill development; improve self and peer reflection capabilities; and support the process of sound clinical decision-making. These skills are also supported in classroom-based laboratory instruction and simulations during the respective terms as well as subsequent coursework throughout the curriculum.

Students are given the opportunity to provide formal feedback on their ICE experiences and Clinical Faculty effectiveness at the completion of each course. Details on student assessment procedures can be found in the respective course syllabus.

Full-Time Clinical Education Experiences (CEEs)

Bellin College's DPT curriculum consists of three full-time CEEs. DPT 890 Clinical Education I is a 6-week experience at the end of Term 4 (fall). DPT 990 Clinical Education II is a 12-week experience that occurs in Term 6 (summer). Students then come back to campus for Term 7 for additional coursework prior to completing the program with DPT 993 Clinical Education III, a 12-week experience that occurs in Term 8 (spring). The Clinical Education Coordinator (CEC) plans and structures CEEs with the goal that students have a sufficient depth and breadth of experiences to meet not only graduation requirements but also to enable them to meet care needs in a changing and diverse health care environment.

Students are given the opportunity to provide formal feedback on their CEE experiences at the completion of each course. Details on student assessment procedures can be found in the respective course syllabus.

Throughout both part-time ICE experiences and full-time CEE experiences, students are expected to accrue hours in both inpatient and outpatient settings:

- Inpatient settings include acute care hospitals, Skilled Nursing Facilities (SNFs), inpatient rehabilitation settings (IRDs or IRFs), IP neurologic, IP pediatric, home health settings (that bill Medicare A for services), long-term acute care (LTAC) facilities, swing beds, or other inpatient specialty-based practices.
 - Due to the changing healthcare environment including decreasing length of hospital stays and increasing acuity/complexity of patients now seen in home health, LTAC, and SNF settings, it is felt that these settings adequately capture the skills needed by a physical therapist in inpatient level care.
- Outpatient settings include OP neurologic, OP general, OP pediatric, OP orthopedic, OP rural, OP sports, other outpatient specialty-based practices, home health settings that bill Medicare Part B for services, occupational health/ergonomics, school-based setting, and birth-to-three setting.

► Clinical Education Database

Typhon Physical Therapy Student Tracking System

All DPT students are required to use Typhon Group Physical Therapy Student Tracking (PTST) electronic system for documenting clinical experiences. Students will be provided with the web address and password for logging on to the system.

Students will need to make a one-time payment to use the system throughout the remainder of their educational program.

Because the system is web-based, students can log on from anywhere without downloading software. All data entered onto the system are stored on a secure, HIPAA compliant server. Students can quickly and easily enter all patient encounter information on one page, including demographics, clinical information, diagnosis and procedure codes, medications, and clinical notes. A special section is available to log the observation, assistance, or completion of various competencies that are appropriate to the student's educational program. Dates and hours of clinical experiences, service learning, and continuing education are entered on a time log. Students and faculty are able to access information in "real-time" and run reports by date, course, semester, clinical site, and preceptor for individual students or in aggregate for an entire class.

Another feature of the Typhon Group PTST is that students can create and customize their portfolios which can help in seeking employment after graduation. Students can provide potential employers with a password so that they may view selected aspects of the portfolio, such as a resume and list of completed courses, on the website.

Typhon Group PTST Website

The Typhon Group NPST website includes detailed instructions and videos to assist students in the use of all aspects of the system. For access to the Typhon Group PTST, go to:
<http://www.typhongroup.net/bellinCollege/>.

Enter your User Login and Password and click "Login"

► Roles and Responsibilities Related to Clinical Education

Clinical Education Coordinator (CEC)

1. The CEC is responsible for all aspects related to the clinical education component of the curriculum including the planning, coordination, facilitation, administration, monitoring, and assessment of all ICE and CEE courses. These responsibilities are a component of the CEC's job duties that also include teaching, scholarship, and service.
 - a. The CEC will collect feedback from the Academic Advisors and other Faculty to make final determination related to readiness for student participation in clinical education.
 - b. The CEC will work directly with SCCE / CI / Clinical Site partners to identify each site's learning needs related to provision of quality clinical education experiences and will actively assist to meet those learning needs. Clinical Sites are welcome to request an educational in-service provided by the Bellin College DPT Faculty, including the CEC, at no cost to the Clinical Site. Requests should be made to the CEC via email. Faculty availability, expertise, and travel requirements will be considered.
 - c. The CEC is the only person authorized to contact NEW clinical sites or to delegate this contact to other faculty or College Staff to explore an affiliation agreement.
2. All communication related to clinical education matters should be directed to the CEC to ensure that such matters are addressed appropriately and in a timely manner.
3. The CEC serves as the representative to the community partners and stakeholders involved in clinical education for the Bellin College DPT Program. This includes providing timely, frequent, and effective communication regarding the Program.
4. The CEC collects and analyzes data related to clinical education outcomes and shares this information with the DPT Program faculty and other stakeholders on a regular basis.
5. The CEC is responsible for managing and maintaining the accuracy of the electronic clinical education database for the Program in Typhon (updating relevant site requirements and documents, affiliation agreements, etc.). The files include the information below:
 - a. Contact information for the SCCE and clinical site
 - b. Clinical Site Information Form (CSIF): Form that provides general information about the facility and its staff, training programs, patient/client population, dress code, housing, workdays, hours, parking, transportation, and meals. Students will be required to complete and/or update the CSIF during CEEs.
6. CEC effectiveness is evaluated annually by students, faculty, the Program Director, SCCEs, CIs, and program administrative staff.

DPT Program Academic Advisor

1. The Academic Advisor will be responsible for conferring with other DPT Program Faculty and reviewing the student's grades and overall performance to determine readiness to participate in clinical education experiences (CEEs) based on successful course completion and demonstration of appropriate professional behaviors.
2. The Academic Advisor will complete a Clinical Education Experience Readiness Form (Appendix B) for each of their students and submit to the CEC and other core faculty for final review and approval prior to the start of each CEE.

Core Faculty

The core faculty must ensure that continuity exists between the didactic education and clinical education components of the Program. To this end, core faculty members have the following responsibilities:

1. Assess student performance during academic preparation and make recommendations for improvement.
2. Enforce safe, professional, and ethical student behavior during all learning activities (i.e., practical examinations, role playing scenarios, discussions) to prepare students for clinical education.
3. Determine expectations for professional development, skill acquisition, and clinical competence within each course.
4. Assure that only students who meet academic and other professional expectations are progressed into clinical education experiences.

Clinical Faculty

1. The designation of Clinical Faculty is given to a clinician that is contracted with and paid by Bellin College to assist in the lab portion of a didactic course that contains on-site lab hours and/or in-clinic ICE experience hours.
2. Clinical Faculty go through formal application, interview, and selection processes to ensure qualifications. Clinical Faculty selected specifically to direct and supervise SPTs during ICE experience hours are clinicians that have prior experience as clinical instructors / educators.
3. Clinical Faculty need to maintain relevant accreditation documents on file with the College.
4. Clinical Faculty receive formal orientation and training at Bellin College to ensure they understand the learning objectives and specific activities of each course to which they are assigned.
5. Clinical Faculty are expected to provide feedback to the Lead Faculty and Program for the purpose of continuous quality improvement.
6. Clinical Faculty are formally evaluated by the Lead Faculty, through student course evaluations, and participate in a formal performance review with the Program Director or Assistant Program Director each year.

Clinical Site / Site Coordinator of Clinical Education / Clinical Instructor

1. The Clinical Site, SCCE, and CI are strongly encouraged to adhere to the American Physical Therapy Association (APTA) Guidelines to Promote Excellence in Clinical Education Partnerships.
 - [APTA Guidelines to Promote Excellence in Clinical Education Partnerships](#)
2. The Clinical Site must be committed to the principle of Equal Opportunity and Affirmative Action as required by federal legislation.
3. The administration and leadership of the Clinical Site must be willing to provide and be supportive of clinical education and a student program, which may include available CI release time from patient care to plan for and work with the student on a regular basis.
3. The atmosphere of the Clinical Site should be conducive to staff and student interaction and the therapy services at the Site should provide an active, stimulating environment appropriate for the learning needs of the student.
4. The Clinical Site is not to utilize the student as supplemental staff or provide compensation to the student for services rendered.

5. Each SCCE should have a copy of the “Reference Manual for Site Coordinators of Clinical Education”, published online by the APTA to help guide practices and quality improvement of the clinical education program offered at the Clinical Site.
 - [APTA Reference Manual for Site Coordinators of Clinical Education](#)
6. The SCCE, in collaboration with the CEC, will confirm student placement assignments at their respective Clinical Site(s). The SCCE will notify the CEC immediately of any alterations to placement offers and try to avoid cancellation of confirmed offers to the greatest extent possible.
7. The SCCE will communicate with the CEC regarding any updates to Clinical Site expectations for student preparedness including applicable health and training requirements.
8. The SCCE, in coordination with the management staff at the Clinical Site, will identify CIs that demonstrate necessary professional and interpersonal attributes required for the role. This includes:
 - a. Clinical competence.
 - b. Legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy; and
 - c. Communication, interpersonal, instructional, supervisory, and evaluation skills conducive to effective clinical education.
9. The SCCE or CI will orient the student to the Clinical Site, review specific policies for the Clinical Site that may impact the student, and clarify expectations of the student.
 - a. The SCCE and/or CI should communicate the student’s planned schedule including contingency plans for potential or scheduled CI absences.
 - b. The Clinical Site must have policies and procedures in place concerning exposure to communicable illness or Bloodborne pathogens.
 - c. If a student has an exposure to blood or other infectious material, is injured, or becomes medically ill while at the Clinical Site, the Clinical Site shall provide emergent or urgent medical care as appropriate, consistent with the Clinical Site’s capabilities and policies. The Clinical Site / CI / or SCCE shall contact the CEC to provide notification of the exposure/illness/injury IF the student is incapable of doing so due to the degree of their illness/injury. For mild injuries and illnesses, the student shall bear the responsibility of notifying the CEC. The student shall bear financial responsibility for charges associated with medical treatment.
10. The CI will be a licensed physical therapist with at least one year of clinical experience and a desire to be involved in clinical education (minimum requirements as defined by APTA and CAPTE).
 - a. It is highly recommended, but not required, that the CI complete the APTA Credentialed Clinical Instructor Program (CCIP) Level 1 and/or Level 2; are members of the APTA; and/or have obtained clinical specialist certification or other advanced certifications or competencies related to clinical practice.
 - b. The CI is to demonstrate effective clinical teaching skills which will be assessed by each student using the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Form (PTSE:CECI, Appendix B). A minimum score of “3” (1-5 scale with 5 being the most favorable response) is expected on all items on #22 of this tool.
11. The CI will comply with jurisdictional law and regulations related to physical therapist practice and supervision of student physical therapists. It is expected that the CI is directly present for all SPT-patient interactions to best provide meaningful feedback on student performance and ensure safety.
12. The CI will complete all required trainings for use of the Clinical Internship Evaluation Tool (CIET) prior to use to ensure valid assessment of student performance. The CI will complete required forms and assessment including the CIET in a timely manner, as outlined in the respective clinical education course syllabus.
13. **The CI is expected to communicate with the SCCE and/or CEC in a timely manner if he/she/they have any concerns regarding student performance at the clinical site.** See “Conflict Management Policy and Resources” on pages 20-21.

Student Physical Therapist (SPT)

1. Student Requirements to Enroll in Clinical Education Courses

Refer to the Program Handbook for full details of College requirements that are summarized here. Students are required to remain in good financial standing and current with all required documentation (health records, CPR Training, HIPAA training, criminal background check, drug screening, etc.) to maintain enrollment in the college as well as to successfully complete the Clinical Education coursework; therefore, all requirements must be updated prior to attending all clinical experiences and cannot be due to expire while out on clinical experiences. A student with any outstanding financial obligations to the College will not be allowed to participate in their clinical experience and any future clinical experiences until the financial obligation is satisfied. Completion of these requirements and any associated costs is the responsibility of the student. The College sets guidelines and monitors student records/data at matriculation and during the student's enrollment. Students who are not compliant with the College requirements will receive a hold on their account and will be unable to enroll in courses until the requirements are met. This may result in delay of progress in the program and/or inability to graduate.

Due to confidentiality, student records will not be released to any third party by the DPT program without prior written consent from the student. Clinical Sites will be provided with verification of student completion of requirements and attestation to the absence of disqualifying offenses.

a. Required health information includes:

- Maintain current continuous medical coverage (including hospitalization and emergency care)
- Proof of annual comprehensive health examination
- Current Tuberculosis testing or chest x-ray if Tuberculosis positive
- Proof of immunization or immunity to: Measles, Mumps, Rubella, and Varicella
- Proof of immunization to: Tetanus
- Proof of immunization to or signed declination for: Meningococcal, Hepatitis B, and COVID-19
- Proof of annual immunization to Influenza

Please note: A Clinical Site may request additional physical examination criteria including immunizations for a student to participate in a clinical experience. A Clinical Site has the right to refuse any student who has not completed the required medical documents. Exemptions and declinations accepted by the College do not guarantee exemptions/declinations will be granted by the Clinical Site, and exemptions/declinations granted at one Clinical Site do not guarantee they will be granted at other Sites. In the event a student is unable to meet the requirements of the Clinical Site, the student may be unable to fulfill the course objectives and may need to consider a leave of absence to work towards compliance. Alternate experiences outside those used for the matriculated cohort will not be considered.

- b. **CPR Training:** CPR certification must be American Heart Association – Healthcare Provider/Basic Life Support (infant/child/adult). Students must show proof of CPR certification by uploading the front and back of their CPR card into their Viewpoint account.
- c. **Criminal Background Checks and Drug Screen:** Students are required to complete these items prior to orientation and are responsible for the associated costs.

Please note: A Clinical Site may require additional criminal background checks (other states, etc.) or other forms of drug screening and students are responsible for these costs.

- d. **Health Insurance Portability and Accountability Act (HIPAA) Training:** Students will complete HIPAA training annually through the Greater Green Bay HealthCare Alliance website (www.ggbha.org) and submit verification of training completion through the Clinical Compliance & Resources Course on Canvas.

- e. **Student Liability Insurance:** Students are provided protection against general and professional liability claims by Bellin college. A certificate of this protection is provided to each Clinical Site with annual placement requests and upon request. If a Clinical Site requires additional evidence of insurance on an individual student, it is the responsibility of the student to provide that information. This is extremely rare. Students may purchase Malpractice Insurance to cover beyond the College's Liability Insurance if desired.
 - f. **Professional Membership in the APTA:** Students are expected to maintain continuous student membership in the APTA during their enrollment in the program. Each student will need to annually update their membership card information on their Typhon profile in order to complete clinical education experiences.
2. **Student Responsibilities Regarding Preparation to Begin Each Clinical Experience**
- a. Students must be registered for the respective clinical education course prior to participating at the Clinical Site. Failure to register prior to the first day will delay the student's participation in direct patient care.
 - b. Eight weeks before a full-time clinical education experience begins, students are responsible for:
 - i. Reading the information on the Clinical Site Information Form (CSIF) if one is available in Typhon (the Clinical Education Database).
 - ii. Sending an introductory letter via email to the SCCE and CI. This letter should include 1-2 individualized objectives for the experience related to the APTA Core Values as well as 1-2 individualized objectives related to skill development.
 - c. As noted above, students are responsible for completing any additional site-specific requirements prior to the first day of the experience, e.g., online learning modules, additional medical requirements, or additional background checks. Students will be notified of these requirements by the CEC and/or the SCCE. Students are responsible for any costs associated with additional site-specific requirements not otherwise covered by the College or the Clinical Site.
 - d. Students will complete all required training for use of the Clinical Internship Evaluation Tool (CIET) prior to use to ensure valid assessment of student performance.
 - e. Students are required to be familiar with the state practice act of the state where they will be practicing as student physical therapists. For most states, this information is available through the state board's website.
3. **Student Conduct while at Clinical Sites (both ICEs and CEEs)**
- a. Students are expected to demonstrate appropriate behavior and conduct relative to the Foundational Behaviors of Bellin College as well as the APTA Code of Ethics for the Physical Therapist and the APTA Professionalism in Physical Therapy: Core Values documents.
 - [APTA Code of Ethics](#)
 - [APTA Core Values for the Physical Therapist](#)

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

The Clinical Instructor, after consultation with the SCCE, may send a student away from the Clinical Site at any time if the student's behavior or unsafe practice places the student or others at risk. These situations will be addressed immediately. See "Conflict Management Policy and Resources".

- b. Students are responsible for following all Clinical Site policies and procedures while onsite.
- c. Students are to appropriately introduce themselves as a “Student Physical Therapist” and will respect a patient and/or caregiver’s right to refuse treatment by a student.
- d. **Health Insurance Portability and Accountability Act (HIPAA)**
Students must always abide by HIPAA regulations to keep client health information secure and confidential.

Clinical experience requires students to access protected health information about clients. As a student, there is a legal and ethical need to protect a client’s right to privacy. Client information will not be shared in any form or medium, including written, verbal, or electronic methods, with anyone other than those who are directly responsible for the client’s care and treatment. Protected Health Information includes, but is not limited to: name, medical record number and visit number, dates including birth date, date of admission and date of discharge. Client care information will be discussed only within client care areas and with acute awareness of who is within hearing range.

While students may write down essential information for the preparation and care of clients, information that identifies a client in any way may not be taken from the Clinical Site. No records may be photocopied or printed for any reason. It is unlawful to disclose any individually identifiable information.

Violation of this policy may result in clinical and/or disciplinary probation, dismissal, and/or legal and financial consequences.

- e. Students are to avoid engaging in personal activities while at the clinical site. Students will refrain from personal phone calls or other communication during clinical education. The ability to use a personal cell phone for activities directly related to patient care (stopwatch function, calculator, health care apps that are pertinent to patient education and/or outcome measures, etc.) is up to the discretion of the Clinical Site and CI.
- f. Preparation for other academic work that interferes with patient care is not permitted. Students should use their own evening and weekend time to complete assignments.
- g. Students will abide by the Clinical Dress Code and Appearance Policy. Students who fail to comply with the dress code may be subject to disciplinary action processes as noted in the Program Handbook.
- h. Students will abide by the Attendance Guidelines for Clinical Education. Students who fail to comply with the attendance policy will be subject to disciplinary action processes as noted in the Program Handbook.

4. **Additional Student Responsibilities While Participating at Clinical Sites**

- a. On the first day of a full-time clinical education experience, the SPT should complete an orientation with their CI or SCCE that includes the following minimum recommended components:
 - Discuss learning and communication styles (SPT and CI) as needed.
 - Discuss the syllabus and required assessment methods and timepoints for the experience.
 - Discuss goals of the experience and student strengths and weaknesses.
 - Discuss any additional requirements that the CI/Clinical Site have for the experience.
 - Discuss pertinent safety policies of the Clinical Site including, but not limited to: Emergency Codes, Electronic Medical Record access/use, and exposure to communicable illnesses and Bloodborne pathogens.

- b. **Emergency Medical Care:** Each student is personally responsible for all expenses that result from emergency care during clinical practice. Should a student suffer an accident or injury while at the Clinical Site, appropriate emergency action should be taken and the CEC is to be notified. In the event of an exposure to blood or other potentially infectious bodily fluids, the student should immediately notify the CI and SCCE so that appropriate action can be taken according to Clinical Site policies and the CEC should be notified as soon as possible.
- c. The SPT is responsible for completing all course assignments in a timely manner, including clinical education forms and assessments, and required time logs and case logs in Typhon, and additional assignments as indicated in the respective course syllabus.

► Determination of Student Preparedness for full-time Clinical Education Experiences

Students must meet the below criteria to demonstrate competence, safety, and readiness for progression into full-time clinical education experiences. These include:

1. Successfully pass all courses prior to each clinical education experience. This includes demonstration of competence in examination and intervention skills on all practical examinations and skills checks with a minimum grade of 77% and no safety deficits. Specific skills are identified in Practical Examinations/Skills Check rubrics for all course syllabi that require these assessments.
2. Successfully pass the mid-curricular comprehensive examinations.
3. Demonstrate professional behaviors in all program activities to include, but not limited to student self-assessments, active participation and interactions with faculty in didactic courses, and appropriate patient-therapist interactions during practical examinations and skills checks.
4. Satisfactory feedback from the faculty advisor and no additional concerns from the faculty regarding student participation in clinical education experiences.

The CEC, Academic Advisor, and core faculty members all have a role in determining clinical preparedness. The CEC conducts three clinical education meetings with core faculty, including the academic advisors, each year to help determine if students are prepared to advance to CEEs. Student preparedness for clinical education is determined and documented on the Clinical Education Experience Readiness Spreadsheet during these faculty meetings. The CEC maintains this Clinical Education Experience Readiness Spreadsheet within protected computer files. The CEC, academic advisors, and core faculty discuss any potential concerns related to the above criteria and make a final determination regarding each student's preparedness. Three options exist for student disposition:

1. Prepared – Student has met all academic progression standards including passing practical examinations/skills checks and mid-curricular examinations on first attempts AND demonstrates appropriate professional behaviors in all activities.
2. Prepared with Concerns – Student has met all academic progression standards and passed practical examinations, skills checks, and mid-curricular examinations following the appropriate remediation and re-testing of one or more assessments. And/or student has demonstrated some professional behavior concerns in one or more classes. The student will be provided with a student performance notification (SPN) if the area has not been addressed with a prior unresolved/in-process SPN. The CEC will notify the student of their status and closely monitor student progress during clinical education.
3. Unprepared – Student does not meet academic progression standards or has not passed practical examinations, skills checks, and/or mid-curricular examinations following remediation and re-testing in the preceding academic term. OR student has demonstrated consistent trends in unsafe, unprofessional, unethical, and/or illegal behaviors that are inappropriate for academic progression and entry into CEEs. Students that are unprepared for clinical education will not be allowed to complete the CEE. The student will be provided with a student performance notification in accordance with policies set forth in the DPT Guidebook: Handbook & Catalog.

► Clinical Dress Code and Appearance

Students will be dressed in professional attire and present an appearance of neatness, personal cleanliness, and hygiene at all times while at Clinical Sites for part-time and full-time clinical education experiences. The Bellin College dress code policy will supersede any clinical agency policy, unless the Clinical Site requires lab coat or scrubs, which is acceptable. Any other variation in dress code requirements based on Clinical Site needs will be reviewed by the Clinical Education Coordinator prior to clinical.

Please see the Dress Code Policy listed in the online [Bellin College Handbook and Catalog](#) for specific details.

► Attendance Guidelines for Part – Time Integrated Clinical Education Experiences (ICEs)

ICE schedules are carefully coordinated between the CEC and the Clinical Faculty at the respective ICE sites. Students are expected to attend all scheduled ICE sessions as assigned to their group. If ill or having a personal emergency, students must contact the CEC at the earliest available time via **text message** so that the CEC can notify the Clinical Faculty and make-up time can be arranged, if possible. Absences for illness, emergencies, observation of religious holidays, presentations at approved professional conferences, and inclement weather resulting in College and/or Site closure are the only excused absences allowed during ICEs. All other absences are considered unexcused and will result in disciplinary action in accordance with the Program Handbook. If a student feels strongly that they have a valid request for exception to this attendance policy, it is the student's responsibility to discuss this situation with the CEC in a timely manner. The CEC will consult with the Program Director and the decision to classify the absence as excused or unexcused is final. Repeated absences may result in failure to pass the ICE course.

Tardiness

Students are expected to be prompt to each scheduled ICE session and are encouraged to arrive early. Students who expect to be tardy are to call the ICE Site prior to the start time and should communicate an expected arrival time so that the Clinical Faculty can be notified. Clinical Faculty will notify the CEC of any tardy students by the end of the day. Students who are habitually tardy OR attempt to depart early are subject to failure on professional indicators, with excessive tardiness and absenteeism placing them at risk for failure of the ICE course.

Illness

Students who are ill and unable to attend the ICE session are to contact the CEC via text message to notify them of the absence prior to the start time of the session. The CEC will notify the Clinical Faculty. Unreported absences will be considered as unexcused.

Communicable Illnesses: Students with symptoms or illness that may be communicable to patients or staff should not have contact with patients/staff. If students are unsure whether they are healthy enough to be in contact with patients, they should seek medical advice for an evaluation of their medical condition. Persons with the following conditions should not be allowed patient contact without a medical clearance and permission by the CEC:

- Active chicken pox, measles, German measles, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, or tuberculosis
- Confirmed influenza (any variant), SARS, or COVID-19 infection
- Diarrhea lasting over three days or accompanied by fever or bloody stools, OR confirmed gastrointestinal infection such as *Clostridium difficile*, *Clostridium botulinum*, or *Salmonella enterica*
- Conjunctivitis of the eye(s)
- Draining or infected skin lesions
- Group A Strep infection (Strep throat) until after 24-hours of treatment has occurred

Religious Accommodations

If a student needs to have their ICE session schedule altered to address religious observances, a written request must be submitted to the CEC prior to the start of the clinical experience. The CEC will attempt to place the student in a group in which the planned ICE session schedule accommodates the observances.

Emergency Time Off

Events that constitute an emergency include, but are not limited to, personal injury or environmental emergency that prevents safe participation in the ICE session, death of a family member, funeral attendance, car accident or sudden need for vehicle repairs that affect ability to get to the clinical site. The CEC reserves the right to request supporting documentation of such emergencies.

Participation in Professional Conferences

The Bellin College DPT Program does encourage student engagement in professional advocacy and leadership at the local and national level. If a student is selected to attend or present at a professional conference, the CEC will attempt to place the student in a group in which the planned ICE session schedule accommodates the conference dates.

Inclement Weather

As all ICE Sites are located within 60 miles of campus and ICE session hours are considered lab hours as part of coursework, the College's Inclement Weather Policy will apply and all students and faculty (including Clinical Faculty) will be notified via email and/or text in the event of College closure or delay.

- If the College is closed, students are NOT to report to their ICE sessions, regardless of whether the Site is open and operational.
- If the College is delayed or closes early, students are to arrive to or leave their scheduled ICE session at the designated time, regardless of whether the Site is open and operational.

- If the College is NOT delayed or closed, but the ICE Site will close or have altered hours, the Clinical Faculty is to notify the CEC via phone at the earliest possible opportunity. The CEC will communicate the change in plan to the students.
 - If the Site is closed, students will instead report to the College and complete the anticipated ICE assignment with the CEC and other available faculty and staff.
 - If Site delay or early dismissal will result in students missing more than 50% of their scheduled session, students will instead report to the College and complete the anticipated ICE assignment with the CEC and other available faculty and staff.
 - If Site delay or early dismissal will result in students missing less than 50% of their scheduled session, students will report to the Site.
- If neither the College nor the ICE Site are delayed or closed, students are expected to report to their ICE sessions. In this situation, inability to report to the ICE site due to weather may constitute “Emergency Time Off” as noted above and the student will need to immediately notify the CEC of the absence. The CEC will notify the Clinical Faculty and will consult with the Program Director to determine if the absence will be excused or unexcused.

Clinical Faculty Absence

The Clinical Faculty members will try to avoid absences during scheduled ICE sessions to the greatest extent possible as their schedule is arranged based on their availability and preferences. If the assigned Clinical Faculty member is ill or has an emergency resulting in their absence or tardiness, they will notify the CEC via phone at the earliest possible opportunity and the CEC will then notify the students. If possible, the ICE session will be rescheduled at the ICE site for another date.

Make-up Time

Group make-up sessions will only be scheduled at the ICE Site if the missed session(s) were due to Clinical Faculty absence or inclement weather which resulted in the Site closing/altering operations while the College remained open. The CEC will work with the Clinical Faculty to determine an available make-up day to reschedule the session, if available. If the ICE Site will not be able to accommodate a make-up session, the make-up session will take place on-campus with the CEC or other available faculty and staff.

All other make-up sessions will be scheduled at the College. The CEC will be responsible for coordinating available make-up sessions and/or activities with students. Students who had excused reasons for absences will be able to participate in make-up sessions/activities without assignment downgrading. Students who had unexcused absences are subject to downgrading of associated assignment(s) for make-up of the session activities.

► Attendance Guidelines for Full – Time Clinical Education Experiences (CEEs)

To satisfy requirements for graduation, students must obtain a required number of hours of full-time clinical education experience (1080 hours total). As a result, student attendance in each of the CEEs is crucial. Students are required to attend all scheduled clinical days. As a rule of thumb, if the clinic/site is closed (due to inclement weather or a holiday), the student is not expected to be on-site or make this time up. Students will follow the holiday schedule established by the Clinical Site, NOT the academic calendar of the College.

Students must report all absences to the CEC at the earliest available time via email. Absences for illness, health emergencies, observation of religious holidays (additional to those observed by the Clinical Site), family emergencies, and presentations at approved professional conferences are the only excused absences allowed during CEEs. All other absences are considered unexcused and will result in disciplinary action in accordance with the Program Handbook. If a student feels strongly that they have a valid request for exception to this attendance policy, it is the student’s responsibility to discuss this

situation with the CEC in a timely manner. The CEC will consult with the Program Director and the decision to classify the absence as excused or unexcused is final.

Tardiness

Students are expected to be prompt to each scheduled clinical experience and are encouraged to arrive early. Students who expect to be tardy are to contact the CI to notify them prior to the start time and should communicate an expected arrival time. Students who are habitually tardy OR attempt to depart early without approval (before all patient care and documentation is completed) are subject to failure on professional indicators on the clinical assessment tool, with excessive tardiness and absenteeism placing them at risk for failure of the clinical education course.

Illness

If the student is ill and unable to attend the clinical education experience, the CI must be notified prior to the expected arrival time of the student for that day. Unreported absences will be considered as unexcused.

Communicable Illnesses: Students with symptoms or illness that may be communicable to patients or staff should not have contact with patients/staff. If students are unsure whether they are healthy enough to be in contact with patients, they should seek medical advice for an evaluation of their medical condition. Students must comply with the site's policies and procedures for evidence of medical release to return to work. Persons with the following conditions should not be allowed patient contact without a medical clearance and permission by the CI / SCCE and/or CEC:

- Active chicken pox, measles, German measles, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, or tuberculosis
- Confirmed influenza (any variant), SARS, or COVID-19 infection
- Diarrhea lasting over three days or accompanied by fever or bloody stools, OR confirmed gastrointestinal infection such as Clostridium difficile, Clostridium botulinum, or Salmonella enterica
- Conjunctivitis of the eye(s)
- Draining or infected skin lesions
- Group A Strep infection (Strep throat) until after 24-hours of treatment has occurred

The student is allowed one sick day during each CEE. It is up to the discretion of the CI as to whether the student needs to make up for the missed day. This decision may be based on the student's performance or progress in the clinic leading up to the absence. If the student is sick more than one day, they will need to make up this time. Consideration will be given to time-off for special circumstances such as quarantine requirements due to exposure to infectious organisms. The CEC will determine the need to make up clinic time due to repeated or prolonged illness based on several factors including prior attendance, progress in the CEE, etc.

Vacation Time

Absolutely NO vacation time is allowed during any CEE. Students are not to take any time away from clinical education experiences for the purposes of attending weddings (including their own), other celebrations, or vacation/travel. Students are expected to schedule these types of events around the clinical education calendar. The weeks at the anticipated completion of each CEE should not be counted on as planned vacation time. This time may be needed for making up missed time, for remediation requirements, or to accommodate for altered start/end dates for the CEE.

Religious Accommodations

If a student needs to have their clinical "schedule" altered to address religious observances (such as additional holiday observances beyond what the Site observes), a written request must be submitted to the CEC prior to the start of the clinical experience. The CEC will review the request and contact the Clinical Site regarding an accommodation.

Emergency Time Off

Events that constitute an emergency include, but are not limited to, personal injury that prevents safe participation in the CEE, death of a family member, funeral attendance, car accident or sudden need for

vehicle repairs that affect ability to get to the clinical site. The CEC reserves the right to request supporting documentation of such emergencies. The student will be allowed a maximum of three days absence for a death in the immediate family. Immediate family consists of father, mother, spouse, brother, sister, child, stepparent, stepsibling, and stepchild. Up to two days of absence may be taken for father-in-law, mother-in-law, grandparent, grandchild, brother-in-law, sister-in-law, daughter-in-law, or son-in-law. Attendance at any other funeral will need to be discussed with the CEC.

Participation in Professional Conferences

The Bellin College DPT Program does encourage student engagement in professional advocacy and leadership at the local and national level. If a student is selected to attend or present at a professional conference, the Clinical Site / SCCE / CI will be notified of this excused absence in advance of the CEE start date. Conference presentations will be limited to one per rotation and time absent from the experience is to be minimalized when possible. While attending a professional conference, the student is expected to attend educational sessions throughout the conference hours and submit proof of attendance to the CEC.

Inclement Weather

The College's Inclement Weather Policy will not apply to students that are completing their full-time CEEs. Rather students will follow the Clinical Site's policies related to inclement weather.

Make-up Time

The CEC will determine the need to make up clinic time for ANY absence based on several factors including prior CEE attendance, progress in the current CEE, etc. If it is determined that make-up time is required, the student must participate in make-up time that is directly related to patient care experiences. For example, coming in on a weekend (if available at the site) to participate in patient care, staying late with another clinician at the site to participate in additional patient care, etc. Activities such as staying late to complete documentation, billing, or patient scheduling do NOT qualify as make-up time. A student will not be allowed to graduate until all make-up time has been satisfactorily completed.

► Conflict Management Policy and Resources

During a clinical education experience, concerns or issues may arise relative to the SPT performance and/or to the relationship dynamic between the CI and the SPT which may result in conflict and stress for the persons involved. The underlying nature of the conflict can be multifaceted and often requires additional feedback and guidance. For this reason, the CEC should always be notified in a timely manner when concerns or conflict are noted that may impact the student's successful completion of the experience. In addition, the CEC should always be notified when there is a specific safety or professional behavior concern that triggers notification of a "red flag" alert. It is not acceptable to wait until the midterm or final review to provide feedback to the student or to notify the SCCE/CEC of problematic behavior or performance. Timely communication is needed so that stakeholders may participate in conflict management and/or remediation strategies to facilitate the student's successful completion of the experience, if possible. Communication can be initiated by the CI, the SCCE, OR the SPT.

The goal of conflict management is for the SPT to have a successful experience AND for the Clinical Site/CI to be satisfied. The response(s) of the CEC will depend upon the nature and extent of the conflict, professional behavior concern, or safety concern and may include the following

- Completion of a Student Performance Notification (SPN) as per the Program Handbook.
- Education or guidance provided to one or both parties to help define the problem and/or offer suggestions for improvement / modification and/or development of an action plan including having a "Crucial Conversation".
- Direct mediation between the SPT and the CI with development of a formal action plan that will be monitored by the CEC through ongoing communication and/or site visits. The frequency of this monitoring will be mutually determined. The formal action plan will include specific and time-based objectives that need to be met and may include extension of the student's experience at the Clinical Site IF allowed by the clinical site.
- Removal of the student from the Clinical Site with Remediation Plan and/or reassignment to another site to be determined by the Bellin College DPT Program.
- Removal from the Clinical Site and dismissal from the program.

Examples of sources of conflict and potential resources available to assist with conflict resolution

1. SPT and CI have very different communication styles, learning styles, and/or personality styles.
 - a. There are many great tools available to help assess these areas, including:
 - i. Kolb Learning Style: [Kolb Learning Style Inventory](#)
 - ii. The Four Communication Styles: [Four Communication Styles](#)
 - iii. The True-Colors Personality Test: [True Colors Test Version](#)
 - b. It is a good idea for both the CI AND the SPT to know their own styles so that if the styles are different, both parties can use effective strategies to work with each other.
2. Feedback challenges: too much, not enough, feels too critical, etc. Try using the ARCH Model of feedback: [ARCH Feedback Model - Preceptor Development - YouTube](#)
3. Specific safety or professional behavior concern that triggers notification of a "red flag" alert to the CEC. Use of the Critical Incident Report and/or Learning Contract Forms (Appendix B) are helpful to document the specific behavior and set goals and timelines for expected improvements.

Crucial Conversations

Most of these situations lead to the need to have a “Crucial Conversation”. Crucial Conversations are confrontations that must be handled with care as the stakes are high, opinions vary, and the persons involved may have a strong emotional response.

The information below is based on the book “Crucial Conversations: Tools for Talking when Stakes are High” by K. Patterson, J. Grenny, R. McMillan, and A. Switzler.

This YouTube video also provides a synopsis: <https://www.youtube.com/watch?v=EFaXx3pgaxM>

Preparing for the crucial conversation

- Define the problem - What is the issue involved?
 - Is the issue related to student knowledge? To skills? To affect?
 - Has the issue come up before and turned into a pattern? Did you provide feedback to the student the first time and they have not applied it?
 - Is it a relationship issue? Mismatch of personalities, etc.?
- Think about your own goals for the conversation – What do you want to get out of the conversation?
 - A specific change in behavior?
 - An action plan?
 - A mutual understanding?
- Think about your own “story” of the situation – Are you approaching the situation with any biases or assumptions? Have you already jumped to a conclusion that may be faulty?
 - To have a productive conversation, you need to acknowledge that you do not yet know the full story and will need the help of the other person to get an accurate picture.
 - Think about questions that you want to ask that invites the other person to participate in the dialogue to get the facts.
- Make a safe plan for when and where to conduct the conversation.
 - Choose a private location.
 - Try to plan for the worst possible response. Do you feel that someone else needs to be present?
 - Depending on the situation, you may want to give the person some notice of the plan to talk later so that they can begin to process their emotions prior to meeting. However, in some cases, the anticipation of the conversation can heighten the emotions further.

During the crucial conversation

- Share your “story” of the situation using “When... I...” invites during dialogue rather than “you” statements to diffuse tension and prevent the conversation from becoming heated or from going silent. Try to use observable facts in your story.
 - Example: “When we were completing that last evaluation, I felt that you weren’t actively listening to the patient because you didn’t ask them any follow-up questions.”
- Invite the other person to share their “story” and try to understand their viewpoint.
 - Example: “Can you help me understand your thought process when the patient said...?”
 - Show interest in their story and restate the information to clarify as needed.
- If the conversation is not going well, try to refocus on common ground or common purpose and show mutual respect.
 - Example: “I know we both want you to succeed, let’s try to come up with a plan together.”
- Plan to follow-up after the conversation – who will do what, when?

► Establishment and Evaluation of Clinical Sites

Procedure for Establishing New Sites

1. The CEC, students in the program, or Clinical Sites themselves may request that an affiliation agreement be initiated between Bellin College and a Clinical Site. Additionally, clinical sites may be recommended to the CEC by a member of the Advisory Committee, another program at the College, a faculty member, or an alumnus of the program.
 - a. Students must follow the “New Site Request” policy listed below in the “Clinical Education Placement Policy” section, number 2d. The New Site Request form can be found in Appendix A and on Typhon.
 - b. Clinical Sites must direct all requests to initiate affiliations to the CEC through their Site Coordinator of Clinical Education (SCCE).
 - c. The CEC is the only person authorized to contact Clinical Sites or the SCCE on behalf of the Bellin College DPT Program to explore an affiliation.
2. During contact to explore partnership with a new Clinical Site, the following criteria (in addition to what is listed in “Roles and Responsibilities Related to Clinical Education” section) are most important to the Bellin College DPT program in establishing a contractual agreement:
 - a. The Clinical Site’s philosophy and objectives for patient care and clinical education are compatible with those of the Program.
 - b. The quality of the Clinical Site in terms of commitment to and ability to provide meaningful learning experiences to students.
 - c. The Clinical Site has capacity to take on students from the Program.
3. This Clinical Education Manual as well as course syllabi specific to the clinical education curriculum may be provided to the Clinical Site upon request. The Clinical Site and/or the SCCE may also request additional phone and or teleconference meetings with the CEC and/or other DPT Program Administration prior to deciding to move forward with a partnership.
4. If it is mutually agreed upon to partner with a Clinical Site, an affiliation agreement shall be established and signed by both parties.
 - a. A clinical affiliation agreement between Bellin College and the Clinical Site must be fully executed prior to ability for a student to participate in patient/client contact at the Clinical Site.
 - i. Bellin College has a standard affiliation agreement used for all academic programs that is available for Clinical Site review and potential amendment.
 - ii. Or the Clinical Site may have their own affiliation agreement that they prefer to use with multiple educational programs, which will require Bellin College review and potential amendment.
 - b. Both Bellin College and the Clinical Site shall maintain executed copies of the affiliation agreement for their records.
5. A copy of the duly executed active contract must be on file in the DPT Program prior to student involvement in patient/client contact. The contract’s administrator will initiate the renewal process prior to the contract’s expiration.

Evaluation of Clinical Sites – New and Existing Sites

1. For each Clinical Site, the CEC will complete an initial evaluation of the site to gather the following information:
 - a. What are the mission and vision of the Clinical Site (individual or organizational level) and does their mission/vision align to meet the needs of Bellin College DPT students?
 - b. What criteria does the SCCE at the Clinical Site use to identify appropriate clinical instructors (CIs)?
 - c. What additional training / mentoring needs (if any) does the Clinical Site / SCCE / CI need to be successful in providing quality clinical education experiences?

2. The CEC makes periodic visits to Clinical Sites for ongoing assessment and may occur via in-person visits, phone calls, and/or teleconferencing. Visits will most commonly occur during midterm site visits for students placed at the site for a Clinical Education Experience.
3. While placed at a Clinical Site, students will evaluate the Clinical Site and the Clinical Instructor using the Early Student Assessment of Clinical Education Experience Form which is completed within the first week onsite and the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form (PTSE:CECI) which is completed at midterm and final weeks of the experience. Both of these forms can be found in Appendix B. The CEC will review this information and share relevant data with the DPT Program Faculty and will provide a copy of the PTSE:CECI to the Clinical Site / SCCE / CI for the purpose of continuous quality improvement.

► Clinical Education Placement Policies

The CEC shall have ultimate authority in determining a student's clinical placements. Students must be placed in settings that facilitate experiences across the lifespan and continuum of care, in accordance with the accrediting body. Since the clinical experience is an extension of the academic education and training, the priority is the quality of the learning experience. The clinical experience gives the student an opportunity to develop and refine knowledge and skills that were initiated in the classroom and laboratory. Clinical experiences cannot begin until all prerequisite curriculum coursework has been successfully completed. All clinical experiences must be successfully completed to be eligible for graduation.

Conflicts of Interest Affecting Clinical Site Placement

Students must disclose any potential conflicts of interest, including clinical facilities where they are currently employed, have a contingency employment opportunity, or have previously been employed in any capacity. Students may not be placed in the same facility as people (physical therapists or other professional staff) who are related to the student. Students will complete the Clinical Education Conflict of Interest Form (Appendix A) upon entrance to the Program. Conflicts of Interest will be considered by the DPT Program on a case-by-case basis related to placement for clinical experiences.

Placement for Part-Time Integrated Clinical Education Experiences (ICES)

The CEC is responsible for placement and scheduling of students for each ICE experience. Students will be randomly assigned to small groups and provided with a schedule of Clinical Site locations that they will report to during each semester. The type and location of each clinical setting will be dependent upon site availability, contracted Clinical Faculty affiliation, and curricular content for each semester ICE.

Placement for Full-Time Clinical Education Experiences (CEEs)

1. The Clinical Education Request Form (CERF) is forwarded annually on March 1 to each affiliated Clinical Site to request placement offerings for Clinical Education Experiences I, II, and III. The CERF forms are due back to the Program by April 15.
 - a. For sites that require an application, interview, etc. students will be provided with access to the application materials in advance of the March 1 mailing date, if possible, so that their application materials can be submitted along with the CERF form for placement consideration.
 - b. The CEC will keep a list of sites that do not follow the March 1 mailing process and have requested an alternate timeframe or means of requesting site placements.
2. The CEC will establish a list of confirmed placement offers from which the students will be auto placed through Typhon Software System using "spin cycles" to ensure equity. The CEC has final input into the placements and will take cohort needs into account to ensure each student in a cohort has been placed in settings that facilitate experiences across the lifespan and continuum of care, in accordance with the accrediting body and defined program requirements. Provided there are enough Site offers for all students in the cohort, placements for DPT 990 Clinical Education II and DPT 993 Clinical Education III will be confirmed with the Clinical Sites by July 15. The placements for DPT 890 Clinical Education I will be confirmed with the Clinical Sites by December 1, as those students will not be enrolled until the fall of the placement year request. Students have input into their placements in a variety of ways, including:
 - a. **Wish list ranking process:** The "spin cycles" algorithm in Typhon is run using offer rankings (prioritized preferences) submitted by the students. When the list of confirmed offers has built to or beyond the number of slots needed for a particular experience, the CEC will consider the list final and notify the students that the wish list for that CEE is open and provide a "due date". Students will have access to view the offerings and rank their preferences for each experience. ****Students should be mindful of requirement for inpatient and outpatient settings when completing their wish list rankings.**** Once the due date is past, the spin-cycle algorithm in Typhon will be run to match the maximum number of students with their highest possible ranked preference. The CEC will make any necessary adjustments (see item 10 below) and will then release the placement scenario to the students.

- b. **Switching CEE Assignments:** Once the placement scenario is released, a student may request to switch a clinical site using the Clinical Education Experience Switch Form (Appendix A). The request must be submitted to and approved by the CEC; the decision by the CEC to grant or deny a switch is final. Requests to switch a CEE site must be completed within 14 days of release of the placement scenario. Placements that have been secured by new site request, essay / application/ and/or interview process are not eligible for switching (see respective sections below).
- c. **First Come First Serve Policy:** When clinical sites offer slots for a particular clinical experience, they indicate whether the slot is dedicated to Bellin College or is a first come first serve (FCFS) choice. A dedicated slot means the facility is reserving that spot for Bellin College student and those spots will be available to rank via the wish list method above. When a clinical site indicates the placement is FCFS, the first program to respond is awarded that slot, so timely response is important.

The following procedure will be used in handling FCFS offerings:

- i. The CEC will notify students via email when a FCFS placement is offered and provide the site name, location, type of experience, and number of slots available.
- ii. A deadline date for response of 3 days will be given to the students.
- iii. Students may express interest in the site by replying to the email by the deadline. Students should only submit their names if they have serious interest in the placement.
- iv. If only one student expresses interest in the FCFS offering, then that student's name will be submitted to the clinical site. If more students express interest than there are placements available, the CEC will randomly select the student and will submit the name to the clinical site. All decisions by the CEC are final.
- v. The CEC will notify the student if their selection is confirmed by the clinical site, as another program may have already secured the placement.
- vi. Once a FCFS spot is confirmed, it will not be cancelled by Bellin College unless extreme extenuating circumstances arise.
- vii. If no one chooses a FCFS placement and the site has not been assigned to another program, the offer will remain on the available placements during the wish list process (see above). The CEC will contact all FCFS sites prior to the wish list ranking process to determine whether the placement is still available and will remove it from the wish list prior to the ranking process if it is no longer available.
- viii. Students may request a FCFS placement that was not originally chosen at any time after the original offer deadline. There is no guarantee that the placement will still be available when requested.
- ix. Special circumstances may arise in which a student with a confirmed FCFS placement wants to release the placement (e.g. interest in a new FCFS placement, no longer interested in the original FCFS placement, or requesting a placement switch with another student). A student cannot release a confirmed FCFS placement unless there is another student willing to take this confirmed placement. If an alternate student is not identified, the student must fulfill their initial commitment. It is NOT an option to cancel a previously confirmed FCFS placement.
 - 1. If the student wishes to be released from a confirmed FCFS placement, they must first speak to the CEC to discuss the request. There are some circumstances in which the release may not be appropriate, so the CEC may deny the request if determined not in the best interest of all parties involved.
 - 2. If a student is interested in a newly offered FCFS placement, the student must disclose the name of the original site in the reply email for the new FCFS. The CEC must be contacted immediately to advise how the alternate student will be identified. Once the plan is determined, the student has until the new FCFS deadline to identify the alternate student, which then requires final approval by the CEC. Given the short timeframe for FCFS offers review and approval is not guaranteed to occur prior to the deadline.

3. If the CEC agrees to proceed with the request to be released from a FCFS placement, the method of identifying the alternate student varies depending on whether there were other students initially interested in the FCFS placement.
 - a. If more than one student originally expressed interest, the opportunity will be offered again to those students. If at least one of those students is still interested and is able to accept the placement, the original student will be released from the site. If none of the students who originally expressed interest want the rotation or have subsequently accepted another placement, this option will not work.
 - b. If no other students originally expressed interest in the site, the opportunity must be offered again to the class as a whole via email. If more than one student expresses interest, a student will be randomly selected from this group by the CEC. If no students express interest in the placement, this option will not work, and the original student will need to keep the placement.
4. Once all students of the cohort are placed for a given CEE, a student with a FCFS may be able to switch placements with another student using the "Switching CEE assignments" process above.

- d. New Site Requests:** Students may initiate this process at any time but should note that the process of contacting the site and completing a contract can take several months, so the earlier this process is initiated, the better. After consulting the database of Clinical Sites currently in place for the DPT Program, students can submit a request for a new site to the CEC using the New Clinical Site Request Form (Appendix A). Students may submit one request at a time per experience. The CEC will consider the request and follow-up with the Clinical Site if determined to be appropriate to do so. If an adequate number of placements has been secured for a clinical education experience, requests for new site contracts may not be pursued in order to maintain strong relationships within our existing sites. If the new site is approved and agrees to the placement, the student that submitted the request will be placed in that experience and not have the opportunity to switch or change to a different site.

If a student has completed a New Site Request and it is offered to the DPT Program after the student has been assigned to a different site; the student will be released from the assigned site. The originally assigned and confirmed placement will then be assigned to another student, if needed.

- e. Pediatric Experiences:** Due to the unique nature of pediatric therapy settings and in response to clinical partner feedback, pediatric experience opportunities are awarded through an application and essay-based procedure. Pediatric physical therapists often prefer to work only with students who express a strong desire and intent to practice in pediatric clinical practice after graduation. The intent of this procedure is to ensure the best fit between a student and the clinical site and prevent students from choosing a pediatric opportunity out of mild curiosity or due to location of the site. Therefore, slot offerings for pediatric settings will be kept separate from the general lists that students can rank during the wish list and auto-placement process. The list of pediatric sites will be provided separately and interested students will need to complete the Pediatric Clinical Education Experience Application (Appendix A). The application and essay responses are to be submitted to the Clinical Education Coordinator by February 22 for placement consideration for DPT 990 and DPT 993.
- i. The decision on who will be assigned to available pediatric sites will be made either by the CEC OR by the site. Some sites prefer to select candidates themselves. In this event, the applications/essays will be forwarded to the SCCE of the site and the site will determine their choice. The site may conduct interviews with candidates.
 - ii. If a student is placed in a pediatric setting, they will not have the opportunity to switch or change to a different site.
 - iii. If a student submits a New Clinical Site Request Form for a pediatric setting, THIS application policy takes precedence over the New Site Request policy. That means that if

a new site is requested and approved, the site is not reserved for the student that completed the request. All interested applicants will be considered based on application/essay as noted above.

- f. **Other Interview or Application-based Experiences:** Some clinical facilities require an application, essays, and/or interview process before awarding clinical placement. Students will be notified of known sites that require application/essay/interview in January so that they can complete the application materials by February 22. The CEC will submit the required materials to the respective sites on March 1. These placements are not eligible for selection using the auto-placement processes outlined above. If a student completes this process and is awarded a slot, they will be removed from the spin cycle algorithm for that clinical education experience and will also not be eligible to switch the experience.
3. For all CEE placement processes, exceptions or accommodations to these placement policies are not made for students' personal needs. Students should expect to travel outside of the immediate area of their home campus for their full-time clinical experiences. All expenses associated with completion of the clinical experience are the responsibility of the student, including but not limited to: transportation, housing and other living expenses, and inability to maintain outside employment.
- a. **Housing Considerations** Students are responsible for finding housing and for housing costs that may be incurred during CEEs. Information on potential housing resources may be found in the Clinical Site Information Form (CSIF) for each specific clinical site. In addition, some sites may indicate that they may be contacted regarding housing options in their area. Students are encouraged to consult with their classmates regarding sharing housing if they are placed in the same geographic area and/or have known family/friends that may be willing to provide housing. Other options include looking for affordable Extended Stay Hotels/Motels, subleases, month-to-month apartment leases, and/or Vacation-Rental-By-Owner properties and Airbnb properties. However, students must be aware that clinical placements can change at the last minute due to unforeseen circumstances, which may alter planned housing arrangements. Such changes are infrequent.
- b. **Transportation Considerations** Students must have access to transportation to and from the Clinical Site and are responsible for all costs incurred for transportation (including paying for parking if applicable). Students must be able to get to the site in a timely manner and meet the transportation needs of the site. This may include use of transportation to travel between more than one clinic location for a single placement and/or to travel between patient homes, schools, etc. depending on the practice setting.
- c. **Employment Considerations** Students should not plan to hold outside employment while completing full-time clinical experiences because it seriously jeopardizes a student's chance of success due to distractions and fatigue. Employment is not considered a hardship by the Program and no effort will be made to try and place a student in a location that would allow the student to work.
- c. **Special Clinical Consideration Application** Students may submit a Special Clinical Consideration Application (Appendix A) for clinical education placement consideration. Special Clinical Consideration requests are considered based on **extraordinary circumstances** beyond expected difficulties inherent in a clinical education assignment and are not guaranteed. It is essential for students to familiarize themselves with the requirements of the Program including travel and financial costs associated with clinical education and plan accordingly. Special Clinical Consideration placements are granted for a specific geographic location, not site, and students can be placed within 30 miles of the zip code(s) provided on their application. Specific criteria include: sole caregiver for a dependent family member, military spouse on overseas deployment, and child under 1 year at time of clinical rotation. Official supporting documentation is required at the time of application submission and may include a note from a physician or spouse's commanding officer. Completed applications are reviewed and final decisions are determined by the program administration.

- i. If granted, the CEC will attempt to find a clinical site that accommodates the requested location based on current affiliated agreements and/or current placement offers. The request by the student to be placed in a specific geographic location may delay the student's progression through the program and commencement (graduation) date.
 - ii. If a Special Clinical Consideration request is not granted, the student can meet with the CEC and consider a Leave of Absence (LOA) according to the policy in the Program Handbook.
- 4. Students or any personal contacts (e.g. family, friends, coworkers, etc.) are **NOT ALLOWED** to directly contact or solicit offers from clinicians or clinical sites for **ANY** clinical placements! Students should strongly discourage their contacts from acting on the student's behalf to secure a clinical site or placement offer. This includes trying to "find" a placement in the event that a confirmed experience is cancelled. All rescheduling of CEEs will be handled by the CEC.
 - a. The CEC is the **ONLY** person allowed to contact new or existing clinical sites about ongoing or future placements.
 - b. If a clinical site notifies the CEC that they were contacted by or on behalf of a student for a CEE placement, the student will **NOT** have the opportunity to be placed at that site.
 - c. If a clinician offers a placement opportunity for an experience to a particular student (request was **NOT** solicited), the student should inform the clinician that all placement offers must be directed through their Site Coordinator of Clinical Education (SCCE) to the CEC.
- 5. Students are allowed to have more than one CEE within the same healthcare organization as long as it is with a different Clinical Instructor (CI) in either a different experience setting and/or location.
- 6. The start and end times for each CEE are determined by the CEC. Changes in these times are made at the discretion of the CEC or per Clinical Site / SCCE request. If a student needs additional days to accommodate travel to a Clinical Site, the student must complete a written request on the Clinical Education Travel Adjustment Form (Appendix A) and submit to the CEC. Approval will be dependent upon the Clinical Site's ability to accommodate the request for date alterations. If approved, the student will receive written permission from the CEC regarding the number of days allotted and how this time will be made up, if needed.
- 7. The CEC reserves the right to secure a student's clinical placement at a facility and in a setting as deemed appropriate by the CEC to ensure that all students meet the Program's and accrediting body's requirements for exposure to clients throughout the lifespan and continuum of care.
- 8. In the event that a student declines a placement, he/she/they will need to take a leave of absence (LOA) and delay their progression in the program.

Site Reassignments / Cancellations

Due to unforeseen circumstances, students may be reassigned to a different Clinical Site and/or CI at any time prior to or during a scheduled clinical experience. The CEC will look for every opportunity to reduce unnecessary changes.

- 1. A confirmed clinical site will not be cancelled by the school except in extreme extenuating circumstances such as student withdrawal from the program or student taking a LOA (due to Hardship or other extenuating circumstances).
 - a. Students **MAY NOT** cancel any of their clinical placements. Placements for Clinical Education are considered firm commitments.
 - b. If a Clinical Site cancels a placement after a student is placed and confirmed, the student will be notified via email within 48-hours of the site notifying Bellin College. The CEC will ensure that a replacement site is obtained and will attempt to maintain the student in a similar practice setting and/or proximity to the original placement if possible. Replacement strategies begin by looking at sites not chosen from the lottery list and expand to include new opportunities offered after the lottery. If no existing spots remain for a given CEE, the CEC will reach out to existing clinical partners about the ability to accommodate the request.

2. Students may request a reassignment of site during a clinical experience under the following circumstances:
 - The occurrence of unethical or illegal practices at the site
 - The designated CI possesses inadequate credentials or experience to be a mentor
 - It is an inappropriate type of experience needed by the student to achieve academic objectives
 - There is an inadequate patient load or variety of patient diagnoses/experiences

The process of reassignment should be initiated by the student as soon as a problem is identified. The student should contact the CEC for instructions on how to handle the situation. The CEC and the Program Director will handle all requests for reassignment on a case-by-case basis. Students may be required to submit written documentation of their complaints before the request is considered. Requests for leave for any other personal or professional reason will be handled on a case-by-case basis. If a reassignment is approved, the CEC and student will work in collaboration to find another suitable site in a manner that enables student progression in the program. This may require modification to dates of the CEE course.

3. A Clinical Site reserves the right to request that a student be removed from the site for assorted reasons. These will be dealt with on an individual basis with course failure vs site reassignment made at the discretion of the CEC based upon the nature of the site's request. All efforts will be made to salvage the experience through student and CI counseling and education, when possible. If a reassignment is approved, the CEC and student will work in collaboration to find another suitable site.

► Clinical Education Grading

Grading for each clinical education course is outlined in the respective course syllabus. For courses with ICE experiences, the CEC will have ultimate responsibility for determining the grades for the ICE participation and assignments. The CEC is also responsible for determining the final grade (pass/fail/incomplete) for all CEE courses.

Clinical performance during CEEs will be assessed by each student and CI using the CIET. The Program has established criteria for student passing each CEE based on specific ratings on the CIET as well as the caseload that the student can manage relative to an “entry-level” clinician. To ensure the reliability and validity of ratings using the CIET, all clinical instructors and students will be provided training materials including written instructions, a video demonstration, and a quiz that must be passed at 100% before they can access the assessment tool.

The CEC will schedule a meeting with each student and their clinical instructor during the two-week period surrounding the midterm time point of each CEE to review progress, discuss areas of strength and weakness, and facilitate development of an action plan for the student to address deficient areas if present. Continued weekly progress toward the expected level will be tracked and reported to the CEC using specific form(s). If it is not anticipated that the student will attain the specified benchmarks for clinical performance at that site/setting, the CEC will consult with the Program Director and determine the course of remediation. Such remediation may include extension of the student’s clinical education experience (if allowed by the site) for a specific time period to enable the student to meet the benchmark(s) or repeat of the clinical education experience course at a different clinical site. Either of these remediation activities may delay a student’s graduation date. Failure to achieve the required level of performance after the appropriate remediation activity will prevent the student from graduating from the program all together.

A student unable to meet the required benchmarks during the scheduled time or following an extended time (if granted) will receive a failing grade in the course. Any clinical education experience may be terminated, at any point, at the discretion of the CEC if the student is not making adequate progress. In addition, **if at any time a clinical site terminates the clinical experience due to poor performance, the student will receive a failing grade for that clinical experience.** Failure of a clinical education experience must be successfully remediated to meet graduation requirements. Length and nature of this remediation, if allowed, is dependent upon the cause(s) for the failure and is determined by the CEC in consultation with the Program Director and other Program and College staff as indicated.

If the student receives a failing or incomplete grade on any clinical education experience, alteration of the clinical experience schedule will occur. Additionally, inadequate clinical performance may result in a reorganization of clinical experiences including requirement of the student to return to the Green Bay area to allow greater involvement of the CEC. Alterations to the clinical experience schedule due to failure may result in a delay in graduation as a student will not graduate until all requirements for completion of the degree are met. Students who retake a clinical education experience course due to an original clinical education course failure, and fail the retake, will be dismissed from the Program. The student has the right to engage in the appeals process for failed clinical experiences as outlined in the Program Handbook.

► Policy Regarding Complaints External to Due Process

PURPOSE:

Bellin College seeks to resolve all concerns in a timely and effective manner. To that end, this complaint process serves as an ongoing means for any individual to discuss concerns or register formal complaints that pertain to alleged violations of State consumer protection laws that include but are not limited to fraud and false advertising; alleged violations of State laws or rules relating to the licensure of postsecondary institutions; and complaints relating to the quality of education or other State or accreditation requirements. Academic Affairs, Student Services, Admissions, Bursar, Registrar, and Financial Aid all provide specific administrative means to address and resolve most, if not all of the questions and concerns someone may have.

POLICY:

Bellin College is committed to excellence and strives to create a caring environment. We welcome concerns about our services and programs in order to make quality improvements on our campus. Bellin College designates the Office of Student Affairs as responsible for receiving, investigating, and potentially resolving complaints.

Conflict of Interest: In the event of any conflict of interest which will be identified through self-declaration by any of the members regarding a particular potential complaint, the individual will remove themselves from the process. The Director of Student Affairs and DEI of Dean of Students (or designee) will rule on any challenges regarding conflict of interest.

PROCEDURE:

Step 1: The person with the complaint fills out the “General Complaint Form” located on the college website (<https://www.bellincollege.edu/campus-life/student-services/policies-and-procedures>)

Step 2: The complainant meets with the Director of Student Affairs and DEI (or designee), if necessary, to discuss possible outcomes. If the complaint involves another campus partner the Director of Student Affairs and DEI (or designee) will inform them to help resolve the issue.

Step 3: The college will respond in writing within two weeks from the meeting with the complainant to confirm that the complaint has carefully been addressed.

▶ Appendix A: Forms

Clinical Education Conflict of Interest Form

This form is to be completed by each student upon enrolling in the Bellin College DPT Program and updated as needed throughout the Program if changes occur.

Students must disclose any potential conflicts of interest, including clinical facilities where they are currently employed, have a contingency employment opportunity, or have previously been employed in any capacity. Students may not be placed in the same facility with persons (physical therapists or other professional staff) who are related to the student. Students will complete the Clinical Education Conflict of Interest Form upon entrance to the Program. Conflicts of Interest will be considered by the DPT Program on a case-by-case basis related to placement for clinical experiences.

Choose the appropriate response(s) below:

_____ I do NOT have any conflicts of interest to report.

_____ I have a Potential Conflict of Interest with the following clinical facility(ies) due to current employment, prior employment, and/or a contingency offer of employment at the facility(ies):

_____ I have a Potential Conflict of Interest with the following clinical facility(ies) due to presence of relatives that work at the facility(ies):
List the facility name, the type of relative (parent, sibling, aunt, etc.), and department that the relative works in.

Student Name: _____

Date: _____

Appendix A: Forms

Clinical Education Experience Switch Form

This form is to be used to request a switch of a Clinical Site for Clinical Education Experience I, II, or III. Once the placement scenario for a given experience is released, students will have 14 days to submit this form to the Clinical Educational Coordinator. Placements that have been secured by new site request, essay / application/ and/or interview process are not eligible for switching.

To be completed by the Student

Student Name: _____

Date Request Submitted: _____

Clinical Education Experience Number (circle): I II III

Original Clinical Site name: _____

Original Clinical Site setting type: _____

Requested Clinical Site name: _____

Requested Clinical Site setting type: _____

Reason for change request:

To be completed by the Clinical Education Coordinator

Request Approval Date: _____

Request Denial Date: _____

Reason for denial (if applicable):

Appendix A: Forms

New Clinical Site Request Form

After consulting the database of Clinical Sites currently in place for the DPT Program, students can submit a request for a new site to the Clinical Education Coordinator (CEC) using this form. Students may submit one request at a time per experience. The CEC will consider the request and follow-up with the Clinical Site if determined to be appropriate to do so. If an adequate number of appropriate placements has been secured for a clinical education experience, requests for new site contracts may not be pursued to maintain strong relationships within our existing sites. If the new site is approved and agrees to the placement, the student that submitted the request will be placed in that experience and not have the opportunity to switch or change to a different site. Students should NOT contact the new site under any circumstances.

To be completed by the Student

Student Name: _____

Date Request Submitted: _____

Name of Clinical Site: _____

Address of Clinical Site (include City / State / Zip Code):

Phone number of Clinical Site: _____

Reason student is interested in the site:

To be completed by the Clinical Education Coordinator

Site Evaluation:

1. What are the mission and vision of the Clinical Site (individual or organizational level) and does their mission/vision align to meet the needs of Bellin College DPT students?
2. What criteria does the SCCE at the Clinical Site use to identify appropriate clinical instructors?
3. What additional training / mentoring needs (if any) does the Clinical Site / SCCE / CI need to be successful in providing quality clinical education experiences?

Site and DPT Program in agreement to begin affiliation: YES NO

Affiliation Agreement Initiated Date: _____

Appendix A: Forms

Pediatric Clinical Education Experience Application

Due to the unique nature of pediatric therapy settings and in response to clinical partner feedback, pediatric experience opportunities are awarded through an application and essay-based procedure. Pediatric physical therapists often prefer to work only with students who express a strong desire and intent to practice in pediatric clinical practice after graduation. The intent of this procedure is to ensure the best fit between a student and the clinical site and prevent students from choosing a pediatric opportunity out of mild curiosity or due to location of the site. This application and essay responses are to be submitted to the Clinical Education Coordinator by February 14 to include with the annual March 1 mailing date for sites that the program has already established as full-time pediatric offerings OR within 14 days of notification of an additional pediatric site offering confirmed by the Clinical Site in response to the March 1 mailing.

To be completed by the Student

Student Name: _____

Date Request Submitted: _____

Clinical Education Experience Number (circle): II III

Pediatric Clinical Site Interest (check choices):

_____ Any

_____ Specific Site, Name: _____

*If you are not chosen for this specific site, are you interested in being considered for the other pediatric sites?

_____ Yes _____ No

Essay: Please complete a brief essay of up to 1 page in length (Arial font, 10 point) that address the following:

- Why are you interested in a pediatric rotation?
- Why do you feel you will be a good match for this setting?
- If you chose a specific pediatric site, why are you interested in the particular site being offered?

Appendix A: Forms

Special Clinical Consideration Application

Special Clinical Consideration may be requested based on **extraordinary circumstances** beyond expected difficulties inherent in a clinical education assignment and are not guaranteed. Special Clinical Consideration placements are granted for a specific geographic location, not site, and students can be placed within 30 miles of the location(s) provided on this application.

To be completed by the Student

Student Name: _____

Date Request Submitted: _____

Clinical Education Experience Number (circle all that apply): I II III

Please check the criteria that apply to your situation:

____ Sole caregiver for a dependent family member

____ Military spouse on overseas deployment

____ Child under 1 year at time of clinical rotation.

Please indicate the geographic location that you are seeking placement in: _____

Official supporting documentation is required at the time of application submission and may include a note from a physician or spouse's commanding officer. Completed applications are reviewed and final decisions are determined by Program Administration (i.e., Program Director, Assistant Program Director, Clinical Education Coordinator, and/or Dean).

Please submit this application and required supporting documentation to the Clinical Education Coordinator via email.

To be completed by Program Administration:

Request Approval Date: _____

Request Denial Date: _____

Reason for denial (if applicable):

Appendix A: Forms

Clinical Education Travel Adjustment Form

This form is to be completed if a student is requesting a change to their scheduled Clinical Education Experience dates to accommodate additional travel time.

To be completed by the Student

Student Name: _____

Date Request Submitted: _____

Name of Clinical Site: _____

Original Dates of Experience: _____

Proposed New Dates of Experience: _____

Reason Change is Requested:

To be completed by the Clinical Education Coordinator

Request Approval Date: _____

Request Denial Date: _____

Reason for denial (if applicable):

▶ Appendix B: Clinical Education Assessment Tools and Forms

PHYSICAL THERAPIST STUDENT EVALUATION:

**CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

June 10, 2003
(updated 12/27/10)



American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent, and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address City State

Clinical Experience Number Clinical Experience Dates

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned Degree area

Years' experience as a CI

Years' experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI Yes No

Other CI Credential State Yes No

Professional organization memberships APTA Other

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned Degree area

Years' experience as a CI

Years' experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI Yes No

Other CI Credential State Yes No

Professional organization memberships APTA Other

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site

Address	City	State
---------	------	-------
2. Clinical Experience Number
3. Specify the number of weeks for each applicable clinical experience/rotation.

Acute Care/Inpatient Hospital Facility	Private Practice
Ambulatory Care/Outpatient	Rehabilitation/Sub-acute Rehabilitation
ECF/Nursing Home/SNF	School/Preschool Program
Federal/State/County Health	Wellness/Prevention/Fitness Program
Industrial/Occupational Health Facility	Other

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1= Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	
Screening		Prognosis	
History taking		Plan of Care	
Systems review		Interventions	
Tests and measures		Outcomes Assessment	
Evaluation			

1. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
 Physical therapist assistant students
 Students from other disciplines or service departments (Please specify _____)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
 1 student to greater than 1 CI
 1 CI to greater than 1 student; Describe _____

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs
 Presented an in-service
 Attended special clinics
 Attended team meetings/conferences/grand rounds
 Directed and supervised physical therapist assistants and other support personnel
 Observed surgery
 Participated in administrative and business practice management
 Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
 Participated in opportunities to provide consultation
 Participated in service learning
 Participated in wellness/health promotion/screening programs
 Performed systematic data collection as part of an investigative study
 Other; Please specify _____

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)

- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
- Time well spent; would recommend this clinical education site to another student.
- Some good learning experiences: student program needs further development.
- Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Final Evaluation

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments

Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

Appendix B: Clinical Education Assessment Tools and Forms

CRITICAL INCIDENT REPORT

Student Name:

Evaluator/Observer:

DATE	SITUATION/ BACKGROUND	BEHAVIORS	CONSEQUENCES

Student's Signature: _____

Evaluator's Signature: _____

Appendix B: Clinical Education Assessment Tools and Forms

Learning Contract

Name: _____

Site: _____

Date: _____

In Attendance: _____

Areas doing well	1. 2. 3.
Specific areas that are challenging (relate these to site specific learning objectives, FWPE, etc)	1. 2. 3.
Challenging behavior(s) noted	1. 2. 3.
Why is this a problem? (impact on supervisor, facility, learning, patients)	1. 2. 3.
Measurable goals	1. 2. 3.
How will performance be monitored?	1. 2. 3.
Identify strategies to achieve the goal:	1. 2. 3.

Failure to achieve these goals by _____ will result in failure (or other consequence) of the fieldwork experience.

Signatures and date:

Student Name: _____ Date: _____

Fieldwork Educator Name: _____ Date: _____

Academic Fieldwork Coordinator Name: _____ Date: _____

Taken from Blueprint for Success: Measurable Learning Contracts for Fieldwork Students at Risk for Failing. Caryn R. Jonson, MS, OTR/L, FAOTA and Bridget A. Trivinia, OTD, MS/OTR/L. Permission to copy. Please credit the authors.

Appendix B: Clinical Education Assessment Tools and Forms

Bellin College Clinical Internship Evaluation Tool (CIET), Instructions, & Benchmarks

INTRODUCTION

The Bellin College Doctor of Physical Therapy Program acknowledges that in the current health care environment, graduates of DPT programs must demonstrate clinical competence: to be able to skillfully manage patients in an effective manner while achieving effective outcomes. The Clinical Internship Evaluation Tool (CIET) was developed by the University of Pittsburgh specifically to evaluate a student against the benchmark of “competence” rather than the standard of an “entry-level” practitioner. For the CIET to be an effective and reliable measure, the student must be rated against the standard of a competent clinician who meets the above criteria.

USING THE TOOL

The tool is composed of two main sections, **Professional Behaviors** and **Patient Management**. Each section has 4 main categories which are further broken down into subcategories. The categories assessed in Professional Behaviors include Safety, Professional Ethics, Initiative, and Communication Skills, which are directly related to the APTA Core Values. The categories assessed in Patient Management include Examination, Evaluation, Diagnosis/Prognosis, and Intervention, which are reflective of the elements defined in the APTA Guide to Physical Therapist Practice. For all areas of patient management, students should be using the best available evidence to support their decision making. Students and Clinical Instructors are expected to rate the student’s clinical performance on each subcategory and provide specific comments related to each larger category. At the end of the tool is **Global Rating of Student Clinical Competence** section as well as an area to provide summative comments. All sections of the CIET must be completed fully.

TERMINOLOGY AND SCORING

Professional Behaviors: When evaluating the student on **Professional Behaviors**, the frequency of appropriate behavior is the construct being measured.

Never (0% occurrence)

Rarely

Sometimes (50% occurrence)

Most of the Time

Always (100% occurrence)

Not Observed – only available to use in the Communication Skills subcategories if the student has not had the opportunity to demonstrate a particular skill.

Patient Management When evaluating the student on **Patient Management** skills, the student should be compared to a “competent clinician who skillfully manages patients in an efficient manner to achieve an effective outcome.” The CIET is designed for use with all patient types, and in any clinical setting. Therefore, the student should be evaluated based on your clinic population and the expectations for productivity or efficiency in your specific clinic that a “new hire” would be expected to attain in their first few weeks. In completing the Patient Management skills sections, refer to the definitions below:

Types of Patients

Familiar Presentation could include any of the following:

- A patient diagnosis / problem that is seen frequently in your setting
- A patient with a diagnosis that the student has evaluated and treated more than once
- A diagnosis that was specifically covered in the student’s didactic curriculum
- A patient who does not have a complex medical history or complicated course of care for this episode of care in physical therapy

Complex Presentation could include any of the following:

- A patient diagnosis / problem that is rarely seen
- A patient with a diagnosis or problem that was not covered in the student’s didactic curriculum

- A patient who has had a complicated course of care for the present episode of care or a complex medical history

Level of Clinical Instructor Support

Guidance: Student is dependent on the CI to direct the evaluation / patient treatment; either the CI is present throughout the patient interaction or the student needs to discuss with the CI after each step of the evaluation and treatment. If the student requires the guidance level of support for an item on the Patient Management Scale for the majority of the patients they are seeing, then they should be marked at **Well Below** for that item

Supervision: Student is able to carry out the evaluation and treatment but needs to be monitored to correct minor errors in technique or to facilitate decision making. The student is able to make the correct clinical decisions with only a few verbal cues / suggestions from the CI. The CI is not directing their decision making. If a student requires supervision for an item for patients with both a familiar and a complex presentation, then they should be marked **Below** for that item. If they only require supervision for patients with a complex presentation, then they should be marked **At That Level for Familiar Patients**.

Independent: A student is considered “independent” if they are directing the evaluation and treatment and getting an effective outcome. If a student is coming to the CI for consultation about a patient’s evaluation or plan of care, or clarifying a clinical decision, this is NOT considered “Supervision.” When the student is at the “independent” level of CI support for an item on the Patient Management Scale, the student is demonstrating the skills of a competent clinician. If they are independent for patients with a familiar presentation, then they would be marked **At That Level for Familiar Patients**. If they are independent for all patients, then they would be marked **At That Level for all Patients**.

Please score the student on the **Patient Management** items as follows:

Well Below: Student requires Guidance from the CI to complete an item for all patients.

Below: Student requires supervision and /or has difficulty with time management while completing the item for all patients. The student could continue to require Guidance for the patient with a more complex presentation while only needing Supervision with the patient with a familiar presentation.

At That Level for Familiar Patients: Student is independently managing patients with a familiar presentation: they are at the level of a competent clinician with these patients when performing an item. Students require Supervision to manage patients with a complex presentation and they are below the level of a competent clinician for these patients.

At That Level for all Patients: Student is independently managing both patients with a familiar presentation and patients with a complex presentation. Student can carry an appropriate caseload for your clinic and achieve an effective outcome with patients. The student is at the level of a competent clinician in your setting.

Above: Student is performing above the level of a competent clinician in your clinic. Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher-than-expected caseload. The student actively seeks out and develops independent learning opportunities. The student serves as a mentor to other students and provides resources to the clinical staff.

Global Rating Scale: On the last page, you are asked to make a global rating about how the student compares to a competent clinician on an eleven-point scale from 0 to 10. The bottom of the scale indicates a student that is *Well Below a Competent Clinician* and the top of the scale represents a student that is *Well Above a Competent Clinician*. Please mark the scale to indicate that level for which the student is performing.

Please provide relevant comments for specific areas of concern and / or positive feedback in the sections provided for each area of the tool. Also indicate whether the student is performing at a satisfactory level for their current level of education. Clinical benchmarks for the affiliation are the minimal expectations set by the program, so if they are not meeting the benchmarks, the student is not performing at a satisfactory level. Please let the Clinical Education Coordinator know immediately if there is a problem in any area of **Professional Behaviors** or the student is not meeting the other clinical benchmarks in a timely manner.

REFERENCES

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Fitzgerald L, Delitto A, Irrganag J. Validation of the Clinical Internship Evaluation Tool. *Phys Ther*. 2007;87:844-860.

World health Organization (2001). International Classification of Impairments, Disabilities and Health. Geneva: World Health Organization.

BELLIN COLLEGE DPT STUDENTS – CIET BENCHMARKS FOR CLINICAL EDUCATION

DPT 890 Clinical Experience I – 6-week rotation

Patient Management/Caseload Expectations: By end of the rotation...

- Student can manage 50% caseload of simple/familiar patient presentations independently
- Student may require 50-100% CI guidance for complex/unfamiliar presentations

CIET Expectations: By end of the rotation...

- Professional Behaviors
 - Majority (>75%) of items should be rated as “Always” with the remaining items rated “Most of the Time”
 - The only items that can be marked as “Not Observed” are communication items related to interacting with other professionals, if this is not available at the clinic site
- Patient Management
 - Majority (>75%) of items should be rated “At That Level for Familiar Patients”
 - No items should be rated “Well Below”
- Global Rating Goal: 5-6

DPT 990 Clinical Education II and DPT 993 Clinical Education III – 12-week rotations

Patient Management/Caseload Expectations: By end of the rotation...

- Student can manage whatever would be expected of a “new grad/new hire” in their first few weeks carrying their own caseload on site for both familiar AND complex presentations independently
 - Consider the time that your site allots for a new grad/new hire to be onboarded/mentored prior to being expected to carry their own caseload.
 - Consider the “caseload” that a new grad/new hire is expected to carry in their first few weeks practicing independently at your site.
- Student may seek consultation from CI on patient presentations to clarify clinical reasoning, etc. but should not need guidance/supervision from CI to correct mistakes, etc.

CIET Expectations: By end of the rotation

- Professional behaviors
 - 100% of items should be rated as “Always”
 - Only items that can be marked as “Not Observed” are communication items related to interacting with other professionals, if this is not available at the clinic site
- Patient Management
 - Majority (>75%) of items should be rated “At that Level for All Patients” with the remaining items rated no lower than “At That Level for Familiar Patients”
 - Consideration to be taken for a student placed in a specialty rotation with significant complexity and/or specialization. Please contact the Clinical Education Coordinator for additional guidance when needed regarding satisfactory expectations.
 - By the end of both 12-week rotations, it is expected that students will have attained a rating of “At that Level for All Patients” in each of the criteria on at least one of the two rotations.
- Global Rating Goal: 7-8
 - *6 acceptable for specialty practice areas

Students and Clinical Instructors should provide comments within ALL text box areas within the tool to justify ratings at midterm and final assessments.

Appendix B: Clinical Education Assessment Tools and Forms

CLINICAL SITE INFORMATION FORM

I. Site Information

a. Information for the Academic Program

Name of Clinical Center:
Street Address:
City/State/Zip:
Facility Phone:
PT Department Phone:
PT Department Fax:
PT Department email:
Web Address:
Director of Physical Therapy Name and Email:

Site Coordinator of Clinical Education (SCCE) Info:
Name:
Phone Number:
Email Address:

b. Information About the Corporate/Healthcare Systems Organization

Corporate/Healthcare System Organization Name:
Address:
City/State/Zip
Phone:
Fax:
Affiliation Agreement Contract Fulfillment Contact:

c. Clinical Site Accreditation/Ownership

Which of the following best describes the ownership category for your clinical site? (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Corporate/Privatey Owned | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Hospital/Medical Center Owned |
| <input type="checkbox"/> Nonprofit Agency | <input type="checkbox"/> PT Owned | <input type="checkbox"/> PT/PTA Owned |
| <input type="checkbox"/> Physician/Physician Group Owned | | <input type="checkbox"/> Other |

d. Clinical Site Primary Classification

Choose the category that best describes how your facility functions the majority (>50%) of the time.

- | | | |
|--|--|---|
| <input type="checkbox"/> Acute Care/Inpatient Hospital Facility | <input type="checkbox"/> Ambulatory Care/Outpatient | |
| <input type="checkbox"/> Federal/State/County Health | <input type="checkbox"/> Industrial/Occupational health Facility | |
| <input type="checkbox"/> Multiple level Medical Center | <input type="checkbox"/> School/Preschool Program | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Rehabilitation/Sub-acute Rehabilitation | <input type="checkbox"/> Private Practice | <input type="checkbox"/> ECF/Nursing Home/SNF |
| <input type="checkbox"/> Wellness/Prevention/Fitness Program | <input type="checkbox"/> Other: _____ | |

e. Clinical Site Location - Which of the following best describes your clinical site's location?

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Rural | <input type="checkbox"/> Suburban | <input type="checkbox"/> Urban |
|--------------------------------|-----------------------------------|--------------------------------|

II. Teaching Faculty

a. Information About the Clinical Teaching Faculty - Abbreviated Resume for Center Coordinators of Clinical Education – Please update as each new SCCE assumes this position.

Name:
Email Address:
Present Position (Title, Name of Facility):
Language:
Gender:
Ethnicity:

Year started as SCCE:
Year started in clinical practice:
Year started in clinical teaching (CI, etc.):
Year started working at current site:

Licensure info: PT PTA Other
State of Licensure/Registration:
License/Registration Number:

Name of PT/PTA Program from Which SCCE Graduated:
Year of Graduation:

Highest Earned Physical Therapy Degree:
PTA Associate Degree Bachelor in Physical Therapy Certificate in Physical Therapy
Masters in Physical Therapy Doctor in Physical Therapy Other:_____

Highest Earned Degree:
Associate degree Bachelor degree Certificate Master's degree
Post Professional/Advanced Master's degree Professional Doctor in Physical Therapy
Post Professional Doctor in Physical Therapy (transition)
Post Professional Doctoral Degree (PhD, ScD, EdD, DPTSc, DHSc, etc)

APTA Member: Yes No
APTA Credentialed CI: Yes No
APTA Advanced Credentialed CI: Yes No
Other CI Credentialing: Yes No

ABPTS Certified Clinical Specialist (Check all that apply):
Orthopedics Sports Geriatrics Pediatrics Neurology
Oncology Women's Health Cardiovascular and Pulmonary
Wound Management Clinical Electrophysiology

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply):
Aquatic Musculoskeletal Cardiopulmonary Neuromuscular
Geriatric Pediatrics Integumentary

Other Credentials:

b. Clinical Instructor Information - Provide the following information on all PTs employed at your clinical site who are CIs.

Name:
Email Address:
Present Position (Title, Name of Facility):
Language:
Gender:
Ethnicity:

Year started in clinical practice:
Year started in clinical teaching (CI, etc.):
Year started working at current site:

State of Licensure/Registration:
License/Registration Number:

Name of PT Program from Which CI Graduated:
Year of Graduation:

Highest Earned Physical Therapy Degree:

- PTA Associate Degree Bachelor in Physical Therapy Certificate in Physical Therapy
Masters in Physical Therapy Doctor in Physical Therapy Other: _____

Highest Earned Degree:

- Associate degree Bachelor degree Certificate Master's degree
Post Professional/Advanced Master's degree Professional Doctor in Physical Therapy
Post Professional Doctor in Physical Therapy (transition)
Post Professional Doctoral Degree (PhD, ScD, EdD, DPTSc, DHSc, etc)

- APTA Member: Yes No
APTA Credentialed CI: Yes No
APTA Advanced Credentialed CI: Yes No
Other CI Credentialing: Yes No

ABPTS Certified Clinical Specialist (Check all that apply):

- Orthopedics Sports Geriatrics Pediatrics Neurology
Oncology Women's Health Cardiovascular and Pulmonary
Wound Management Clinical Electrophysiology

Other Credentials:

c. Clinical Instructors - Selection and Training

What criteria do you use to select clinical instructors? (Check all that apply)

- APTA Clinical Instructor Credentialing Career ladder opportunity Certification/Training course
Delegated in position description Clinical Competence Therapist initiative/volunteer
Years of Experience Demonstrated strength in clinical teaching
Other (not APTA) clinical instructor credentialing No criteria

How are clinical instructors trained? (Check all that apply)

- 1:1 individual training (SCCE:CI) APTA Clinical Instructor Education and Credentialing Program
Academic for-credit coursework Other (not APTA) clinical instructor credentialing program
Clinical center in services Continuing education by academic program
Continuing education by consortia Professional continuing education (eg chapter, CEU course)
No Training Other: _____

III. Physical Therapy Services

a. Information About the Physical Therapy Service – Clinical Sites with Inpatient Care Only – all other settings skip to b.

Please provide the number of beds available in each of the subcategories listed below:

- Acute Care: Psychiatric Center:
Intensive Care: Rehabilitation Center:
Step Down: Subacute/transitional Care Unit:
Extended Care: Other Specialty Centers:
Total Number of Inpatient Beds:

b. Number of Patients/Clients - Estimate the average number of patient/client visits per day:

c. Patient/Client Lifespan and Continuum of Care - Indicate the frequency of time typically spend with patients/clients in each of the categories:

- Patient Lifespan:
0-12 years: 0% 1-25% 26-50% 51-75% 76-100%
13-21 years: 0% 1-25% 26-50% 51-75% 76-100%

22-65 years: 0% 1-25% 26-50% 51-75% 76-100%
 Over 65 years: 0% 1-25% 26-50% 51-75% 76-100%

Continuum of Care

Critical Care/ICU/Acute: 0% 1-25% 26-50% 51-75% 76-100%
 SNF/ECF/Subacute: 0% 1-25% 26-50% 51-75% 76-100%
 Rehabilitation: 0% 1-25% 26-50% 51-75% 76-100%
 Ambulatory/Outpatient: 0% 1-25% 26-50% 51-75% 76-100%
 Home Health/Hospice: 0% 1-25% 26-50% 51-75% 76-100%
 Wellness/Fitness/Industry: 0% 1-25% 26-50% 51-75% 76-100%

d. Patient/Client Diagnoses – Indicate the frequency of time typically spent with patients/clients in each of the categories:

Musculoskeletal: 0% 1-25% 26-50% 51-75% 76-100%

Which Musculoskeletal sub-categories are available to the student? (Check all that apply)

Acute injury Amputation Arthritis Bone disease/dysfunction
Connective tissue disease/dysfunction Muscle disease/dysfunction
Musculoskeletal degenerative disease Orthopedic surgery Other

Neuro-muscular: 0% 1-25% 26-50% 51-75% 76-100%

Which Neuro-muscular sub-categories are available to the student? (Check all that apply)

Brain injury Cerebral vascular accident Chronic pain Congenital/developmental
Neuromuscular degenerative disease Peripheral nerve injury
Spinal cord injury Vestibular disorder Other

Cardiovascular-pulmonary: 0% 1-25% 26-50% 51-75% 76-100%

Which Cardiovascular-pulmonary sub-categories are available to the student? (Check all that apply)

Cardiac dysfunction/disease Fitness Lymphedema
Peripheral vascular dysfunction/disease Pulmonary dysfunction/disease Other

Integumentary: 0% 1-25% 26-50% 51-75% 76-100%

Which Integumentary sub-categories are available to the student? (Check all that apply)

Burns Open wounds Scar formation Other

Other: 0% 1-25% 26-50% 51-75% 76-100%

Which Other sub-categories are available to the student? (Check all that apply)

Cognitive impairment General medical conditions General surgery
Oncologic conditions Organ transplant Wellness/Prevention
Other

e. Staffing – Indicate the number of Therapy Staff for your clinical site.

Full-time (>32-hours/week) PTs:

Part-time (<32-hours/week) PTs:

IV. Clinical Education Experiences

a. Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities – Please check all opportunities available to students:

Administration Aquatic therapy Athletic venue coverage
Back school Biomechanics lab Cardiac rehabilitation

- | | | |
|---|---|--|
| <input type="checkbox"/> Community re-entry activities | <input type="checkbox"/> Critical care/intensive care | <input type="checkbox"/> Departmental administration |
| <input type="checkbox"/> Early intervention | <input type="checkbox"/> Employee intervention | <input type="checkbox"/> Employee wellness program |
| <input type="checkbox"/> Group programs/classes | <input type="checkbox"/> Home health program | <input type="checkbox"/> Industrial/ergonomic PT |
| <input type="checkbox"/> Inservice training/lectures | <input type="checkbox"/> Neonatal care | <input type="checkbox"/> Nursing Home/ECF/SNF |
| <input type="checkbox"/> Orthotic/prosthetic fabrication | <input type="checkbox"/> Pain management program | <input type="checkbox"/> Pediatric – classroom consult |
| <input type="checkbox"/> Pediatric – cognitive impairment | <input type="checkbox"/> Pediatric – developmental | <input type="checkbox"/> Pediatric – general |
| <input type="checkbox"/> Pediatric – musculoskeletal | <input type="checkbox"/> Pediatric – neurological | <input type="checkbox"/> Prevention/wellness |
| <input type="checkbox"/> Pulmonary rehabilitation | <input type="checkbox"/> Quality Assurance/CQI/TQM | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Research Experience | <input type="checkbox"/> Screening/Prevention | <input type="checkbox"/> Sports Physical Therapy |
| <input type="checkbox"/> Surgery (observation) | <input type="checkbox"/> Team meetings/rounds | <input type="checkbox"/> Vestibular rehabilitation |
| <input type="checkbox"/> Women’s health/OB-GYN | <input type="checkbox"/> Work hardening/conditioning | <input type="checkbox"/> Wound care |
| <input type="checkbox"/> Other | | |

Specialty Clinics – Please check all specialty clinics available as student learning experiences:

- | | | |
|---|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Balance | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Feeding Clinic | <input type="checkbox"/> Hand Clinic | <input type="checkbox"/> Hemophilia Clinic |
| <input type="checkbox"/> Industry | <input type="checkbox"/> Neurology Clinic | <input type="checkbox"/> Orthopedic Clinic |
| <input type="checkbox"/> Pain Clinic | <input type="checkbox"/> Preparticipation sports | <input type="checkbox"/> Prosthetic/orthotic clinic |
| <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Screening clinics | <input type="checkbox"/> Seating/mobility clinic |
| <input type="checkbox"/> Sports medicine clinic | <input type="checkbox"/> Wellness | <input type="checkbox"/> Women’s health |
| <input type="checkbox"/> Other | | |

Health and Educational Providers at the Clinical Site – Please check all health care and educational providers at your clinical site students typically observe and/or with whom they interact:

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Alternative therapies | <input type="checkbox"/> Athletic trainers |
| <input type="checkbox"/> Audiologists | <input type="checkbox"/> Dieticians | <input type="checkbox"/> Wound/ostomy specialists |
| <input type="checkbox"/> Exercise physiologists | <input type="checkbox"/> Fitness professionals | <input type="checkbox"/> Health information techs |
| <input type="checkbox"/> Massage therapists | <input type="checkbox"/> Nurses | <input type="checkbox"/> Occupational Therapists |
| <input type="checkbox"/> Physician assistants | <input type="checkbox"/> Physicians | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> Prosthetists/orthotists | <input type="checkbox"/> Psychologists | <input type="checkbox"/> Respiratory Therapists |
| <input type="checkbox"/> Social workers | <input type="checkbox"/> Special education teachers | <input type="checkbox"/> Speech/language pathologist |
| <input type="checkbox"/> Students from other disciplines | <input type="checkbox"/> Students from other PT programs | <input type="checkbox"/> Therapeutic rec therapists |
| <input type="checkbox"/> Vocational rehab counselors | <input type="checkbox"/> Other | |

b. Availability of the Clinical Education Experience

Indicate education levels at which you accept PT students for full-time clinical experiences (check all that apply).

- Intermediate Experience Terminal Experiences

Indicate which months you will accept students for full-time (at least 36 hours/week) clinical experiences:

- | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April |
| <input type="checkbox"/> May | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> August |
| <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Average number of PT students affiliating per year:

Is your clinical site willing to offer reasonable accommodations for students under ADA? Yes No
Explain:

What is the procedure for managing students whose performance is below expectations or unsafe?

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site (answer if the clinical site only employs one PT).

c. Clinical Site's Learning Objectives and Assessment

Does your clinical site provide written clinical education objectives to students? Yes No

Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives? Yes No

When do the SCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)

At end of clinical experience At mid-clinical experience Beginning of the experience
Daily Weekly Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Check all that apply)

As per student request in addition to formal and ongoing written and oral feedback
Ongoing feedback throughout the clinical
Student self-assessment throughout the clinical
Written and oral mid-evaluation
Written and oral summative final evaluation
Other

V. Information for Students

a. Student Requirements

Do students need to contact the clinical site for specific work hours related to the clinical experience?

Yes No

Explain:

Do students receive the same official holidays as staff? Yes No

Explain:

Does your clinical site require a student interview: Yes No

Explain:

Is a Mantoux TB test (PPD) required?

One Step: Yes No

Two Step: Yes No

Is a Rubella Titer Test or immunization required? Yes No

Explain:

Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:

Yes No

Explain:

Is a criminal background check required? If yes, please indicate which background check is required and time frame.

Yes No

Explain:

Indicate which of the following are required by your facility prior to the clinical education experience?

- Child clearance Drug screen HIPAA education
OSHA education Proof of student health clearance Other

Is the student required to provide proof of any other training prior to orientation at your facility?

- Yes No

Explain:

Is the student required to submit to a drug test while on site? If yes, please describe parameters?

- Yes No

Explain:

Is medical testing available on-site for students? Yes No

Other requirements (on-site orientation, sign an ethics statement, sign a confidentiality statement, etc):

If an individual is responsible for Compliance items, please fill out the Compliance contact Information below:

Compliance Contact Name:

Compliance contact phone number

Compliance Contact email:

b. Special Information

Do you require a case study or in-service from all students? Yes No

Please Explain:

Do you require any additional written or verbal work from the student (e.g. article critiques, journal review, patient/client education handout/brochure)? Yes No

Please explain:

Does your site have a written policy for missed days due to illness, emergency situations, other? Yes No

If yes, please explain:

Will the student have access to the Internet at the clinical site? Yes No

Please explain:

Is there a facility/student dress code? Yes No

Please explain:

Is emergency health care available for students? Yes No

Please explain:

Is the student responsible for emergency health care costs? Yes No

Please explain:

Is other non-emergency medical care available to students? Yes No

Please explain:

Is the student required to have proof of health insurance? Yes No

Please explain:

Is the student required to provide proof of OSHA training? Yes No

Please explain:

Is the student required to provide proof of HIPAA training? Yes No

Please explain:

Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?
Yes No

Please explain:

Is the student required to be CPR certified? (Please note if a specific course is required). Yes No

Please explain:

Can the student receive CPR certification while on-site? Yes No

Please explain:

Is the student required to be certified in First Aid? Yes No

Please explain:

Can the student receive First Aide certification on-site? Yes No

Please explain:

c. Student Schedule

Indicate which of the following best describes the typical student work schedule:

Standard 8-hour day Varied schedule

Describe the schedule(s) the student is expected to follow during the clinical experience:

Is physical therapy provided on the weekends? Yes No

Appendix B: Clinical Education Assessment Tools and Forms

EARLY STUDENT ASSESSMENT OF CLINICAL EDUCATION EXPERIENCE

Student Name _____ Student Phone _____

Facility Name _____ Clinical Instructor _____

CI Phone _____ CI email _____

Please respond to the following statements as it relates to your clinical rotation using the checkboxes:
 1 = Strongly Disagree 2 = Disagree 3 = Neutral or N/A 4 = Agree 5 = Strongly Agree

Statement	1	2	3	4	5	Notes
1. I received a thorough orientation of the facility and my responsibilities as a student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", did you ask?
Comment:						
2. I know where to find policies, procedures, and forms needed for this clinical experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", did you ask?
Comment:						
3. I have access to all facility resources as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", what resources do you need that you do not have?
Comment:						
4. I have been introduced to the rehabilitation team and other healthcare disciplines that I will interact with. (Case Management Assignment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", did you ask?
Comment (list your tentative plan of disciplines/providers you will have the opportunity to interact with):						
5. I am aware of the individual(s) who will replace my CI (if CI is not available).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", did you ask?
Comment:						
6. I am aware of my own supervisory responsibilities of PTAs, PT technician(s), etc. (Case management Assignment). Answer 3 - NA only if there are no PTAs or unlicensed personnel at the site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", did you ask?
Comment:						
7. I am aware of my caseload and workload expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", did you ask?
Comment:						
8. I am aware of my responsibilities regarding evaluations/interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", did you ask?
Comment:						

9. I was able to participate in the organization and planning of my own clinical experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", what would you like to see included in your experience that you were unable to communicate with your CI?
Comment:						
10. The clinical experience is organized to facilitate and expand my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", have you had a conversation with your CI about how to best facilitate your learning?
Comment:						
11. I am receiving the necessary feedback to facilitate and expand my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", have you had a conversation with your CI about how to best facilitate your learning?
Comment:						
12. My CI established a pattern of collaboration including feedback and open lines of communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", have you had a conversation with your CI about communication?
Comment:						
13. I feel equipped to manage my educational responsibilities in this clinical setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Disagree" or "Strongly Disagree", what resources do you need to be successful?
Comment:						
14. I feel that I need additional help and resources to be able to successfully complete this clinical experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Agree" or "Strongly Agree", what additional resources do you need to be successful?
Comment:						
15. I feel that I needed additional information prior to starting this clinical experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you marked "Agree" or "Strongly Agree", what additional information do you need to be successful?
Comment:						

Do you need an immediate phone call from the CEC? YES NO

Student Signature / Date

► Appendix C: Program Course Information

Doctor of Physical Therapy Academic Calendar

Fall Semester Year 1 – 16 credits		
DPT 705	Human Gross Anatomy	5 credits
DPT 710	Human Pathophysiology	4 credits
DPT 731	Clinical Fundamentals of Physical Therapy Practice	4 credits
DPT 780	Introduction to Evidence-Based Practice	1 credit
DPT 785	Professional Foundations of Physical Therapy Practice I	2 credits
Spring Semester Year 1 – 17 credits		
DPT 715	Human Movement Science	4 credits
DPT 720	Applied Neuroscience	4 credits
DPT 735	Musculoskeletal Physical Therapy I – Extremities	3 credits
DPT 741	Therapeutic Interventions I: Exercise Testing and Prescription	4 credits
DPT 790	Lifestyle Medicine in Physical Therapy Practice	2 credits
Summer Semester Year 1 – 16 credits		
DPT 751	Therapeutic Interventions II: Strength, Conditioning and Special Topics	3 credits
DPT 755	Musculoskeletal Physical Therapy II – Spine	3 credits
DPT 760	Neurological Physical Therapy I	3 credits
DPT 765	Medical Screening for the Physical Therapist	2 credits
DPT 770	Applied Pain Science	1 credit
DPT 795	Principles of Business Entrepreneurship & Administration	2 credits
DPT 830	Pharmacology for the Physical Therapist	2 credits
Fall Semester Year 2 – 14 credits		
DPT 745	Biophysical Agents in Rehabilitation	2 credits
DPT 815	Movement Across the Lifespan	2 credits
DPT 860	Neurological Physical Therapy II	2 credits
DPT 870	Cardiovascular & Pulmonary Physical Therapy	4 credits
DPT 890	Clinical Education I	4 credits
Spring Semester Year 2 – 12 credits		
DPT 835	Musculoskeletal Physical Therapy III – Advanced Topics	3 credits
DPT 865	Neurological Physical Therapy III	2 credits
DPT 875	Pediatric Physical Therapy	3 credits
DPT 880	Applied Biostatistics and Research Methodology	2 credits
DPT 930	Diagnostic Imaging for the Physical Therapist	2 credits
Summer Semester Year 2 – 9 credits		
DPT 990	Clinical Education II	8 credits
DPT 995	DPT Capstone I	1 credit
Fall Semester Year 3 – 13 credits		
DPT 882	Healthcare Ethics	2 credits
DPT 950	Management of Integumentary and Lymphatic Conditions	2 credits
DPT 960	Prosthetics and Orthotics in Rehabilitation	2 credits
DPT 970	Geriatric Physical Therapy	3 credits
DPT 975	Physical Therapist Management of the Medically Complex Person	3 credits
DPT 985	Professional Foundations of Physical Therapy Practice II	1 credit
Spring Semester Year 3 – 9 credits		
DPT 993	Clinical Education III	8 credits
DPT 997	DPT Capstone II	1 credit

Appendix C: Program Course Information

Bellin College DPT Program Course Descriptions

YEAR 1, TERM 1 – FALL SEMESTER

DPT 705: Human Gross Anatomy

This course will address human anatomy from a structural and functional perspective, incorporating both micro- and macro-anatomy formats. An emphasis will be placed on relationships between musculoskeletal, neurological, and vascular systems through the lens of the movement science. Laboratory sessions include both dry and wet lab exploration of models, diagrams, images, and cadavers.

DPT 710 Human Pathophysiology:

This course will cover cellular and systems physiology from a normative and pathological perspective. Human body systems are examined with an emphasis on the cardiovascular, pulmonary, musculoskeletal, and nervous systems. Additional topics include the genitourinary and renal, gastrointestinal, hematologic, hepatic, immune, integumentary, and lymphatic systems. Pathophysiology considerations for viral and bacterial infections, genetics, immunology, oncology, and chronic non-communicable disease will be examined. Human response and adaptation to aerobic and anaerobic exercise will be integrated into the learning content for each system.

DPT 731 Clinical Fundamentals of Physical Therapy Practice:

This course will introduce students to fundamental aspects of physical therapy practice necessary for beginning immersion into the clinical environment. Emphasis is placed on safety principles related to infection prevention, identification of lines/tubes, selection and fit of assistive devices, and beginning patient handling skills for bed mobility, transfers, ambulation, and wheelchair mobility. Learners will also develop familiarity with various examination procedures including vital signs assessment, palpation, range of motion assessment with goniometry, and muscle strength assessment with manual muscle testing and dynamometry. This course includes part-time integrated clinical education (ICE) hours for students to develop their professional identity and reinforce laboratory content.

DPT 780 Introduction to Evidence-Based Practice:

This course will introduce students to fundamental principles of physical therapy research and critical thinking including literature search, critique, research methodology and dissemination. Students begin to formulate clinical questions, examine research methods, and learn how to critically appraise the evidence. The student is introduced to the following topics in the research process: basic research design, issues of reliability and validity, diagnostic utility of clinical tests, and fundamentals of conducting a literature review. The goal of this course is to foster the student to become an intelligent consumer of basic scientific design and appraisal of medical literature.

DPT 785 Professional Foundations of Physical Therapy Practice I:

This course will introduce students to the Physical Therapy profession covering topics related to history, the professional association, professionalism, ethics, advocacy, core values and juris prudence. The International Classification of Functioning, Disability and Health (ICF) is also introduced and related to patient/client assessment, management, and documentation. Aspects of billing, coding and reimbursement are covered as well as introduction to other members of the healthcare team, including the physical therapist assistant. Finally, fundamentals of competent person-centered education and communication are addressed.

YEAR 1, TERM 2 – SPRING SEMESTER

DPT 715 Human Movement Science:

This course will introduce students to comprehensive human movement and biomechanical analyses including muscle function and joint kinematics. An emphasis on both isolated and functional movement of the limbs and appendicular skeleton, including gait, sit to stand, occupational and functional tasks will be covered. Lab activities include kinematic analysis using technology for patients with a variety of movement disorders.

DPT 720 Applied Neuroscience:

The purpose of this course is for students to learn the fundamentals of how the human nervous system is constructed (neuroanatomy) and how it works (neurophysiology). Clinical examples will be utilized throughout the course to illustrate the relationship between “neuroscience” and the practice of physical therapy. Lectures will provide an overview of the human nervous system, with primary focus on the central nervous system. The peripheral nervous system will also be discussed. During structured laboratory sessions, students will examine virtual vs “wet” specimens, models, and images of human brain and spinal cord. Additional laboratory sessions will address clinical aspects of human neuroscience including psychomotor skill development for completion of components of the neurological screening examination.

DPT 735 Musculoskeletal Physical Therapy I – Extremities:

This course will introduce the student to the management of extremity musculoskeletal disorders. Learners will examine various extremity neuro-musculoskeletal conditions, surgical procedures, and injuries. An emphasis will be placed on the examination principles and progress psychomotor skills related to palpation, and evidence-based interventions emphasizing person-centered education, manual therapy, and therapeutic exercise of the extremities. These principles will be integrated into a standardized clinical reasoning model for addressing individuals with extremity related musculoskeletal disorders.

DPT 741 Therapeutic Interventions I: Exercise Testing and Prescription:

This course will explore exercise testing and prescription in the context of the physical therapist's practice. Exercise components of frequency, intensity, time, type, volume, and progression will be examined in depth in order to address deficits in range of motion, flexibility, muscle performance and cardiorespiratory endurance. The learner will be introduced to the aquatic medium for performing exercise along with the principles of neuromotor control and learning. Behavioral strategies to overcome barriers to physical activity and exercise will also be emphasized.

DPT 790 Lifestyle Medicine in Physical Therapy Practice:

This course will provide students with an introduction to the physical therapist's role in health promotion and wellbeing through select lifestyle medicine topics. Learners will investigate injury and disease prevention strategies and models, social determinants of health, sleep and nutrition, ergonomics, and the impact of psychosocial factors on health and disability. The goal of this course is to empower the physical therapy student to take an active role in inspiring healthy behaviors in a person-centered manner.

YEAR 1, TERM 3 – SUMMER SEMESTER**DPT 751 Therapeutic Interventions II: Strength, Conditioning and Special Topics:**

This course will build upon the foundations learned in Therapeutic Interventions I by expanding on strategies for developing strength and aerobic conditioning along the spectrum of a person's presentation. Modifications to an exercise program will be considered for children, adolescents, pregnancy, older adults, and other special conditions. The student will be exposed to commonly used exercise equipment. Special attention will be placed on outcome testing and training necessary to return a patient to sport or occupation, as well as therapist response to a medical emergency within the clinical setting.

DPT 755 Musculoskeletal Physical Therapy II – Spine:

This course will introduce the student to topics and content related to the management of musculoskeletal disorders involving the spine. Learners will examine the clinical application of human biomechanics, functional movement, and examination principles and progress their psychomotor skills related to palpation, and evidence-based interventions emphasizing patient education, manual therapy, and therapeutic exercise of the spine. These principles will be integrated into a standardized clinical reasoning model for addressing patients/clients with spine related musculoskeletal disorders. The goal of this course is to enable the physical therapy student to examine and treat patients/clients with various spine related musculoskeletal disorders safely and effectively.

DPT 760 Neurological Physical Therapy I:

This course will expand upon the neurological examination and introduce students to physical therapy rehabilitation principles for patients with neurological conditions, with emphasis on vestibular conditions, cerebrovascular accident, and spinal cord injury. Students will apply the patient management clinical reasoning model alongside the application of tests and measures to clinical practice. The principles of motor learning, neuroplasticity, and compensation will be examined throughout the recovery process and continuum of care. Lab sessions will integrate hands on clinical tests and measures with evidence-based treatment techniques.

DPT 765 Medical Screening for the Physical Therapist:

This course will introduce clinical reasoning as it relates to medical screening and differential diagnosis within a physical therapist's practice. The clinical reasoning model will emphasize potential flags that could signal specific diseases and syndromes and the need for referral and communication with other healthcare providers. Considerations for treatment plan modifications and patient monitoring are also discussed. Lab sessions provide students with the psychomotor skills necessary for thorough medical screening.

DPT 770 Applied Pain Science:

This course will provide the student with an overview of treating individuals suffering from persistent pain conditions and associated complicating factors. Learners will explore concepts related to the physiology of pain, pain mechanisms, pain diagnoses, fear avoidant behaviors and the biopsychosocial model. Clinical application of modern pain neuroscience education as well as evidence-informed pain assessment and treatment will be performed. The goal of this course is to enable the physical therapy student to treat individuals suffering from various pain conditions as part of an interprofessional medical team confidently and effectively.

DPT 795 Principles of Business Entrepreneurship & Administration:

This course will explore business principles for physical therapists including value-based care, billing, management, and leadership within the context of healthcare systems and clinics. Students will gain knowledge of strategic planning, organizational structures, fiscal management, marketing, and legal considerations as they pertain to the physical therapy profession. Special topics include telehealth, conflict resolution, and communication concepts both internal and external to the business entity.

DPT 830 Pharmacology for the Physical Therapist:

This course will cover the role of prescription drugs in clinical care throughout the physical rehabilitation process. Pharmacokinetics including specific actions, indications, safety, and side effects are covered within the context of physical therapist practice. An in depth understanding of medications and the impact on timing of rehabilitation interventions alongside a systems-based approach to care will be covered.

YEAR 2, TERM 4 – FALL SEMESTER**DPT 745 Biophysical Agents in Rehabilitation:**

This course will introduce students to the use of thermal, acoustic, mechanical, electromagnetic, and electrotherapeutic biophysical agents in clinical practice. Clinical reasoning is emphasized for the appropriate selection of biophysical agents based on current best evidence of physiological effects, recommended dosage, and efficacy as well as considerations of patient characteristics including indications and contraindications. Students will also learn appropriate documentation standards for use of biophysical agents. Laboratory sessions emphasize the safe and effective application of biophysical agents for patient care.

DPT 815 Movement Across the Lifespan

This course will introduce the student to contemporary theories of human neuromotor development across the lifespan. The course will address typical and atypical developmental directions, progressions, and typical milestones of both gross and fine motor skills. Aspects of gait, balance and the pain experience will be examined as they affect a person throughout their lives. Normal physiological changes associated with aging will be discussed from a systems perspective.

DPT 860 Neurological Physical Therapy II

This course will advance the students ability to assess and develop a plan of care for individuals experiencing neurological deficits from select diagnoses including multiple sclerosis, amyotrophic lateral sclerosis, peripheral neuropathies, Parkinson's disease and other select parkinsonism syndromes. Topics covered include examination, evaluation, diagnosis, pharmacological management, clinical decision-making, prognosis, standardized assessments, outcome measures and interventions.

DPT 870 Cardiovascular & Pulmonary Physical Therapy

This course will provide the student with in-depth knowledge of the unique aspects of individuals with cardiovascular, metabolic, and pulmonary contributions to movement dysfunction across the lifespan. Learners will explore the pathophysiology, risk factor management, medical and surgical treatments of the cardiovascular, metabolic, and pulmonary systems. Students will engage in activities related to the physical therapist's examination, assessment, and management of the individual with cardiopulmonary and metabolic disorders across the continuum of care.

DPT 890 Clinical Education I

This course is the first full-time clinical education experience (CEE) under the supervision of a licensed Physical Therapist Clinical Instructor. All students will have participated in >120-hours of part-time integrated clinical education experiences prior to this course. As DPT890 is an integrated experience within the curriculum, all academic coursework has not yet been completed.

This is a structured, six-week, mentored clinical education experience that allows students to apply physical therapy principles learned in the first 4-terms of didactic work. This experience could occur in a variety of practice settings (excluding settings that focus only on specialty practice). Examples of settings include, but are not limited to acute care hospitals, rehabilitation centers, home health care agencies, outpatient clinics, schools, and skilled nursing facilities. This experience emphasizes development of clinical reasoning skills while performing fundamental person-centered care using the patient management model. During this experience students should gain confidence in completing comprehensive individualized screening, examination, evaluation, plan of care development, intervention, and re-assessment for individuals with a variety of movement related conditions representative of those conditions commonly seen in practice, while abiding by physical therapy practice standards.

YEAR 2, TERM 5 – SPRING SEMESTER

DPT 835 Musculoskeletal Physical Therapy III – Advanced Topics

This course will provide students with advanced clinical reasoning and intervention skills for the management of patients with neuromusculoskeletal conditions. The integration of manual therapy, therapeutic exercise, pain science and lifestyle medicine knowledge and skills learned in previous courses are honed and expanded upon through case-based learning activities. Students will refine their exercise prescription and thrust and non-thrust manual therapy skills as well as learn basic trigger point dry needling skills for the treatment of soft tissue dysfunction. The goal of this course is to enable the physical therapy student to utilize clinical decision-making to integrate these interventions into person-centered clinical treatment plans safely and effectively.

DPT 865 Neurological Physical Therapy III

This course will advance the students' ability to assess and develop a plan of care for individuals experiencing neurological deficits from select diagnoses including concussion, traumatic brain injury, dementia, brain tumors, and other rare or complex neurological conditions. Topics covered include examination, evaluation, diagnosis, pharmacological management, clinical decision-making, prognosis, standardized assessments, outcome measures and interventions. Special emphasis is placed on considerations of health policy, billing, and legal requirements for persons with neurological pathologies and for their caregivers.

DPT 875 Pediatric Physical Therapy

This course will present fundamental concepts for the physical therapy management of children with conditions of the various body systems. Emphasis is placed on management of children with musculoskeletal, neurological, and/or cardiopulmonary impairments. A normal developmental framework serves as the course foundation. Students apply the elements of patient/client management in physical therapy practice, including screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes related to the pediatric person.

DPT 880 Applied Biostatistics and Research Methodology

This course will introduce the specific elements of applied research design and statistics. Students become familiar with relevant research statistics to apply and synthesize the scientific literature. Items related to measurement, statistical analysis, critical inquiry, and strength of evidence are presented. These concepts are applied in the critical evaluation of published physical therapy literature. The goal of this course is to advance the student to become confident in consuming scientific statistical concepts and appraisal of medical literature.

DPT 930 Diagnostic Imaging for the Physical Therapist

This course will cover the use and interpretation of imaging modalities and its impact on clinical decision making for the physical therapist. Guidelines for the selection and interpretation of imaging studies including radiographs, magnetic resonance, computed tomography, and diagnostic ultrasound will be covered. Lab activities include the use and interpretation of diagnostic ultrasound images most commonly seen in clinical practice.

YEAR 2, TERM 6 – SUMMER SEMESTER

DPT 990 Clinical Education II

This course is the second of three full-time clinical education experiences (CEE) under the supervision of a licensed Physical Therapist Clinical Instructor. All students will have participated in >120-hours of part-time integrated clinical education experiences and 240 hours of full-time clinical experience prior to this course.

This is a structured, twelve-week, mentored clinical education experience that allows students to increase their experience working with patients in the clinical setting. This experience could occur in any practice setting. During this experience students should progress in confidence and independence while completing comprehensive individualized screening, examination, evaluation, plan of care development, intervention, and re-assessment for individuals with a variety of movement related conditions representative of those conditions commonly seen in practice, while abiding by physical therapy practice standards. This experience emphasizes progression of clinical reasoning skills and evidence-informed practice while performing fundamental person-centered care using the patient management model.

DPT 995 DPT Capstone I

This two-part course will integrate the didactic, clinical, and evidence-based knowledge from this curriculum applied to a scholarly project. Learners will write a proposal and background during this course that will result in either a case report or assist in a research study conducted at Bellin College. This course also integrates the initiation of a co-curricular portfolio designed to aid in the reflection of learning and professional development that occurred during the time in the DPT program both inside and outside the classroom.

YEAR 3, TERM 7 – FALL SEMESTER

DPT 882 Healthcare Ethics

This course attempts to help students provide answers to the question: "What does it mean to be an ethical healthcare professional?" Geared specifically for doctoral level healthcare students, the course begins by delving into ethical theory and then quickly synthesizing the codes of ethics of healthcare professions. Students then analyze what it means to go beyond the code of ethics in their own practice in order to be an ethical healthcare professional, aided by concepts from traditional ethical theory, as well as more recent considerations in healthcare ethics, including issues pertaining to social justice,

phenomenological research, and particularly studies on what it means to empathize with individuals in a healthcare setting in order to provide person-centered care

DPT 950 Management of Integumentary and Lymphatic Conditions

This course will cover the physical therapy management of individuals with integumentary and lymphatic conditions. A specific emphasis is placed on factors that influence tissue healing alongside the examination, evaluation, and overall person-centered care for all types of integumentary lesions seen in a physical therapist's practice to include venous and arterial insufficiency ulcers, pressure ulcers, neuropathic ulcers, and burns. Students will also learn assessment and treatment techniques for management of lymphatic conditions.

DPT 960 Prosthetics and Orthotics in Rehabilitation

This course will introduce evidence regarding the indications and considerations necessary for the use of orthotic and prosthetic devices to support a rehabilitation plan of care. Students will be exposed to orthoses for various cranial, spinal, and extremity conditions. A special emphasis is placed on upper and lower extremity amputations and prosthetics, focusing on movement analysis. Treatment planning as it pertains to the types of prosthetics and orthotics will be covered including fitting, device utilization, exercise programs, gait analysis, and training.

DPT 970 Geriatric Physical Therapy

This course will reinforce principles of physical therapy management covered in prior courses and applied specifically to the older adult. Normal physiological effects of aging of each body system will be compared to pathophysiology and related to how they affect the human movement system. The use of health and safety screening tools will be promoted as well as evaluation, assessment, care planning and coordination for the older adult. An overview of end-of-life issues, reimbursement models and community resources will conclude the course

DPT 975 Physical Therapist Management of the Medically Complex Person

This course will expand upon concepts introduced in pathophysiology and previous systems-based courses. Students will learn to address multiple disease pathologies and co-morbidities as they compound to produce medically complex situations. The learner will examine implications for the physical therapist management of the medically complex person across the continuum of care including inpatient, outpatient, home based, and institutional settings. This course will take a problem-based learning approach which will include the musculoskeletal, nervous, cardiovascular, pulmonary, metabolic, gastrointestinal, hepatic, renal, lymphatic, immune, reproductive, and integumentary systems as well as disorders related to infectious disease, substance abuse, immunodeficiencies, oncology, and surgical procedures.

DPT 985 Professional Foundations of Physical Therapy Practice II

This course will reinforce and further develop lessons covered in Professional Foundations I. Additional topics include examination of licensure and scope of practice for the physical therapist and physical therapist assistant. This course will also explore concepts of being person-centered, including the duty to refer and report illegal, unethical, and unprofessional behavior. Leadership styles will be explored as it relates to oneself, the profession, and society. Social determinants of health will be reviewed through a population health lens and students will learn the value of cultural competency to physical therapy practice. The student will be exposed to advocacy at the national, state, and local level and will develop a plan for lifelong learning post-graduation.

YEAR 3, TERM 8 – SPRING SEMESTER

DPT 993 Clinical Education III

This course is the final of three full-time clinical education experience (CEE) under the supervision of a licensed Physical Therapist Clinical Instructor. All students will have participated in >120-hours of part-time integrated clinical education experiences and 720 hours of full-time clinical experience prior to this course.

This is a structured, twelve-week, mentored clinical education experience that allows students to increase their experience working with patients in the clinical setting. This experience could occur in any practice setting. During this experience students should further progress in confidence and independence while completing comprehensive individualized screening, examination, evaluation, plan of care development, intervention, and re-assessment for individuals with a variety of movement related conditions representative of those conditions commonly seen in practice, while abiding by physical therapy practice standards. This experience emphasizes continued progression of clinical reasoning skills and evidence-informed practice while performing fundamental person-centered care using the patient management model

DPT 997 DPT Capstone II

This two-part course will integrate the didactic, clinical, and evidence-based knowledge from the DPT curriculum applied to a scholarly project. Learners will disseminate a case report or assist in a research study conducted at Bellin College. This course also includes the final submission of a co-curricular portfolio designed to aid in the reflection of learning and professional development that occurred during the time in the DPT program both inside and outside the classroom.