



Southwest Baptist
UNIVERSITY

Doctor of
Physical Therapy
Clinical Education
Handbook

Updated 08.01.19

“For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you hope and a future. Then you will call on me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart.”

-Jeremiah 29:11-13

Table of Contents

| Front Matter | Page |
|--|-------------|
| Purpose of Clinical Education | 3 |
| Doctor of Physical Therapy Program Accreditation Status | 3 |
| Mission Statements of the Program, College, and University | 3 |
| Goals | 3 |
| Vision Statement | 4 |
| Guiding Principles & Philosophy | 4 |
| SBU College of Science and Mathematics Academic Integrity Statement | 5 |
| SBU College of Science and Mathematics Faith Integration Statement | 5 |
| Review and Approvals | 6 |
| SBU DPT 3 Year Curriculum Plan (est. January 2011, updated March 2016) | 7 |
| SBU DPT 2019-20 Calendar | 8 |
| SBU DPT Clinical Education Communication Flow Chart | 9 |
| SBU DPT Clinical Education Organizational Tree | 10 |

| Clinical Education Policies | Policy Number |
|---|----------------------|
| Establishment and Maintenance of Contractual Agreements with Clinical Sites | 05-01 |
| Assignment of Clinical Sites for Clinical Education | 05-02 |
| Criteria for Selection of Clinical Education Centers and Clinical Faculty | 05-03 |
| Clinical Faculty Development | 05-04 |
| Clinical Site File Library | 05-05 |
| Student Responsibilities During Clinical Education Experiences | 05-06 |
| Prerequisites for Participation in Clinical Education | 05-07 |
| Clinical Education Debriefing | 05-08 |
| Clinical Education Remediation | 05-09 |
| Evaluation of Clinical Education Program | 05-10 |
| Clinical Education Policy Changes | 05-11 |
| Clinical Education Site Assignment Appeal | 05-12 |
| Unexpected Termination of Clinical Education Site Assignments | 05-13 |
| Clinical Instructor (and CCCE) Responsibilities during Clinical Education Experiences | 05-14 |
| Pregnancy (for both classroom and clinical education) | 05-15 |
| Clinical Education Attendance | 05-16 |

| Forms and Supporting Materials | Associated Policy Number |
|--|-----------------------------------|
| Professional Behavior Definitions | 05-06, 05-09, 05-10, 05-12, 05-13 |
| DPT Program Technical Standards and Essential Functions | 05-06, 05-14, 05-15 |
| Clinical Education Authorization and Release of Student Information | 05-01 |
| Clinical Education Disclaimer and Letter of Understanding / Disclosure | 05-02, 05-06, 05-07, 05-11 |
| Medical Immunization Requirements | 05-06, 05-07, 05-14 |
| Hepatitis B Vaccination Agreement/Declination | 05-06, 05-07, 05-14 |
| CDC Hepatitis General Fact Sheet | 05-06 |
| Seasonal Influenza Vaccination Agreement/Declination | 05-06, 05-07, 05-14 |
| Clinical Education Student Contract | 05-01, 05-02, 05-06, 05-07 |
| Clinical Education Site Specific Requirements Form | 05-01, 05-06, 05-07 |
| Request for a New Clinical Site | 05-02 |
| Student Clinical Experience Agreement (i.e. site contract) w Addendums | 05-01 |

The purpose of the clinical education component within the physical therapy curriculum is to ensure student carry-over and integration of didactic course work into the clinical setting. To ensure a broad range of clinical experiences, each student will be required to have a clinical experience in acute care, outpatient orthopedics, and neuro-rehabilitation. These experiences appear late in the curriculum totaling 34 weeks in a residency-like format. One of the terminal clinical education experiences may be in an area of special interest within physical therapy that has not already been experienced by the student in a prior clinical experience. Students are responsible for all expenses for travel and living during the clinical education experiences. Students with a history of criminal actions documented on a background check may have clinical education placement options severely limited or delayed. While student input to the assignment process is valued and considered, we cannot guarantee these requests for clinical assignments will be met. The final decision rests with the Academic Coordinator of Clinical Education (ACCE), with input from the Core Faculty, and the student should be readily prepared to attend a rotation that may not have been a top preferred position on the part of the student.

Doctor of Physical Therapy Program Accreditation Status

The Doctor of Physical Therapy program at Southwest Baptist University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 417-328-1672 or email pt@SBUniv.edu. There is a formal complaint process available at: <http://www.capteonline.org/Complaints/>. The Doctor of Physical Therapy is also accredited by the Higher Learning Commission, 30 North LaSalle Street, Suite 2400, Chicago, Illinois 60602-2504, 312-263-0456 or 800-621-7440 or <https://www.hlcommission.org/>. For the most current information about program accreditation status please see: <https://www.sbuniv.edu/academics/programs/physical-therapy.php>

Mission Statements of the Program, College, and University

Our Healing Mission (Rev. 11.17.04): The physical therapy department at Southwest Baptist University is dedicated to providing society with physical therapists who engage in the art and science of physical therapy with a Christian worldview. The graduate will be a clinician generalist who is prepared to provide physical therapy services for a diverse population in an evolving society and health care environment.

The SBU College of Science and Mathematics pursues excellence and offers quality instruction from a Christian perspective to broaden non-majors scientific awareness and to prepare majors for career success of further study in their chosen field.

Southwest Baptist University is a Christ-centered, caring academic community preparing students to be servant leaders in a global society.

Goals (rev. 02.08.14)

The graduate of Southwest Baptist University Doctor of Physical Therapy Program will be able to:

- 1) Integrate the Christian worldview into the practice of physical therapy.
- 2) Engage in professional practice expectations on a diverse patient and client population throughout the lifespan.
- 3) Educate and communicate with appropriate stakeholders in the health care environment.
- 4) Serve the profession and society to promote and improve evolving health care delivery.
- 5) Reflectively practice the art and science of physical therapy by critically evaluating, integrating, and contributing to the expanding professional knowledge base.
- 6) Formulate a plan for life-long learning coupled with professional, personal and spiritual growth.

The faculty of Southwest Baptist University Doctor of Physical Therapy Program strive to:

7) Pursue the development and delivery of a contemporary curriculum.

8) Promote and serve the professional and spiritual community.

The Physical Therapy Program at Southwest Baptist University seeks to:

9) Nurture the current and future servant leaders in the health care society.

Vision Statement (updated 11.26.18)

Equip graduates to transform the human experience through physical therapy with a Christ-centered perspective.

Guiding Principles & Philosophy (updated 11.26.18)

The faculty of the Department of Physical Therapy at Southwest Baptist University accepts the mission, philosophy and goals of the institution. The faculty is committed to and believes that:

Foundational Truth.

God is the source of all truth and Jesus Christ is the central figure of history, giving purpose, order, dignity, and value to life. Therefore, the faculty seeks to provide a Christian environment in which students are encouraged to develop spiritually as well as professionally. We hold Christian values as paramount in guiding ethical conduct in teaching as well as in our professional and community endeavors.

Educational Philosophy.

The nature of society influences the approach to physical therapy education. The characteristics of society continue to change in part due to an increase in the aging population, advances in interventions available for the management of complex health problems, and globalization of individuals with diverse language, culture, and ethnicity. Therefore education for the practice of physical therapy must accommodate to those variations.

Healthcare System.

Physical therapy is an integral component of a dynamic healthcare system responding to the needs of society. As a part of the healthcare system, physical therapy is dedicated to the promotion of health, prevention of dysfunction, and restoration of function in persons with movement dysfunction. All members of society are entitled to access a healthcare system that addresses their specific needs, regardless of their socio-economic status.

Professional Identity.

Physical therapists practice inter-dependently in a variety of environments. In providing services, physical therapists collaborate with other healthcare professionals, families, community agencies, and other support systems. Physical therapists are healthcare professionals who are prepared to function as a primary healthcare provider. Their focus is on the human movement system, causes of movement dysfunction, and the interventions that prevent, alleviate or eliminate movement dysfunction. In planning care, physical therapists are concerned with the physical, spiritual, emotional and psychological status of the individual.

Academic Preparation.

The practice of physical therapy, in its multi-faceted role, demands the depth and breadth of preparation offered at the doctoral level. The requirement of a baccalaureate degree serves as the foundation for the full participation of the learner in the acquisition of knowledge, clinical reasoning, and psychomotor skills, as well as promoting adequate reflection expected of the physical therapist who will provide services in the 21st century. The learner is a mature, informed

and committed individual who is self-directed and an active participant in the learning process. All learners are expected to share responsibility for the development of opportunities for learning that are beneficial for themselves and those they will serve in the evolving healthcare system.

Academic Environment.

Teaching and learning occur best in a secure and open environment where necessary resources are readily available to learners and faculty members, learners are challenged to achieve at a high level, and faculty are dedicated to the philosophy of the University and the Department. Each faculty member is qualified by academic preparation and clinical experience to teach. The faculty are responsible for improving their knowledge and skills, participating in the advancement of the profession, governing the department and the university, participating in community activities, and serving as a role model for peers and learners.

Graduate Identity.

The graduate will be a clinician generalist who is prepared to function as a primary care provider to optimize movement; contribute to the advancement of the profession; teach and consult with patients, colleagues, communities, and agencies; and advocate for the welfare of the patient and the family. The graduate will be a continuing learner participating in community and professional activities.

SBU College of Science and Mathematics Academic Integrity Statement

It is expected that all students will behave in a Christ-like fashion and uphold the highest standards of integrity and personal ethics. Students who cheat, plagiarize, misuse SBU computing resources, violate SBU computer usage policy, misrepresent the truth, or make false statements to University faculty, administration or staff will be held accountable for their actions. Such conduct is inconsistent with the Christian lifestyle and Biblical principles (Colossians 3:17; I Thessalonians 5:22; Exodus 20:16; Deuteronomy 5:20; Proverbs 6:16-19; Proverbs 12:22; Psalm 97:10). If student misconduct occurs, the misconduct will be dealt with as described in the SBU Student Handbook. Any student assignment that is plagiarized or is associated with cheating will be assigned a zero.

SBU College of Science and Mathematics Faith Integration Statement

The Mission Statement and Vision Statement of Southwest Baptist University explicitly state that University activities are to be Christ-centered and that instruction will be from a Christian perspective. Every attempt will be made to integrate into this course the Christian faith, Christian world view and Biblical values consistent with the Baptist heritage of the University.

This document was reviewed and approved by the following stakeholders during the Spring of 2012:

| <u>Name</u> | <u>Role</u> |
|--|------------------------|
| 1. Steven G. Lesh, PhD, PT, SCS, ATC | Department Chair |
| 2. Kelly Coleman, PT, DPT, OCS | ACCE |
| 3. Beverly McNeal, PT, DPT | Core Faculty |
| 4. Cathy Beck, PhD, PT | ACCE |
| 5. Sarah Harmon | Student, Class of 2012 |
| 6. Ellis Hall, PT, MBA Citizens Memorial Hospital, Bolivar, MO | Community Employer |
| 7. Clara Stevens, PT, DPT, LT, USPHS Federal Correctional Complex - Butner, NC | Alumni |
| 8. Charles E. Rainey, PT, DPT, MS, OCS, CSCS, LT, USN Naval Medical Center San Diego, San Diego, CA | Alumni |
| 9. Bob Behnke, PT, MPT Citizens Memorial Hospital, Bolivar, MO | Clinical Instructor |
| 10. Brittney Millspaugh PT, DPT Women's Health Practice | Alumni |
| 11. Robin King, PT, C/NDT Therapy Manager, CoxHealth, Springfield, MO | CCCE |

This document was reviewed, updated and approved by the Core Faculty during the Summer of 2015

Southwest Baptist University, Department of Physical Therapy
(3 Year Curriculum Plan, est. January 2011, updated October 2016)

Year 1

| Fall (16 weeks) | January (3 weeks) | Spring (16 weeks) | Summer (11 weeks) | |
|-------------------------------|----------------------------|--------------------------|----------------------------|-----------|
| PTH 5132 Critical Inquiry | 2 PTH 5221 Teach / Learn | 1 PTH 6393 Motor Control | 3 PTH 6293 Ex Prescription | 3 |
| PTH 5013 Psychosocial | 3 PTH 5593 Neuroscience PT | 3 PTH 5423 Ther Ex | 3 PTH 5233 MS Found | 3 |
| PTH 5047 Human Anatomy | 7 | PTH 5093 PT Science | 3 PTH 6022 THC | 2 |
| PTH 5066 Clinical Kinesiology | 6 | PTH 6273 Integumentary | 3 PTH 6082 Human Life Seq | 2 |
| PTH 5481 Christian App I | 1 | PTH 5611 Pro Dev Sem 1 | 1 | |
| PTH 5631 ICE I | 1 | PTH 5103 Modalities | 3 | |
| | | PTH 5403 Phys Assess | 3 | |
| | | PTH 5641 ICE II | 1 | |
| Totals | 20 | 4 | 20 | 10 |

Year 2

| | | | | |
|----------------------------------|---------------------------|---------------------------|-------------------------|-----------|
| PTH 6245 MS I | 5 PTH 6332 Administration | 2 PTH 6255 MS II | 5 PTH 7283 Cardio PT | 3 |
| PTH 6263 Prosthetics / Orthotics | 3 PTH 5412 Diagnostic Im | 2 PTH 7316 Neuro 2 | 6 PTH 7353 Geriatric PT | 3 |
| PTH 6472 Pathology 1 | 2 | PTH 6603 Pathology II | 3 PTH 7343 Pediatric PT | 3 |
| PTH 6501 Christian App II | 1 | PTH 6621 Pro Dev Sem 2 | 1 PTH 7362 Capstone | 2 |
| PTH 6326 Neuro I | 6 | PTH 6583 Health Promotion | 3 | |
| PTH 5382 Pharmacology | 2 | PTH 5151 Clinical Inv I | 1 | |
| PTH 6651 ICE III | 1 | PTH 6671 ICE IV | 1 | |
| Totals | 20 | 4 | 20 | 11 |

Year 3

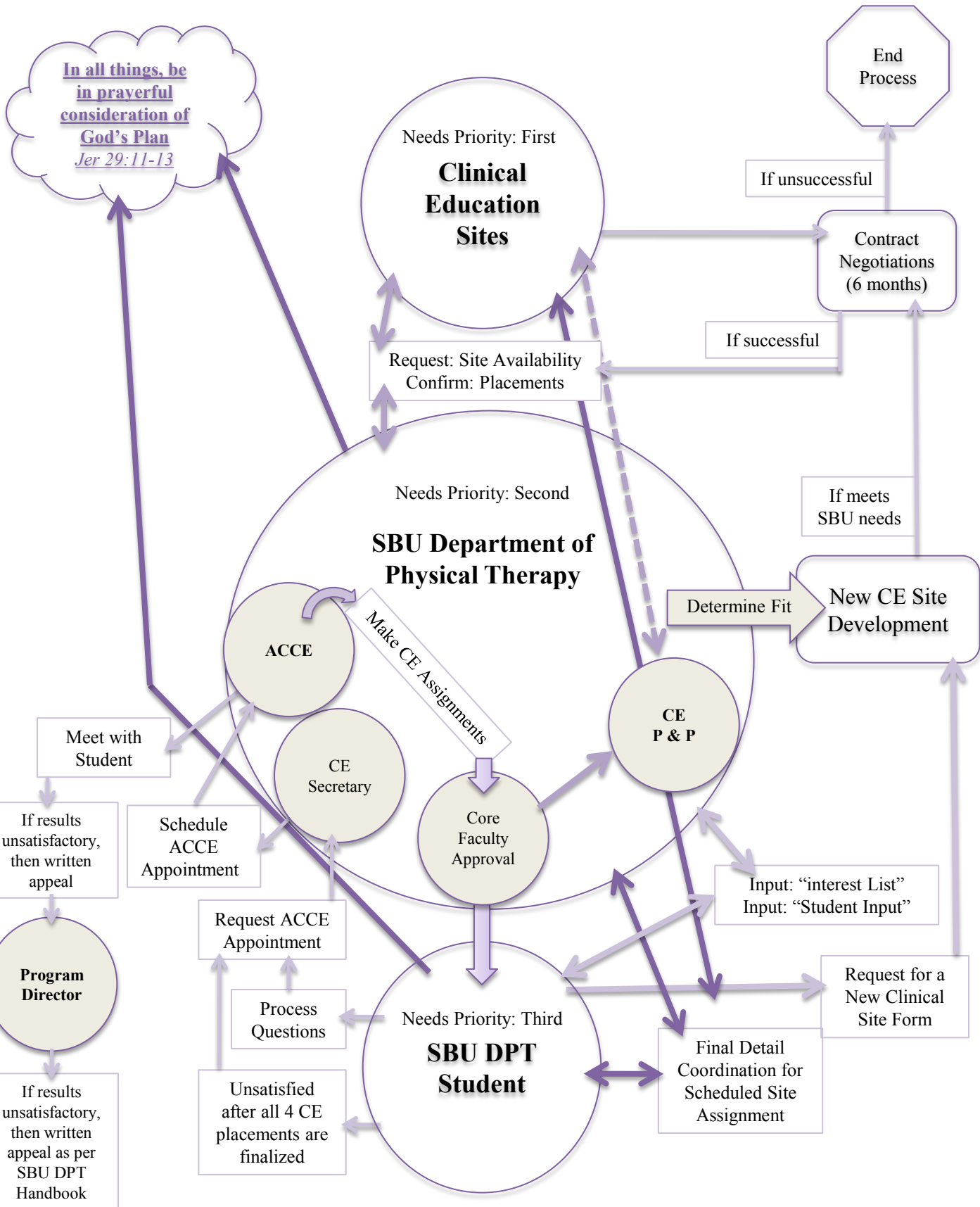
| | | | | |
|--------------------------|-----------------------------|-----------|---------------------------------------|------------|
| PTH 7158 CE I (8 weeks) | 8 PTH 7459 CE III (9 weeks) | 9 | | |
| PTH 7458 CE II (8 weeks) | 8 PTH 7469 CE IV (9 weeks) | 9 | | |
| Elective* | 0 | | | |
| Totals | 16 | 18 | Total Credit Hours (w/o elect) | 143 |

SOUTHWEST BAPTIST UNIVERSITY

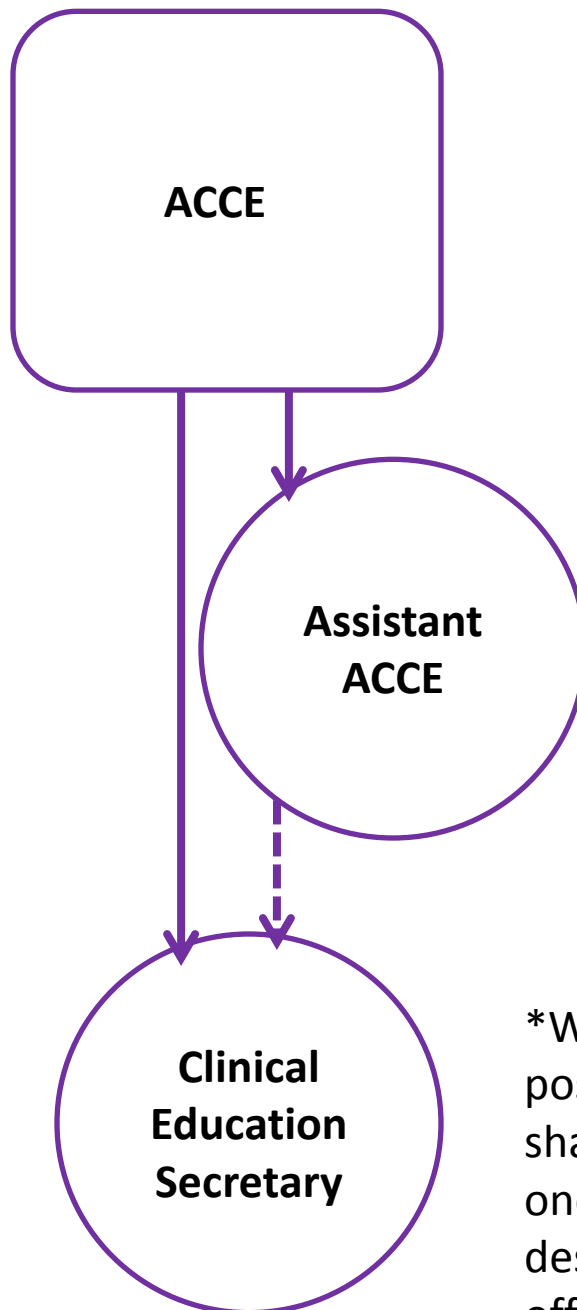
Doctor of Physical Therapy 2019-20 CALENDAR (Current as of 3.20.19 subject to change)

| FALL SEMESTER 2019 | | |
|--------------------------|------------|--|
| August | 2 | Summer "B" Ends for DPT 2 (Class of 2021) |
| | 9 | Summer "B" Ends for DPT 3 (Class of 2020) |
| | 15-16 | SBU DPT Orientation (Class of 2022) |
| | 19 | Fall Classes Start for DPT 1, 2 (Classes of 2021, 2022) |
| | 19 | Clinical Education I Starts (Class of 2020) |
| | 21 | Formal Convocation - 10:00 a.m. |
| September | 2 | Labor Day - No Classes |
| | TBA | Midwest Student Conclave, KU Medical Center, KC, KS |
| | TBA | Scoliosis Screenings @ BMS TBA (DPT 2) |
| | TBA | Scoliosis Screenings @ BIS 8:00 TBA (DPT 2) |
| | TBA | Scoliosis Screenings, Springfield Homes School Network |
| October | 11 / 14 | Clinical Education I Ends / Starts (Class of 2020) |
| | 31-NOV 2 | APTA National Student Conclave – Albuquerque, NM |
| | TBA | Scoliosis Screenings @ Morrisville, TBA |
| | TBA | MPTA Fall Conference – TBA |
| November | 23 – DEC 1 | Thanksgiving Break (classes resume DEC 2) |
| December | 6 | Clinical Education II Ends (Class of 2020) |
| | 7 | Scholars Day for HSEA Candidates |
| | 11 | CHRISTmas Sliders! Davis Lobby 11:30 am – 1:30 pm |
| | 10 - 13 | DPT 1 & 2 Final Examinations |
| | 14 | CHRISTmas Break (Ends on January 2, 2020) |
| WINTERFEST SEMESTER 2020 | | |
| January | 3 | Winterfest Classes Start for DPT 1, 2 (Classes of 2021, 2022) |
| | 6 | Clinical Education III & IV Starts (Class of 2020) |
| | 20 | MLK Day of Service (Class of 2021) |
| | 21 | Winterfest Classes End for DPT 1, 2 (Classes of 2021, 2022) |
| SPRING SEMESTER 2020 | | |
| | 22 | Spring Classes Start for DPT 1, 2 (Classes of 2021, 2022) |
| February | 1 | Scholars Day for HSEA Candidates |
| | 1 | Deadline for "Pre-Completion" Verifications to Dr. Lesh (DPT 3, Class of 2020) |
| | 10 | Graduate Student deadline for May Intent to Graduate Cards (DPT 3) |
| | 12 - 15 | APTA Combined Sections Meeting – Denver, CO |
| March | 1 | DPT 1, 2 & 3 Portfolios Due (as directed by Advisors) |
| | 14 - 22 | Spring Vacation for DPT 1, 2 (Classes of 2021, 2022) (classes resume MAR 23) |
| April | 10 | Good Friday, No Classes for DPT 1, 2 (Classes of 2021, 2022) |
| | TBA | MPTA Spring Conference, TBA |
| May | 8 | Clinical Education III & IV Ends (Class of 2020) |
| | 11-12 | (tentative) TherapyEd Board Review Prep Course, Bolivar, MO (for DPT 3) |
| | 11-15 | DPT 1 & 2 Final Examinations / DPT 3 Clin Ed & Program Debriefing |
| | 13 | Finals Week Job Fair – Warren B. Davis Family Physical Therapy Center |
| | 15 | DPT 3 Graduate Reception: Intramural Gym 12:00 p.m. |
| | 16 | Commencement: Meyer Wellness Center 3:00 p.m. |
| SUMMER SEMESTER 2020 | | |
| May | 26 | (tentative) Summer "A" Starts for DPT 2, 3 (Class of 2021, 2022) |
| June | 4 - 7 | APTA National Meeting – Phoenix, AR |
| | 26 | (tentative) Summer "A" Ends for DPT 2, 3 (Class of 2021, 2022) |
| | 29 – JUL 3 | 4 th of July, No Classes |
| July | 6 | (tentative) Summer "B" Starts for DPT 2, 3 (Class of 2021, 2022) |
| | 31 | (tentative) Summer "B" Ends for DPT 2 (Class of 2022) |
| August | 7 | (tentative) Summer "B" Ends for DPT 3 (Class of 2021) |
| | 13-14 | (tentative) DPT 1 Orientation (Class of 2023) |
| | 17 | (tentative) DPT 1, 2 Fall Classes Start (Class of 2022, 2023) |
| | 17 | Clinical Education I Starts DPT 3 (Class of 2021) |



SBU DPT Clinical Education Communication Flow Chart



Clinical Education Organizational Tree



*When ACCE position is a shared position, one ACCE will be designated as the official HR Supervisor

| | | | | | |
|---|---|---|--|---|-------------------------------|
|  <p>Department of Physical Therapy</p> <p>Policy & Procedure</p> | Title: Establishment and Maintenance of Contractual Agreements with Clinical Sites | Date Effective: 08.10.12 | Date Replaces: 06.01.09 | Policy Number: 05-01 | Page: 1 of 1 |
| | Approval Signatures & Date: Department Chair:  08.10.12 | | | | |

PURPOSE: To establish and maintain current contractual agreements with clinical sites for the purpose of clinical education.

POLICY: A contractual agreement will be established and maintained between the University and all sites selected for clinical education that meet the criteria outlined in policies established by the core faculty and administered by the ACCE.

PROCEDURE:

Responsibility
Provost

Action

1.1 In consultation with legal council, authenticate and validate the establishment of a contractual agreement between the university and the clinical education site

ACCE

- 2.1 Facilitate the contractual process leading to authentication by all relevant involved parties (typically the university and the clinical education site)
- 2.2 Consult with legal council to update the university's standard clinical education contract
- 2.3 Maintain an executed copy of the CE contract on site
- 2.4 Consider any addendums proposed by the CCCE and integrate or reject accordingly and appropriately
- 2.5 When identified, pursue a new CE site contract (05-02)
- 2.6 Ensure that contractual obligations are met by all signed parties
- 2.7 Delegate duties to Assistant ACCE if position is filled

CCCE



- 3.1 Facilitate the contractual process leading to authentication of all relevant involved parties on behalf of the clinical education site.
- 3.2 Consider the University standard clinical education contract for validation
 - 3.2.1 Propose necessary addendums to meet the needs of the clinical education site
 - 3.2.2 If the University standard clinical education contract is not acceptable, submit an alternative contract to the ACCE for consideration and validation
- 3.3 Maintain an executed copy of the CE contract on site

Clinical Education Secretary

- 4.1 As directed, maintain database, both electronic and hardcopy, of CE contracts
- 4.2 Report to ACCE when contracts are in need of review

Student

5.1 Review and become familiar with contractual agreement between university and clinical site. The student should understand that the contract may not be the "standard" university contract and could be specific to each location that they are scheduled to attend.

| | | | | | |
|---|--|---|--|---|---------------------------------------|
|  <p>Department of Physical Therapy Policy & Procedure</p> | <p>Title: Assignment of Clinical Sites for Clinical Education</p> | <p>Date Effective: 04.07.17</p> | <p>Date Replaces: 08.01.15</p> | <p>Policy Number: 05-02</p> | <p>Page: 1 of 3</p> |
| | <p>Approval Signatures & Date:</p> <p>Department Chair:  04.07.17</p> | | | | |

PURPOSE: To outline the clinical education site assignment process.

POLICY: To ensure a broad range of clinical experiences, each student will be required to have a clinical experience in acute care, outpatient orthopedics, and neuro-rehabilitation. These experiences appear late in the curriculum totaling 34 weeks in a residency-like format. One of the terminal clinical education experiences may be in an area of special interest within physical therapy that has not already been experienced by the student in a prior clinical experience. The final product of this learning process will be a generalist physical therapist. While student input to the assignment process is valued and considered, SBU DPT cannot guarantee these requests for clinical assignments will be met. The final decision rests with the Academic Coordinator of Clinical Education (ACCE), with input from the Core Faculty, and the student should be readily prepared to attend a rotation that may not have been a top preferred position on the part of the student.

The method by which students are assigned to clinical sites is determined and approved by the core faculty. SBU DPT utilizes a semi-selective, best-fit model that matches the needs of the clinical site, the university, and the student. The rank of priority of needs is: 1) the Clinical Site, 2) the University, and lastly 3) the student.

DEFINITIONS:

The Acute Care Clinical Education Experience is a clinical experience guided by a licensed physical therapist in an acute care setting of physical therapy that provides the student with the opportunity to perform physical therapy evaluation and treatment skills learned in previous academic course work and laboratory practice sessions. This is typically a traditional hospital setting, however, sub-acute settings may also meet this expectation. Some facilities may have a blending of acute care practice responsibilities with other practice setting duties. This is acceptable as long as the majority of the caseload is directed toward the acute care practice setting.

The Outpatient Orthopedic Clinical Education Experience is a clinical experience guided by a licensed physical therapist in an outpatient orthopedic setting of physical therapy that provides the student with the opportunity to perform physical therapy evaluation and treatment skills learned in previous academic course work and laboratory practice sessions. This experience may be in a traditional free-standing clinic or a hospital based environment.

The Neuro-Rehabilitation Clinical Education Experience is a clinical education experience guided by a licensed physical therapist in a setting that provides exposure primarily to neuro-rehabilitation patients. The setting may be either inpatient or outpatient with at least a 50% caseload of neuro-rehabilitation patients. It is expected that the facility provides a comprehensive approach to healthcare including a variety of health care professions (e.g. OT, ST, PT).

The Elective Clinical Education Experience is a clinical education experience guided by a licensed physical therapist in a setting that provides exposure to any area of interest in physical therapy that the student has not already experienced in one of the prior clinical experiences (e.g. aquatics, pediatrics, women's health, manual therapy, sports medicine, occupational health/industrial rehabilitation/work conditioning, geriatrics, administrative, or home health). This experience may also be a second experience in one of the above three settings if it is determined that the student needs further integration and application of the content or if the student requests as such.

Special, Select or Unique Clinical Education Alternatives may be available for consideration by students. These alternatives or options typically have extra selection and assignment criteria that may or may not be under the control of the department, and may not be readily available for all students. Three scenarios are presented as follows:

- 1) Nationally recognized specialty centers (e.g. Rancho Los Amigos) which may have additional assignment requirements. Selection for these special sites is outside of the routine affiliation selection process. Students must apply and be selected according to procedures determined by the CCCE for each respective site as well as the department. These clinical experiences may involve extended periods of time, different assessment tools for student performance, or other requirements specific to the site. The assignment for a nationally recognized specialty center is contingent upon core faculty support and the student completing prior Clinical Education experiences and academic course work without documented difficulties needing remediation or professional behavior violations.
- 2) Overseas clinical experience. A student may request a full time overseas experience that is either an existing contracted site or developed as a new site. The student must demonstrate how the overseas clinical experience will enhance their overall educational experience. Core faculty will be consulted for input and approval of the request prior to the assignment process to determine the fit of the student for the experience. The request approval and assignment for an overseas site is contingent upon core faculty support and the student completing prior Clinical Education experiences and academic course work without documented difficulties needing remediation or professional behavior violations.
- 3) Short term mission trips. Students may request that short-term evangelical medical mission trips be used as a component of an established clinical experience. Core faculty will be consulted for input and approval of the request to determine the fit of the student for the experience. The request is contingent upon core faculty support and the student completing prior Clinical Education experiences and academic course work without documented difficulties needing remediation or professional behavior violations. The request is also contingent upon the willingness of the established clinical site assignment to accommodate the student missing time during the rotation.

PLACEMENT CONSIDERATIONS AND GUIDELINES

- 1) Once students are issued notification of final site placements, there will be no changing or switching of placements unless initiated by the Clinical Education Department.
- 2) Students are strictly prohibited from participating in a clinical experience at a site that they have worked at prior to or are currently employed. Students are strictly prohibited from having a clinical experience in which there is a financial obligation currently in place or for future considerations (e.g. scholarship or promise of future employment). If such an agreement is identified, the student will be immediately removed from the clinical setting.
- 3) Students with a history of criminal actions documented on a background check may have clinical education placement options severely limited or delayed.
- 4) Students are generally prohibited from attending the same clinical experience in the same clinical setting on different rotations. With the guidance and approval of the ACCE, the student might be allowed to attend the same facility for two clinical experiences, if the clinical education experience is in a different area of physical therapy and/or is located at different sites.
- 5) Students (or a representative speaking on the student's behalf) are strictly prohibited from contacting sites directly for solicitation of new clinical agreements or clinical placements. If it has been determined that the student or agents acting on behalf of the student have contacted a site unless specifically directed to do so by the ACCE, the student will not be permitted to utilize that site for the clinical experience. The role of the student is to identify and provide appropriate contact information to the ACCE. The ACCE, or delegated core faculty representative, will communicate with the site CCCE to ask if they are available to take a student in that area of interest. All legal paperwork must be completed and ACCE / CCCE approval must be formalized before a new site will be available for utilization by students. If a student requests and goes through the extensive process of establishing a new clinical agreement, the student will be obligated to attend that rotation.
- 6) Students will have the opportunity to establish one new site for Clinical Education I, II, III, or IV if it meets the needs of the clinical site and the university prior to the needs of the student. The request for the new site must be received in writing on the Request for a New Clinical Site Form at least 6 months prior to the start of the clinical education experience. All new site clinical paperwork and contracts must be completed 40 working days prior to the start of the clinical experience. If the contractual paperwork is not completed by this deadline, then the student will be assigned to an existing available site for the clinical experience. Students are expected to have a realistic back up plan when trying to establish a new clinical site contract, as the new site establishment failure rate has been historically high.
- 7) For assignment purposes, a primary need of the university is to ensure that the student receives scheduled experiences that present with a wide diversity of different patient diagnoses across the continuum of care to adequately prepare the student to sit for the National Physical Therapy Examination (NPTE).
- 8) Students are requested to not forward input on a clinical site based solely on the convenience of a location, but rather based on a thorough investigation of the quality of the learning opportunity.

Policy 05-02, Page 3 of 3

9) Very low priority consideration will be given to marital status, family status, or future job placement preferences. No priority consideration will be given to wedding plans, honeymoon plans, vacation plans, and/or geographic location of significant other.

10) The student should expect no more than one assignment in any one given major metropolitan area.

11) For assignment purposes, a major metropolitan area will include all facilities within a 60-mile radius from the center of the major metropolitan area. This could create commuting times of over an hour on the part of the student.

PROCEDURE:

Responsibility

Core Faculty

Action

1.1 Establish standards for site assignment process

1.2 Provide input and guidance for fit of students into selected clinical sites and experiences

1.3 Approve final assignment grid prior to release to students

ACCE

2.1 Implement standards of selection as determined by Core Faculty

2.2 Request, compile and present clinical site availabilities and opportunities on an annual basis

2.3 Consult with individual students regarding their specific needs as related to clinical education

2.4 Present a final selection grid to Core Faculty for consultation and approval

2.5 Release final selection grid to students after all students have been successfully placed

2.6 Communicate with clinical sites to coordinate and confirm placements

2.7 In a timely manner, manage unexpected events related to site placement (see 05-13)

2.8 Manage the establishment of new clinical sites

Student

3.1 When requested, provide input to potential clinical sites that should be contacted for upcoming availability

3.2 When requested, provide input to available sites that meet the educational needs of the individual student



3.3 Schedule appointment with the ACCE to discuss clinical education

3.4 Gather contact information regarding new clinical sites and provide to the ACCE along with appropriate request paperwork

CCCE

4.1 Make available clinical education placements when requested by ACCE

4.2 Notify ACCE in advance, when possible, if placement is to be unexpectedly terminated (policy 05-13)

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|---|---|---|--|-------------------------------------|-------------------------|
|  Department of Physical Therapy Policy & Procedure | Title: Criteria for Selection of Clinical Education Centers and Clinical Faculty | Date Effective: 08.10.12 | Date Replaces: 11.01.06 | Policy Number: 05-03 | Page: 1 of 2 |
| | Approval Signatures & Date: Department Chair:  08.10.12 | | | | |

PURPOSE: To establish quality clinical education experiences in order to facilitate competent graduates.

POLICY: The Department will mandate that a minimum set of criteria is met by clinical education sites in order to either establish a new clinical education contract or maintain an existing clinical education contract. This criteria will be established by the core faculty and implemented by the ACCE.

Criteria of potential or existing clinical education sites:

- 1) Willingness to work with the SBU Physical Therapy program to provide clinical education experiences and commitment to student success.
- 2) Completion of an acceptable clinical education contract with SBU.
- 3) Timely submission of the Clinical Site Information Form (CSIF).
- 4) Employment of at least one physical therapist with: a) student supervisory experience, or b) evidence of continuing education in student supervision in order to provide efficient and effective student supervision and feedback.
- 5) Employment of physical therapy staff who practice ethically, legally, competently and professionally as outlined by: a) the state practice act (or responsible credentialing boards or agencies), b) clinical education site policy and procedure, c) the APTA Code of Ethics, d) Standards of Ethical Conduct for the Physical Therapist Assistant, and e) the policy and position statements of the APTA.
- 6) Ability to provide a direct clinical education experience in an area of emphasis appropriate to at least one physical therapy clinical education course provided by SBU.
- 7) Provide an active, stimulating environment appropriate for the learning needs of doctoral students.
- 8) Provide direct and continuous on-site student supervision by a licensed physical therapist with a minimum of one year of experience.
- 9) When utilized by the facility, a CCCE has a willingness to plan clinical education experiences and serve as a consultant in the evaluation process of students.
- 10) Students will not be assigned to a clinical site that operates as a physical therapy referral for profit or POPTS as defined in the following:
 - APTA Position on Physician Owned Services (POPTS) Jan 2005 “describes a financial relationship in which a physician, podiatrist, or dentist refers a patient for physical therapy treatment and gains financially from the referral. A physician can achieve financial gains by: a) having a total or partial ownership of a physical therapy practice, b) directly employing physical therapists, or c) contracting with physical therapists.”
 - MO Revised Statutes 334 section 334.253 Aug 2005 states “a physician may not make a referral to an entity for the furnishing of an physical therapy services with whom the physician, physician’s employer, or immediate family member of such a referring physician has a financial relationship. A financial relationship exists if the person a) has a direct or indirect ownership or investment in the entity whether through equity, debt, or other means, or b) receives remuneration from a compensation arrangement from the entity for the referral.”
- 11) CI credentialing via the APTA sponsored CI Education and Credentialing Workshop (*Preferred, not mandatory*).

PROCEDURE:

Responsibility

Core Faculty

Action

1.1 Establish standards by which the university will develop contractual agreements with clinical education sites to meet the goals and objectives of the program

ACCE

2.1 Implement standards as determined by Core Faculty

2.1.1 Screen new sites to determine appropriate fit as related to established standards

2.1.2 Monitor existing sites for non-compliance of established standards

2.2 Remove clinical sites from database that fail to meet established standards



2.3 Scan the clinical education environment and recommend additions or deletions to established standards to Core Faculty in order to achieve established program goals and objectives

CCCE

3.1 Submit requests to ACCE to become a Clinical Education Site

3.2 Voluntarily agree to comply with the minimum criteria set for Clinical Education Sites as established by the Core Faculty

3.2.1 If required by the Clinical Education Site, submit advanced criteria for consideration by the university

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|---|--|---|--|---|-------------------------------|
|  Department of Physical Therapy Policy & Procedure | Title: Clinical Faculty Development | Date Effective: 08.10.12 | Date Replaces: 08.01.06 | Policy Number: 05-04 | Page: 1 of 1 |
| | Approval Signatures & Date: Department Chair:  08.10.12 | | | | |

PURPOSE: To enhance the overall professional development of clinical education faculty associated with SBU DPT.

POLICY: SBU DPT will provide professional development opportunities for the CCCE and CI of contracted clinical education sites.

PROCEDURE:

Responsibility

Action

ACCE



- 1.1 On an annual basis, provide updated curricular and program information to clinical sites
- 1.2 Serve as a professional educational resource for the affiliated CCCE and CI
- 1.3 Coordinate and implement an annual CI Education and Credentialing Workshop
- 1.4 As requested, prepare and present on-site in-services to clinical sites on related clinical education topics
- 1.5 Develop and implement a professional development incentive program that is made available to the CCCE and CI of contracted clinical education sites.

CCCE

- 2.1 Identify staff development needs and consult with ACCE to determine if SBU DPT can help to meet those needs
- 2.2 Encourage CI attendance at annual CI Education and Credentialing Workshop

CI

- 3.1 Reflect upon individual development needs and consult with CCCE/ACCE to determine if SBU DPT can help to meet those needs
- 3.2 Attend the annual CI Education and Credentialing Workshop

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|---|--|---|--|---|-------------------------------|
|  Department of Physical Therapy Policy & Procedure | Title: Clinical Site File Library | Date Effective: 08.10.12 | Date Replaces: 08.01.06 | Policy Number: 05-05 | Page: 1 of 1 |
| | Approval Signatures & Date: Department Chair:  08.10.12 | | | | |

PURPOSE: To maintain current files on clinical sites for use by students and the department.

POLICY: Information for each clinical site will be contained in a file which includes the following: 1) a current contractual agreement between the clinical site and SBU, 2) a current Clinical Site Information Form (CSIF), 3) copies of pertinent past correspondence between the University and the clinical site, and 4) relevant physical therapy student assessment of completed rotations.

PROCEDURE:

Responsibility

Action

ACCE

- 1.1 Coordinate the organization of the Clinical Site File Library
- 1.2 Request library updates as needed from clinical education sites

Students



- 2.1 Utilize Clinical Site File Library to gather information on clinical sites in order to prepare for future clinical education experiences
- 2.2 Maintain order and security of Clinical Site File Library by following designated check out procedure and by keeping the files in the clinical education office at all times
- 2.3 Contribute to the Clinical Site File Library by completing assessment tools for the facilities that were attended by the student

Clinical Education Secretary

- 3.1 Maintain and update the Clinical Site File Library
- 3.2 Assist students in need as related to Clinical Site File Library

CCCE/CI

- 4.1 Provide requested and relevant library updates as needed

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|---|---|---|--|-------------------------------------|-------------------------|
|  Department of Physical Therapy Policy & Procedure | Title: Student Responsibilities During Clinical Education Experiences | Date Effective: 08.01.16 | Date Replaces: 08.23.13 | Policy Number: 05-06 | Page: 1 of 2 |
| | Approval Signatures & Date: Department Chair:  08.01.16 | | | | |

PURPOSE: To clearly outline the responsibilities and expectations of students while they are participating in clinical education.

POLICY: The Core Faculty, in consultation with the ACCE, will develop a set of standards, expectations and/or responsibilities in which the student should be prepared to follow in order to promote an effective clinical education learning experience.

The SBU DPT student when attending a CE experience is expected to:

1. Read and comply with all rules, regulations, policies, and procedures of the clinical site as well as the specific responsibilities of the contractual agreement between the University and the clinical site.
2. Maintain the confidential nature of the information on patients and their records, along with information on the business operations of the clinical site. Certain sites may require a formal signed HIPAA notice or other acknowledgements related to confidentiality.
3. Inform each patient that care will be provided by a physical therapy student (or intern), understanding that the patient may or may not grant permission for the student to provide the care.
4. Wear the official SBU or site-specific student nametag unless instructed otherwise by the clinical instructor.
5. Be responsible for all site specific expenses including but not limited to the following: transportation, housing, meals, and medical expenses which may include emergency care and medical evaluations or tests (including alcohol or substance abuse) as required by the clinical site or University.
6. If required by the site, the student will purchase at their own expense individual student professional liability insurance with limits not less than \$1 million per occurrence or \$3 million aggregate claim. Students will provide proof of ongoing insurance coverage, as is requested by the clinical site or the ACCE.
7. If required by the site, the student will purchase at his or her own expense additional drug screening, background check, and/or additional site specific requirements.
8. Report all breakage, loss, or waste of equipment or medications, and damage of clinical site property to the clinical instructor and ACCE.
9. Assume responsibility for risk of injury and damages which may occur despite due care on the part of the clinical site or the University. The student will notify the ACCE and CCCE should the student become injured or ill while directly participating in clinical education.
10. Participate in online clinical education assignments via the SBU online course management system as directed in the clinical education course syllabus.
11. Complete and submit the designated clinical education site assessment tools (05-10).
12. Complete a self-assessment and agree to develop their professional abilities using the SBU DPT Professional Behaviors (See Forms and Supporting Materials).

Policy 05-06, page 2 of 2

13. **Not** secure concurrent or future employment at the clinical site in free time during clinical education at that site. Stipends given as a part of the clinical education experience are not construed as "employment." Please see policy 05-02 for more details regarding this expectation.

14. Contact the ACCE immediately if unresolved conflicts at the clinical site are jeopardizing the student from successfully completing the scheduled rotation (Note: The ACCE and CCCE are the only people who can terminate a CE experience. The CE experience cannot be terminated by the CI or student without the informed consent of the ACCE and/or CCCE. If a student drops out of a CE experience for any reason, then the student will receive an automatic "F" for the CE experience).

16. Students requesting special assistance and/or accommodations during the clinical experience due to a disability should notify the ACCE prior to the clinical education selection process. For specific issues related to Essential Functions and Technical Standards, please see policy 04-08.

PROCEDURE:

Responsibility

Action

Core Faculty

1.1 Establish standards for student participation in a clinical education experience

1.1.1 Consult with ACCE on contemporary practices and expectations for student participation in clinical education

ACCE

2.1 Distribute standards as determined by Core Faculty to all involved stakeholders

2.2 Implement standards as determined by Core Faculty

2.2.1 Consult with CCCE for successful implementation of standards

2.3 Assess standards and recommend additions or deletions to established standards to Core Faculty in order to achieve established program goals and objectives

Student

3.1 Accurately follow established standards

CCCE



4.1 Become knowledgeable of student responsibilities and expectations during a clinical education experience

4.2 Distribute standards to all involved internal stakeholders (e.g. CI)

4.3 Implement standards as determined by Core Faculty

4.3.1 If required by the Clinical Education Site, submit advanced criteria for consideration and implementation by the University specific to this site

4.4 Assess standards as related to the Clinical Education Site and recommend additions or deletions to established standards to ACCE

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|---|---|---|--|-------------------------------------|-------------------------|
|  Department of Physical Therapy Policy & Procedure | Title: Prerequisites for Participation in Clinical Education | Date Effective: 08.01.14 | Date Replaces: 08.10.12 | Policy Number: 05-07 | Page: 1 of 2 |
| | Approval Signatures & Date: Department Chair:  08.01.14 | | | | |

PURPOSE: To establish the prerequisite elements in order for students to participate in clinical education experiences.

POLICY: The Core Faculty, in consultation with the ACCE, will develop a minimum set of prerequisites that the student must achieve in order to participate in clinical education experiences.

In order to participate in clinical education experiences, the student must:

1. Complete all previous physical therapy courses and practical exams with at least a C, and have a minimum graduate GPA of 3.00.
2. Attend all required clinical education meetings and training.
3. Complete basic Occupational Safety and Health Association (OSHA) and HIPAA training.
4. Be on unconditional academic enrollment status and/or successfully remediate any PT Review Committee actions.
5. Maintain and provide evidence of compliance for the following*:
 - a. professional liability insurance at current industry standards
 - b. personal health insurance
 - c. Basic Life Support (BLS, CPR) and Automatic External Defibrillator (AED) certification
 - d. current criminal background check
 - e. any other non-medical or medical test that may be required by the clinical site
 - f. satisfactory medical examination
 - g. current immunizations
 - h. current 2-step TB skin test (or chest x-ray if deemed medically necessary)
 - i. current drug screen
 - j. Hepatitis B vaccine (or waiver)
 - k. first-aid certification
6. Successfully complete each scheduled clinical education experience (or complete any assigned remediation) prior to participation in the next experience.
7. Purchase and wear professional attire (e.g. lab coat, medical scrubs), as required by the facility.
8. Have a working knowledge of the currently approved clinical performance assessment tool (i.e. CPI) prior to clinical education participation.
9. Turn in all forms and materials requested by the ACCE regarding clinical site assignment at the specified time.
10. Sign a letter of understanding prior to attending the clinical education experiences outlining the requirements and risks involved in participation.

PROCEDURE:

Responsibility

Action

Core Faculty

1.1 Establish prerequisite elements for student participation in a clinical education experience

1.1.1 Consult with ACCE on contemporary practices and expectations for student participation in clinical education

ACCE

2.1 Distribute Clinical Education prerequisites as determined by Core Faculty to all involved stakeholders

2.2 Implement Clinical Education prerequisites as determined by Core Faculty

2.3 Assess Clinical Education prerequisites and recommend additions or deletions to established standards to Core Faculty in order to achieve established program goals and objectives

Student

3.1 Complete successfully established prerequisite elements prior to participation in clinical education experiences*

CCCE

4.1 Become knowledgeable of prerequisite elements for participation in a clinical education experience



4.2 Distribute prerequisite elements to all involved internal stakeholders (e.g. CI)

4.3 Implement prerequisite elements as determined by Core Faculty

4.3.1 If required by the Clinical Education Site, submit advanced prerequisite elements for consideration and implementation by the University specific to this site

4.4 Assess prerequisite elements as related to the Clinical Education Site and recommend additions or deletions to prerequisite elements to ACCE

*Opportunities to meet these obligations will be provided by the Department (extra cost may be applied); however the student reserves the right to seek external opportunities to meet these requirements. Copies of all records must be appropriately released to the department and maintained within the student's clinical education file. Elements revealed within any of these tests or verifications that are in violation of the SBU Student Handbook or relevant SBU policy will be forwarded to the Dean of Students for disciplinary action according to SBU policy.

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|---|---|--|---|--|-------------------------------|
|  <p>Department of Physical Therapy</p> <p>Policy & Procedure</p> | Title: Clinical Education Debriefing | Date Effective: 08.10.12 | Date Replaces: 11.01.02 | Policy Number: 05-08 | Page: 1 of 1 |
| | Approval Signatures & Date: Department Chair:  08.10.12 | | | | |

PURPOSE: To promote student reflection and self-assessment of performance during clinical education.

POLICY: A mandatory post clinical debriefing session will be scheduled just prior to commencement for each graduating class.

PROCEDURE:

Responsibility
ACCE



Action

1.1 Plan, coordinate, and implement clinical education debriefing sessions

Student

2.1 Attend each mandatory scheduled debriefing session

2.2 Actively participate in debriefing session sharing relevant clinical education experiences

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|---|--|---|--|---|-------------------------------|
|  <p>Department of Physical Therapy</p> <p>Policy & Procedure</p> | Title: Clinical Education Remediation | Date Effective: 08.10.12 | Date Replaces: 12.01.02 | Policy Number: 05-09 | Page: 1 of 1 |
| | <p>Approval Signatures & Date:</p> <p>Department Chair:  08.10.12</p> | | | | |

PURPOSE: To provide guidelines and responsibilities for the design, establishment, and implementation of clinical education remediation.

POLICY: Remediation may be provided to assist students who are having difficulty in the clinical education environment in order to complete established requirements for a specific clinical education course or in order to improve problem areas as identified during the clinical assessment process.

A final failing (“F”) grade in any clinical education experience will result in a referral to the Physical Therapy Review Committee to be managed accordingly.

DEFINITIONS:

Remediation is the act or process of remedying a failure to meet established expectations of clinical performance on the part of the student.

Remediation Plan is the written outcome of the process to which the student is bound to complete successfully in order to progress from the point in time in which the clinical performance problem(s) was (were) identified. The plan should be individualized to the specific situation but typically includes extended duration in clinic under the supervision of a licensed Physical Therapist. It is plausible that the implementation of a remediation plan results in a delayed graduation.

PROCEDURE:

Responsibility

CI

Action



- 1.1 Identify problem and initiate remediation process
- 1.2 Consult with ACCE and CCCE at earliest opportunity regarding problem in need of remediation

ACCE

- 2.1 Identify problem and initiate remediation process
- 2.2 Consult with student, CI and CCCE at earliest opportunity regarding problem in need of remediation
- 2.3 Write a learning contract to include:
 - 2.3.1 identified deficits or problem areas
 - 2.3.2 goals
 - 2.3.3 performance expectations of all involved parties
- 2.4 Validate and authenticate final version of contract
- 2.5 Keep copy of contract in the student's clinical education file
- 2.6 Circulate executed copy of contract to the student, the clinical site and any other relevant parties
- 2.7 Notify Chair of the Department of Physical Therapy

Student

- 3.1 Identify problem and initiate remediation process
- 3.2 Provide input to the remediation process
- 3.3 Validate and authenticate final version of contract
- 3.4 Fulfill requirements of designed remediation plan

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|---|---|---|--|-------------------------------------|-------------------------|
|  Department of Physical Therapy Policy & Procedure | Title: Evaluation of Clinical Education Program | Date Effective: 08.10.12 | Date Replaces: 08.01.06 | Policy Number: 05-10 | Page: 1 of 2 |
| | Approval Signatures & Date: Department Chair:  08.10.12 | | | | |

PURPOSE: To promote the collection of adequate feedback related to the clinical education program to ensure the needs of the clinical sites, the University and the students are being met as well as to advance the mission, goals, and objectives of both the department and the university.

POLICY: The department will assess the quality and outcomes of the clinical education program in a regular formative and comprehensive process and make appropriate corrective actions.

**PROCEDURE:
Responsibility**

Action

Student

- 1.1 Complete requested assessment tools and return to department
 - 1.1.1 at midterm of each clinical rotation
 - 1.1.2 at end of each clinical rotation
 - 1.1.3 at end of curriculum

CI

- 2.1 Complete requested student and program assessment tools and return to department
 - 2.1.1 at midterm of each clinical rotation
 - 2.1.2 at end of each clinical rotation

CCCE

- 3.1 Complete requested student and program assessment tools and return to department

ACCE

- 4.1 Circulate current assessment tools, including performance standards, to student, CI and CCCE
- 4.2 Plan and execute midterm evaluations
- 4.3 Compile, present and circulate assessment data at the end of each full CE cycle. Information will include at the minimum:
 - 4.3.1 utilization of existing clinical sites
 - 4.3.2 breadth and depth of clinical experiences
 - 4.3.3 summary of clinical instructor experience
 - 4.3.4 summary of student performance
 - 4.3.5 summary of remediation experiences
- 4.4 Analyze data and make appropriate recommendations for process improvement

Policy 05-10, Page 2 of 2

Clinical Education Secretary

5.1 Assist with the collection, compilation and presentation of assessment data

5.2 Assist stakeholders in the completion of relevant forms and assessment tools

Core Faculty

6.1 Review compiled assessment data and make appropriate recommendations for process improvement



6.2 Assist when needed in performing midterm evaluations

6.3 Review and approve performance standards of students for clinical education experiences

Program Director

7.1 Utilize compiled assessment data for appropriate internal (e.g. annual report) and external reports (e.g. CAPTE)

7.2 Analyze compiled data from a department level perspective and make appropriate recommendations and corrective actions

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|---|--|---|--|---|-------------------------------|
|  <p>Department of Physical Therapy</p> <p>Policy & Procedure</p> | Title: Clinical Education Policy Changes | Date Effective: 08.10.12 | Date Replaces: 03.19.10 | Policy Number: 05-11 | Page: 1 of 1 |
| | <p>Approval Signatures & Date:</p> <p>Department Chair:  08.10.12</p> | | | | |

PURPOSE: To adapt and adjust procedural issues related to the management and supervision of clinical education in response to internal and external stimulus, both anticipated and unanticipated, ensuring effective and efficient delivery of clinical education.

POLICY: Due to changes, advancements, and unforeseen circumstances in clinical education, the Department and Academic Coordinators of Clinical Education (ACCEs) reserve the right to change or modify any of the existing clinical education policies and procedures, and place them into effect immediately. Students will be notified of any policy and procedure changes.

PROCEDURE:

Responsibility



1) ACCE

Action

- 1.1 Scan clinical education environment for pertinent elements that may impact either negatively or positively the current delivery of clinical education
- 1.2 Discuss with program chair and/or other relevant stakeholders the anticipated impact of identified elements
- 1.3 Recommend policy modification or creation as needed
- 1.4 Notify students of updates to clinical education policy
- 1.5 Update handbooks including the use of addendums to student handbooks

2) Program Chair

- 2.1 Discuss impact of policy change with relevant stakeholders
- 2.2 Forward policy change or creation to Core Faculty for consideration (Policy 03-04)
- 2.3 Memorialize changes to existing policies or the creation of new policies in the department Policy and Procedure manual

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|---|--|---|--|---|-------------------------------|
|  <p>Department of Physical Therapy</p> <p>Policy & Procedure</p> | Title: Clinical Education Site Assignment Appeal | Date Effective: 08.01.16 | Date Replaces: 08.10.12 | Policy Number: 05-12 | Page: 1 of 1 |
| | <p>Approval Signatures & Date:</p> <p>Department Chair:  08.01.16</p> | | | | |



PURPOSE: To provide guidelines for the appeal process related to clinical education site assignments.

POLICY: The Department specific appeal process found in the DPT student handbook remains in effect for all decisions in clinical education except for a special consideration pertaining to clinical education site assignments outlined as follows: The clinical education site assignments for any one student will be viewed in aggregate as one decision and not four individual decisions made by the ACCE. A student who is unsatisfied with the result of the assignment process should make appeal to the ACCE in aggregate as opposed to one specific assignment. The appeal should address how the cumulative effect of the four clinical rotations does not meet the educational/professional needs of the student.

PROCEDURE:

| Responsibility | Action |
|-----------------------------------|---|
| Student | 1.1 If unsatisfied with aggregate site assignments in clinical education, formulate an appeal within 10 working days of formal notification of final CE placements 1.2 Schedule an appeal meeting with ACCE through the Clinical Education Secretary 1.3 Meet and discuss appeal with ACCE 1.4 If unsatisfied with decision of ACCE, submit a written appeal to the Program Director within 10 working days of final appeal decision by ACCE 1.5 If unsatisfied with decision of Program Director, submit a written appeal to the Dean within 10 working days of final appeal decision by Program Director 1.6 If unsatisfied with decision of Dean, submit a written appeal to the Provost* within 10 working days of final appeal decision by Dean |
| Clinical Education Secretary | 2.1 Schedule appeal appointment between student and ACCE within 10 working days of notification by student+ |
| ACCE | 3.1 Hear appeal from student by live conference 3.2 Collect relevant data pertaining to appeal 3.3 Make a final determination on merits of the appeal within 10 working days of live conference 3.3.1 Notify student of determination in writing 3.3.2 Copy Program Director on final determination |
| Program Director / Dean / Provost | 4.1 Review written appeal submitted by student 4.2 Collect relevant data pertaining to appeal including interviews of stakeholders as needed 4.3 Schedule a live conference with student if deemed necessary for clarification of data. 4.4 Make a final determination on merits of the appeal within 10 working days of receipt of appeal notification 4.4.1 Notify student of determination in writing 4.4.2 (Program Director / Dean Only): Copy next administrative level on final determination 4.4.3 Notify lower levels of appeal chain the final disposition of the appeal |

*Please note that the Provost is the final level of appeal process. +For notification purposes, confirmation of receipt on the part of the department initiates the time clock expectations.

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|---|--|---|---|---|-------------------------------|
|  Department of Physical Therapy Policy & Procedure | Title: Unexpected Termination of Clinical Education Site Assignments | Date Effective: 08.10.12 | Date Replaces: N/A | Policy Number: 05-13 | Page: 1 of 2 |
| | Approval Signatures & Date: Department Chair:  08.10.12 | | | | |

PURPOSE: To provide guidance for when a clinical education site assignment is unexpectedly terminated.

POLICY: The ACCE will work in consultation with the student to find a suitable remedy when a clinical education site assignment is unexpectedly terminated.

Guiding Remarks: Many factors can cause a clinical education site assignment to be unexpectedly terminated ranging from poor student performance, to staffing changes at the clinical site, to natural disasters. Students should expect this to happen at least once to them individually. When it does, the student is expected to be professional, accepting, and flexible and is expected to promptly assist the ACCE when asked for input in regards to a replacement site assignment. When a clinical education site assignment is unexpectedly terminated, the department cannot make any assurances that the replacement site will be in the same location as the previously scheduled assignment. It is plausible, depending on the length of time of advanced notification of the site termination, that the student's expected graduation date may be delayed.

PROCEDURE:

Responsibility
ACCE

Action

- 1.1 Process information related to the unexpected termination of a clinical education assignment
- 1.2 Determine whether unexpected termination is an isolated event that will impact only one student or an event that will impact multiple students over one or more clinical education cycles
 - 1.2.1 If unexpected termination is not an isolated event, investigate whether situation is reparable as to not lose future clinical education opportunities
- 1.3 Determine urgency of situation. If unexpected termination is:
 - 1.3.1 between 6 and 12 months of start of clinical assignment, urgency level is low
 - 1.3.2 between 2 and 6 months of start of clinical assignment, urgency level is moderate
 - 1.3.3 between 0 and 2 months of start of clinical assignment, urgency level is high
- 1.4 Work to find a suitable clinical education replacement for unexpected termination starting with high urgency situations first, moderate urgency situations are second, and low urgency situations are third in terms of priority

1.5 Consult with the student regarding an unexpected termination of a clinical education assignment to determine professional impact on student.
How does the loss of this site impact the following?

- 1.5.1 depth and breadth of clinical experiences
- 1.5.2 working with patients across the life span
- 1.5.3 preparation to sit for the NPTE
- 1.5.4 program expectations

| | |
|------------------------------|---|
| Clinical Education Secretary | 2.1 Collect information related to the unexpected termination of a clinical education assignment 2.2 Refer information to ACCE as soon as is possible depending on the urgency of the termination of the clinical experience |
| Student | 3.1 Be professional, accepting, and flexible 3.2 Is expected to promptly assist the ACCE when asked for input in regards to a replacement site assignment |
| CCCE | 4.1 Notify ACCE in advance, as early as possible, if scheduled placement is to be unexpectedly terminated 4.2 Make available clinical education replacement opportunities when requested by ACCE |

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|--|--|---|---|---|-------------------------------|
|  <p>Department of Physical Therapy</p> <p>Policy & Procedure</p> | Title: Clinical Instructor (and CCCE) Responsibilities During Clinical Education Experiences | Date Effective: 08.10.12 | Date Replaces: N/A | Policy Number: 05-14 | Page: 1 of 2 |
| | Approval Signatures & Date: Department Chair:  08.10.12 | | | | |

PURPOSE: To clearly outline the responsibilities and expectations of Clinical Instructor (CI) and Clinical Coordinator of Clinical Education (CCCE) while they are supervising SBU DPT students during the clinical education experience.

POLICY: The ACCE, in consultation with the Core Faculty, will develop and distribute a set of expectations and responsibilities in which the CI is asked to follow in order to promote an effective clinical education learning experience. In some cases, the CCCE may be responsible for some of these expectations.

The Clinical Instructor (CI) and Clinical Coordinator of Clinical Education (CCCE) is expected to:

1. Communicate to the student prior to his/her arrival for any “need-to-know” information.
2. Provide adequate facilities, equipment, and supplies in order to provide a positive learning experience for the student.
3. Advise the Academic Coordinator of Clinical Education (ACCE) of any changes in personnel, operations, or policies that may impact the clinical rotation. Ensure the Clinical Site Information Form (CSIF) is current and is appropriately submitted to the university.
4. Be prepared for the student's arrival.
5. Orient the student to the policies and procedures of the clinic.
6. Be familiar with the currently approved clinical performance assessment tool (i.e. CPI).
7. Review the CPI with the student within the first two days of the clinical rotation in order to become familiar with the requirements established for the student and to help set appropriate goals for the rotation.
8. Provide informal feedback sessions frequently throughout the clinical rotation.
9. Provide formal feedback and review of the CPI at least during the mid-term and final evaluations, although a weekly review is recommended.
10. Provide adequate supervision of the student in order to nurture a positive learning environment. Structure the learning experiences, interact directly with the student, and adjust workload to the student's needs.
11. Serve as a role model and demonstrate a positive attitude toward students. Challenge students to utilize skills and resources available.
12. Maintain ethical and legal standards. A physical therapist must always be present when a student is in the clinic. A student should not treat patients if only a physical therapist assistant or aide is in the clinic or on the premises.
13. Respect the rights and dignity of the student. Provide a private setting for evaluation and feedback sessions.
14. Demonstrate a desire to be a lifelong learner by remaining current in the field of physical therapy (e.g. Continuing Education Courses, Specialization)

PROCEDURE:

Responsibility

Action

Core Faculty

- 1.1 Establish standards for student participation in a clinical education experience
 - 1.1.1 Consult with ACCE on contemporary practices and expectations for student participation in clinical education

ACCE



- 2.1 Distribute standards as determined by Core Faculty to all involved stakeholders
- 2.2 Implement standards as determined by Core Faculty
- 2.3 Assess standards and recommend additions or deletions to established standards to Core Faculty in order to achieve established program goals and objectives

CI

- 3.1 Voluntarily follow established standards

CCCE

- 4.1 Voluntarily follow established standards
- 4.2 Delegate responsibilities to CI as is appropriate per facility procedure

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|---|--|---|--|---|-------------------------------|
|  <p>Department of Physical Therapy</p> <p>Policy & Procedure</p> | Title: Pregnancy | Date Effective: 08.01.14 | Date Replaces: 08.23.13 | Policy Number: 05-15 | Page: 1 of 2 |
| | <p>Approval Signatures & Date:</p> <p>Department Chair:  08.01.14</p> | | | | |

PURPOSE: To describe recommendations for safe return to class and clinical education rotations for female students who experience pregnancy, labor and delivery while enrolled in the DPT curriculum.

POLICY: Pregnancy and the gift of life is a beautiful and cherished blessing given by God. The department of physical therapy will manage the variables of a pregnancy on an individual basis as health needs present on the part of the student within established faculty guidelines. Ultimately it is the responsibility of the student to return to class or a clinical education rotation in a timely manner post partum as is dictated by her health or the health of the newly born child(ren). It is recommended that the student be both reasonable and prudent in putting her health and the health of her child(ren) at the forefront.

GUIDELINES:

- 1) The faculty appreciates that a pregnancy whether planned or unplanned may or may not delay the original graduation date for the student.
- 2) It is critical that the student have a social support network to help her care for the newly born child(ren). It is inappropriate that the newly born child(ren) be brought to class or a clinical education rotation in lieu of child care. The student should secure external child care services.
- 3) If the student misses an extended period of class, due to the lockstep nature of the curriculum, it is plausible that the student exits the curriculum and returns one year later to pick up where she left off giving her ample time to heal and recover. Semester ending/starting times are ideal points of curricular re-entry.
- 4) For the classroom environment: (Post partum) It is recommended that the student be medically stable before returning to class and be able to tolerate a full day of light activity which includes sitting for extended periods of time, standing for short periods of time and walking short distances.*
- 5) For the clinical education environment: (Post partum) To ensure safe interaction with patients and clients, it is recommended that the student be medically stable before returning to the clinical education environment and be able to tolerate a full day of unrestricted activity as per the DPT Program Technical Standards and Essential Functions. It is recommended that this would resemble a traditional maternity leave of 6 – 8 weeks depending on individual medical status.

PROCEDURE:

Responsibility

Action

Core Faculty

1.1 Establish recommendations and guidelines related to safe pre partum and post partum activities for students

Student

2.1 Report pregnancy as soon as is practical to program (including at the minimum ACCE and advisor)
2.1.1 Immediately report any change in medical status that requires action on the part of the program
2.2 Consult with attending physician to manage individual case accordingly
2.3 Participate in planning process to determine safe participation in classroom or clinical education rotation



ACCE / Advisor

3.1 Report to faculty and Program Director when student has notified them of pregnancy
3.2 Participate in planning process to determine safe participation in classroom or clinical education rotation
3.3 (ACCE) Communicate medical status of student to CCCE and work to establish a curricular completion feasibility plan or alternative plan(s)

CCCE (and CI)

4.1 Consult with student to determine needs while participating in the clinical education experience
4.2 Gather and discuss issues with ACCE leading to an establishment of a clinical education completion plan(s)

*Appreciate that there are chemical compounds present in the Human Anatomy Lab that may pose an undue risk or potential harm for pre or post partum mothers. MSDS information is housed in the lab. Please confer with the instructor of the course for details. It is recommended that the pregnant student seek guidance from their attending physician related to participation in the anatomy lab experience.

| | | | | | |
|---|--|---|-----------------------------------|-------------------------------------|-------------------------|
|  <p>Department of Physical Therapy</p> <p>Policy & Procedure</p> | Title: Attendance Policy for Clinical Education | Date Effective: 08.01.16 | Date Replaces: N/A | Policy Number: 05-16 | Page: 1 of 2 |
| | <p>Approval Signatures & Date:</p> <p>Department Chair:  08.01.16</p> | | | | |

PURPOSE: To clearly outline the expectations of students regarding attendance while they are participating in clinical education assignments.

POLICY: The Core Faculty, in consultation with the ACCE, will develop a set of standards, expectations and/or responsibilities in which the student should be prepared to follow in order to promote an effective clinical education learning experience. To ensure students will receive the full benefit of the clinical education learning experience, it is expected that the student will attend all scheduled work days according to the clinical site schedule (including weekends and holidays as appropriate) except in case of illness or emergency. The following provisions are made in consideration of the attendance policy:

1. In general, a full time schedule is a typical 40 hour work week, however, that may vary depending on the nature of services delivered by the clinical site. Dramatic alterations in this time frame should be first cleared with the ACCE.
2. It is expected that all excused absences will be made up. If three or fewer excused days are missed and the days cannot be reasonably made up, remediation will be at the discretion of the ACCE. If a student misses more than three excused days that are not made up additional remediation will be required. See policy 04-03 for definition of excused absence.
3. In the event of illness or emergency the student must directly notify the CI and ACCE to receive permission for the absence. Except in case of unavoidable circumstances, the student must contact the CI and ACCE prior to the absence.
4. There is zero tolerance for unexcused absences during the clinical experience. Absences deemed as unexcused by the ACCE or infractions to the clinical education policies and procedures will be grounds for failure of the clinical education experience.
5. The student may request time off for special once in a lifetime events (e.g. weddings or graduations). The student must first seek prior approval with the ACCE well in advance of the event. Approval is contingent upon the nature of the request, and the site's (a) willingness/ability to let the student have the time off, and (b) willingness/ability to make up the lost time.
6. The student may request time off from the clinical education experience (CEIII and CEIV) for a job interview. The student must seek prior approval with the ACCE and CCCE. Approval is contingent upon the site's willingness/ability to let the student make up the lost time. The student will not be allowed more than 3 days off across CEIII and CEIV and no more than 2 days in any 1 clinical experience. The student will not be given time off during CEI or CEII, because job interviews can be conducted over the holiday breaks.
7. Students desiring to undergo elective surgeries during clinical experiences must seek guidance and preapproval from the ACCE and CCCE well in advance of the planned surgery. If approved, each case will be individually managed post operatively to determine the readiness of the student to return to the clinical site in order to safely manage a patient/client population (appropriate physician releases may be required). Time lost during the clinical experience from approved elective surgeries will be made up according to the above policy

PROCEDURE:

Responsibility

Core Faculty

Action

1.1 Establish standards for student participation in relation to attendance during a clinical education experience

1.1.1 Consult with ACCE on contemporary practices and expectations for student attendance during clinical education experiences

ACCE

2.1 Distribute standards as determined by Core Faculty to all involved stakeholders

2.2 Implement standards as determined by Core Faculty

2.2.1 Consult with CCCE for successful implementation of standards

2.3 Assess standards and recommend additions or deletions to established standards to Core Faculty in order to achieve established program goals and objectives

Student

3.1 Accurately follow established standards

CCCE

4.1 Become knowledgeable of student responsibilities and expectations regarding attendance during a clinical education experience

4.2 Distribute standards to all involved internal stakeholders (e.g. CI)

4.3 Implement standards as determined by Core Faculty

4.3.1 If required by the Clinical Education Site, submit advanced criteria for consideration and implementation by the University specific to this site

4.4 Assess standards as related to the Clinical Education Site and recommend additions or deletions to established standards to ACCE



Southwest Baptist
UNIVERSITY

Doctor of Physical Therapy
Clinical Education Handbook
(Appendix)

Updated 08.01.19

“For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you hope and a future. Then you will call on me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart.”

-Jeremiah 29:11-13



Southwest Baptist UNIVERSITY

Department of Physical Therapy

Professional Behavior Definitions*

| Professional Behavior | Definition/Descriptors |
|--------------------------------------|---|
| 1. Commitment to Learning | The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding; formulates appropriate questions; demonstrates positive attitude toward learning; sets personal and professional goals; seeks out professional literature. |
| 2. Interpersonal Skills | The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues; maintains professional demeanor; demonstrates empathy and interest in people as individuals; listens actively; cooperates; communicates with others in a respectful, confident manner. |
| 3. Communication Skills | The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes; demonstrates understanding of basic English; uses correct grammar, accurate spelling, and expression; writes legibly; recognizes impact of non-verbal communication; maintains eye contact; listens actively. |
| 4. Effective Use of Time & Resources | The ability to obtain the maximum benefit from a minimum investment of time and resources; meets external deadlines; demonstrates flexibility/adaptability; recognizes own resource limitations; uses existing resources effectively. |
| 5. Use of Constructive Feedback | The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction; receptive without becoming defensive; actively seeks feedback and help; demonstrates a positive attitude toward feedback while respecting own limits. |
| 6. Problem-Solving | The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes; states problems clearly; reports or describes known solutions to problem. |
| 7. Responsibility | The ability to fulfill commitments and to be accountable for actions and outcomes; demonstrates dependability; demonstrates punctuality; budgets time wisely. |
| 8. Critical Thinking | The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; to distinguish the relevant from the irrelevant; raises relevant questions; uses information effectively; thinks analytically: systematically, slow but thorough. |
| 9. Stress Management | The ability to identify sources of stress and to develop effective coping behaviors; recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance when appropriate; maintains professional behavior regardless of problem or situation. |
| 10. Professionalism | The ability to exhibit appropriate professional conduct and to represent the profession effectively; abides by facility policies and procedures; projects professional image; continuous regard for all; describes personal value system. |

**Adapted from the Physical Therapy Program, University of Wisconsin-Madison
May et al. Journal of Physical Therapy Education. 9:1, Spring 1995*



Southwest Baptist UNIVERSITY

Department of Physical Therapy

DPT Program Technical Standards and Essential Functions

(Adapted 03/01 from the U. of Colorado PT program and others, with permission; revised 05/11; 08/15; 4/17; 6/19)

I. Introduction

The purpose of this document is to delineate cognitive, affective and psychomotor skills, abilities, and behaviors deemed essential for completion of the program and to perform as a competent generalist physical therapist. The following list included is illustrative and does not represent an all-encompassing listing of the functions of a physical therapist.

The intent of the professional program at SBU is to educate competent generalist physical therapists who can provide examination, evaluation, diagnosis, prognosis, and intervention. Treatment interventions for the general population primarily occur in sub-acute and rehabilitation facilities or in outpatient centers in the current health care system. Enrolled students are required to complete the academic and clinical components of the professional DPT program, as defined in the SBU Catalog, Department Handbooks and the various course syllabi.

Technical Standards

It is during the rigorous three-year curriculum that the student develops the qualities needed to practice physical therapy. Students acquire the foundation of knowledge, attitudes, skills and behaviors needed beginning in a professional education program and continue development throughout the physical therapist's professional career. Those abilities which physical therapist must possess to practice safely are reflected in the technical standards that follow.

In order to evaluate competence, the Physical Therapy Program employs periodic examination, both written and practical, as an essential component of the curriculum. Successful completion of these examinations is required of all students as a condition of continued progress through the curriculum. Reasonable accommodation will be made in the form of administration of the evaluation when necessary. Students must be able to integrate all information received by whatever sense(s) employed, consistently, quickly, and accurately, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

The process of evaluation of the clinical performance of the student is an integral and essential component of the curriculum. Although reasonable accommodation can be made, participation in clinical experiences away from campus and the evaluation of the participation is required. Students, to be successfully placed in a clinical rotation must not only meet the technical standards of the SBU DPT Program, but also whatever standards are in place by the clinical facility. The Clinical Performance Instrument (CPI) is the evaluation tool currently used by the program.

II. Specific Areas of Standards and Essential Functions

Candidates for the degree must be able to meet these minimum standards and be in compliance with legal and ethical standards as set forth by the APTA Code of Ethics and Standards of Practice. There are no substitutes associated with the standards for these essential skills. The applicant must be able to perform the skills throughout their matriculation in the program, with or without reasonable accommodation, for successful completion of degree requirements.

A. Observation

Observation involves the functional use of vision, hearing, smell and somatic sensations.

Standard: A student must be able to observe lectures, laboratory dissection of cadavers, lecture and laboratory demonstrations, and observe microscopic studies of tissues.

Essential Functions: The student must be able to observe a patient accurately, observe digital and waveform readings and other graphic images to determine a patient's condition. Examples in which these observational skills are required include, but are not limited to: palpation of peripheral pulses, bony prominences and ligamentous structures; visual and tactile evaluation for areas of inflammation, gait analysis, ECG readings, radiographic images; visual and tactile assessment of the presence and degree of edema; visual and olfactory assessment of wounds; auscultation of heart/breath sounds.

B. Communication

Demonstration of competent communication is fundamental to the career of the student.

Standard: This area includes speech, language, reading, writing and computer literacy.

Essential Functions: Students must be able to communicate effectively and sensitively with faculty, staff, clients, and patients to elicit information regarding expectations, behavior, mood and activities, as well as perceive non-verbal communications. Students must also be able to communicate effectively and efficiently with other members of the health care community to convey information essential for safe and effective care. Students need to communicate with individuals in a culturally sensitive way, while accepting individual differences. Students must be able to read, write, speak, and understand English at a level consistent with successful course completion.

C. Motor

Motor skills require coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch, vision and smell.

Standard: Students must possess sufficient motor function to elicit information from the patient examination and provide therapeutic interventions, by palpation, auscultation, tapping and other physical maneuvers.

Essential Functions: Students must be able to execute movements required to provide general and therapeutic interventions, including, but are not limited to: positioning large or immobile patients, provide balance and safety support during movement tasks, gait training using therapeutic aids and orthotics/prosthetics, positioning, performing manual mobilization techniques, performing non-surgical wound debridement, and placing electrodes.

D. Intellectual-Conceptual Integrative and Quantitative Abilities

These abilities include measurement, calculation, reasoning, analysis, judgment, numerical recognition and synthesis.

Standard: Problem solving and critical thinking, key skills demanded of a physical therapist, requires all of these intellectual abilities. These abilities must be performed quickly, especially in emergency situations.

Essential Functions: Students must be able to identify significant findings from history, physical examination, and laboratory data, provide a reasoned explanation for likely therapy, recalling and retaining information in an efficient and timely manner. The ability to incorporate new information from peers, teachers, and the professional literature in formulating treatment and plans is essential. Sound

judgment in patient assessment, diagnostic and therapeutic planning is essential; students must be able to identify and communicate the limits of their knowledge to others when appropriate. Students must be able to interpret graphs describing biologic relationships and manage other similar modes of data.

E. Behavioral and Social Attributes

As a component of their education, students must demonstrate ethical behavior, and recognize the psychosocial impact of body function and structure impairments, activity limitations and participation restrictions; and integrate the needs of the patient and family into the plan of care, including education.

Standard: A student must possess the psychological stability required for the full utilization of their intellectual abilities, for the exercise of sound judgment, for the prompt completions of all responsibilities inherent to diagnosis and care of patients/clients, and for the development of mature, sensitive, and effective professional behaviors (as defined in DPT student handbook) and relationships with patients, clients, educators, colleagues, and other health care providers.

Essential Functions: Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing healthcare environment, and display flexibility as they learn to function in the face of uncertainties inherent in the clinical environment.

III. Reasonable Accommodation

It is the policy of the Southwest Baptist University Physical Therapy Program to provide reasonable accommodation to qualified students with a disability so long as it does not fundamentally alter the nature of the program offered and does not impose an undue hardship.

If a student cannot meet or demonstrate the above listed essential functions and technical standards, it is the responsibility of the student to request appropriate accommodation(s). Whether or not any requested accommodation is reasonable will be determined on an individual basis. Determining what is reasonable accommodation is an interactive process which the candidate should initiate with the DPT Program Director, in advance. The disability services of the university will provide critical support in the determination process based off of documented needs of the student.

Prospective students, who can complete these tasks and activities with or without reasonable accommodation, are not required to disclose the specifics of their disability prior to an admission decision. Upon admission, a student who discloses a disability must complete the Disclosure of Disability Form and may receive reasonable accommodation(s) as determined above, but must be able to perform the essential functions of the curriculum and meet the standards described herein by the SBU PT program. It is also recognized that the status of students may change over time in which accommodations may need to be made, removed, or altered based on the changing status of the student. The student retains the right to update their disability of disclosure status and seek accommodations at any point during their tenure in the program.

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**Southwest Baptist University
Department of Physical Therapy**

AUTHORIZATION AND RELEASE
of Student Information for Clinical Education *(updated 08.01.14)*

I, _____, do hereby authorize the Department of Physical Therapy at Southwest Baptist University in Bolivar, MO to release any student information that is required by a clinical site for participation in clinical education such as criminal background checks, drug screening results, immunization records, physical examinations, patient liability insurance coverage, and prior clinical education paperwork and records. This student information will be kept on file in a secured location in the Department of Physical Therapy. Clinical sites will also be asked to maintain student confidentiality on the information received for the clinical experience.

Student Name (Printed)

Date

Student Signature

Class of

ACCE Signature

Date



Southwest Baptist University Department of Physical Therapy

Disclosure of Relationships to Clinical Sites (updated 08.01.15)

Student Name (Printed)

Date

Student Signature

Class of

Please fill out either section "A" **or** "B" below which most directly applies to you:

"A" - List all facilities in which you have held a physical therapy related employment position, received a scholarship to attend SBU, and/or secured a post-graduation employment agreement:

| Facility Name | City / State | Circle One |
|---------------|--------------|---------------------------------------|
| 1. _____ | _____ | Job / Scholarship / Future Employment |
| 2. _____ | _____ | Job / Scholarship / Future Employment |
| 3. _____ | _____ | Job / Scholarship / Future Employment |

If more lines are needed to complete "A", please use the back of this form. I certify that the provided information is accurate as of the dating of this disclaimer and that if it changes I will immediately provide the new information to the ACCE (Academic Coordinators of Clinical Education). _____ (initial)

"B" - I certify that I have not ever: 1) held a PT related job, 2) taken scholarship money to attend the SBU DPT program, or 3) secured a physical therapy related work agreement after my graduation. If this information changes I will immediately provide the new information to the ACCE. _____ (initial)



Southwest Baptist University Department of Physical Therapy

Medical Immunization Requirements¹

(updated 08.01.16)

The Center for Disease Control requires all college campuses to collect immunization records from all entering freshmen and transfer students. In most cases students are up to date on their immunizations so this request should not pose a problem. As evidence that incoming DPT students meet this requirement, please mail either: 1) a copy of public school immunization record, or 2) physician's immunization records. Check the following list to be sure that you meet the state requirements:

Required SBU Immunizations

1. 2 MMR (Measles, mumps, rubella) - If the student has not received the second MMR injection, local Missouri Health Departments will provide injection to entering freshmen (typically cost is free).
2. DPT series (diphtheria, pertussis, tetanus)
3. Td (tetanus) or DTap (diphtheria, tetanus, acellular pertussis) booster within 10 years of entering the university.
4. Polio series
5. TB skin test within 12 months from the date student is to enter the university. Positive test will need proof of negative x-ray. An annual and/or two-step TB test will be available to SBU DPT students through the Polk County Health Center (at a nominal fee) prior to going out on the clinical experiences.

Additional Required Clinical Education Immunizations

6. Hepatitis B series² – 3 injections (or 3 dose Twinrix – combination Hepatitis A & Hepatitis B) or signed waiver
7. Varicella series (Chicken Pox), 2-injections
8. Flu Vaccine

Recommended Immunizations

9. Menactra (meningitis)
10. Hepatitis A series² – 2 injections (or 3 dose Twinrix – combination Hepatitis A & Hepatitis B)

¹ It is possible that a specific clinical education site has more extensive required immunizations than the list provided here. If a student wishes to complete such a rotation, then the site specific elements must be met.

²The Twinrix is highly recommended. Alternatively, if a waiver is signed, the DPT student will have fewer sites that will accept them for a clinical experience which may hinder scheduling of the educational experience. The 1st and 2nd HEP B or Twinrix shots (or signed waiver) must be completed by the end of the 1st fall semester.

The remaining HEP B or Twinrix shots as well as any site specific immunization requirements must be completed by the end of the spring semester of the student's first year in the program.

Mail all immunization records to:

Southwest Baptist University - Department of Physical Therapy
1600 University Avenue
Bolivar, MO 65613 - 2597

Attn: Rose Christian

Email: rchristian@sbuniv.edu

Phone: 1-417-328-1672 Fax: 417-328-1989

(Once you start the DPT program, turn your immunizations into the Clinical Education secretary)



Southwest Baptist University
Department of Physical Therapy
Hepatitis B Vaccination Agreement/Declination

Students in the Physical Therapy Program at Southwest Baptist University, because of their exposure to blood and bodily fluids during the course of their studies, are required to be educated on the risks of Hepatitis B. After education, it is required that students sign either a statement of agreement or declination for the Hepatitis B vaccination series. It is highly recommended that students obtain the vaccination. The Centers for Disease Control (CDC) provides education on Hepatitis B at the following website <http://www.cdc.gov/hepatitis/B/PatientEduB.htm>.

The vaccination series may be obtained through the Polk County Health Center (417-326-7250). The inoculation procedure involves a series of three (3) intramuscular injections; an initial dose followed by a second dose one month later, and a third dose six months after the first. A 3 injection Twinrix (combination Hepatitis A & B) is another recommended option. Generally these immunizations are provided at cost by the county health centers.

Exposure and Vaccination Status (check one of the following):

- Yes - I have been immunized against Hepatitis B. (A written confirmation of immunity is required).
- Yes - I have been immunized against Hepatitis B but I do not have written proof of immunity. I need to have the antibody test.
- Yes - I would like to receive the Hepatitis B vaccination series.
- No - I decline to be vaccinated at this time. I understand that due to my occupational/educational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine. However, I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future (during my educational process), I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at that time.

Additional Attestations

1. My physical therapy training requires me to be at risk of exposure to blood or bodily fluids. _____ (initial)
2. My acceptance or refusal to be vaccinated does not impact my student status while on the Southwest Baptist University campus. However, my refusal to be vaccinated (e.g. Hepatitis B or other identified vaccinations) may limit, delay or prevent placements for clinical education rotations. _____ (initial)
3. I will be required to follow established safety procedures regardless of my vaccination status. _____ (initial)
4. Southwest Baptist University is not liable for preexisting infections that any student has at the time he/she attends the university. _____ (initial)
5. I have the right to be tested for the HIV virus if I am exposed to blood or bodily fluids. However, the HIV test will be separately conducted only upon request, and not as part of the Hepatitis B screening process. _____ (initial)

Date: _____ **Student ID #:** _____

Printed Name: _____

Student Signature: _____

HEPATITIS B

General Information



Who is at risk?

Although anyone can get Hepatitis B, some people are at greater risk, such as those who:

- Have sexual contact with an infected person
- Have multiple sex partners
- Have a sexually transmitted disease
- Are men who have sexual encounters with other men
- Inject drugs or share needles, syringes, or other injection equipment
- Live with a person who has Hepatitis B
- Are on hemodialysis
- Are exposed to blood on the job
- Are infants born to infected mothers

What is hepatitis?

“Hepatitis” means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

What is Hepatitis B?

Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When first infected, a person can develop an “acute” infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. **Acute** Hepatitis B refers to the first 6 months after someone is exposed to the Hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and leads to a “chronic,” or lifelong, illness. **Chronic** Hepatitis B refers to the illness that occurs when the Hepatitis B virus remains in a person’s body. Over time, the infection can cause serious health problems.

The best way to prevent Hepatitis B is to get vaccinated.

Is Hepatitis B common?

Yes. In the United States, approximately 1.2 million people have chronic Hepatitis B. Unfortunately, many people do not know they are infected. The number of new cases of Hepatitis B has decreased more than 80% over the last 20 years. An estimated 40,000 people now become infected each year. Many experts believe this decline is a result of widespread vaccination of children.

How is Hepatitis B spread?

Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other injection drug equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B is not spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, Hepatitis B is also not spread by contaminated food or water.



Can Hepatitis B be spread through sex?

Yes. In the United States, Hepatitis B is most commonly spread through sexual contact. The Hepatitis B virus is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood.



Who should get vaccinated against Hepatitis B?

Vaccination is recommended for certain groups, including:

- Anyone having sex with an infected partner
- People with multiple sex partners
- Anyone with a sexually transmitted disease
- Men who have sexual encounters with other men
- People who inject drugs
- People who live with someone with Hepatitis B
- People with chronic liver disease, end stage renal disease, or HIV infection
- Healthcare and public safety workers exposed to blood
- Travelers to certain countries
- All infants at birth

What are the symptoms of acute Hepatitis B?

Not everyone has symptoms with acute Hepatitis B, especially young children. Most adults have symptoms that appear within 3 months of exposure. Symptoms can last from a few weeks to several months and include:

- Fever
- Vomiting
- Dark urine
- Fatigue
- Abdominal pain
- Joint pain
- Loss of appetite
- Grey-colored stools
- Jaundice
- Nausea

What are the symptoms of chronic Hepatitis B?

Many people with chronic Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood. Symptoms of chronic Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they are similar to acute infection and can be a sign of advanced liver disease.

How serious is Hepatitis B?

Over time, approximately 15%–25% of people with chronic Hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure, and liver cancer. Every year, approximately 3,000 people in the United States and more than 600,000 people worldwide die from Hepatitis B-related liver disease.

How is Hepatitis B diagnosed and treated?

Hepatitis B is diagnosed with specific blood tests that are not part of blood work typically done during regular physical exams. For acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. Those living with chronic Hepatitis B should be evaluated for liver problems and monitored on a regular basis. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Several new treatments are available that can significantly improve health and delay or reverse the effects of liver disease.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection. Booster doses are not currently recommended.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention

Division of Viral Hepatitis



www.cdc.gov/hepatitis



**Southwest Baptist University
Department of Physical Therapy**

**Seasonal Influenza Vaccination
Agreement/Declination Form (08.01.16)**

Most clinical sites, particularly acute care facilities, due to increasing standards and regulations, are mandating the use of seasonal influenza vaccinations. It is important for you to acknowledge the following related to your decision to either receive or not receive this vaccination:

- 1) I understand my acceptance or refusal to receive the seasonal influenza vaccination does not currently affect my status as a Southwest Baptist University student. However, this standard may change in the future.
- 2) I understand that most clinical sites require the seasonal influenza vaccination.
- 3) I understand that if I decline to be vaccinated I will not be assigned to any sites that require the vaccination. If placements cannot be found at sites that do not require this vaccination, my graduation from the DPT program may be delayed indefinitely.
- 4) Should I elect to become vaccinated when the vaccine is made available, I understand that failure to do so in a timely manner will result in my immediate removal from current or subsequent rotations at sites that require vaccination.

Please initial following that applies to your decision:

- Yes I agree to take the seasonal influenza vaccine in the fall of each year while in the DPT program.
- No I refuse to take the seasonal influenza vaccine because of a medical contraindication (A physician's report of medical contraindication must be attached to this form).
- No I refuse to take the seasonal influenza vaccine.

Date: _____ Student ID#: _____ Class Year: _____

Printed Name: _____

Student Signature: _____



Southwest Baptist University Department of Physical Therapy

Clinical Education Student Contract (updated 08.01.16)

I, _____ (insert name), Class of _____ (insert class), have read and fully understand the terms stated below. By signing this contract, I am verifying that I agree to the terms.

- It is my responsibility to read the clinical agreement between Southwest Baptist University and the respective CE sites. If I have questions, I will ask the ACCE. ____ (initial)
- Maintain the confidential nature of the information on patients and their records, along with information on the business operations of the clinical site. Certain sites may require a formal signed HIPAA notice or other acknowledgements related to confidentiality. ____ (initial)
- Inform each patient that care will be provided by a physical therapy student (or intern), understanding that the patient may or may not grant permission for the student to provide the care. ____ (initials)
- Wear the official SBU or site-specific student nametag unless instructed otherwise by the clinical instructor. ____ (initial)
- It is my responsibility to review and comply with the guidelines and policies established by SBU DPT and the respective clinical education sites. I will fulfill any and all requirements (e.g. medical examinations; immunizations; OSHA; HIPAA) established by SBU DPT (see respective handbooks) and the clinical education site (see CSIF and/or site contract) prior to my participation in the clinical education experience as documented on the Clinical Education Requirements Form. ____ (initial)
- It is my responsibility to read and understand the state statutes and regulations for practice related to this clinical experience [<https://www.fsbpt.org/LicensingAuthorities/index.asp>]. ____ (initial)
- As part of participation in clinical education experiences the student may be exposed to unforeseeable sickness, contaminants, or injury during the scheduled rotation. This is an assumed risk of becoming a health care professional. ____ (initial)
- It is my responsibility to cover all expenses including but not limited to transportation, housing, meals, clinical liability insurance, and medical expenses that may include emergency care and medical evaluations or tests, as required by the clinical site. ____ (initial)
- The ACCE and CCCE are the only people who can terminate a CE experience. The CE experience cannot be terminated by the CI or student without the informed consent of the ACCE and/or CCCE. If a student drops out of a CE experience for any reason, then the student will receive an automatic "F" for the CE experience. ____ (initial)
- It is my responsibility to report all related information related to my participation in the clinical education experience both accurately and timely. If any of these elements change or require updating, I will do so with due diligence. I understand that any misrepresentation or incorrect information reported by me may result in disqualification from clinical education experiences and possible dismissal from the program. ____ (initial)
- If required by the site, the student will purchase at his or her own expense additional drug screening, background check, and/or additional site specific requirements. ____ (initial)
- If required by the site, the student will purchase at their own expense individual student professional liability insurance with limits not less than \$1 million per occurrence or \$3 million aggregate claim. Students will provide proof of ongoing insurance coverage, as is requested by the clinical site or the ACCE. ____ (initial)
- Report all breakage, loss, or waste of equipment or medications, and damage of clinical site property to the clinical instructor and ACCE. ____ (initial)
- Assume responsibility for risk of injury and damages which may occur despite due care on the part of the clinical site or the University. The student will notify the ACCE and CCCE should the student become injured or ill while directly participating in clinical education. ____ (initial)
- Participate in online clinical education assignments via the SBU online course management system as directed in the clinical education course syllabus. ____ (initial)
- Complete and submit the designated clinical education site assessment tools (Policy 05-10). ____ (initial)

- Complete a self-assessment and agree to develop their professional abilities using the SBU DPT Professional Behaviors (See Forms and Supporting Materials). _____ (initial)
- Not** secure concurrent or future employment at the clinical site in free time during clinical education at that site. Stipends given as a part of the clinical education experience are not construed as "employment." Please see policy 05-02 for more details regarding this expectation. _____ (initial)
- Attend all scheduled work days according to the clinical site schedule (including weekends and holidays) except in case of illness or emergency. The following provisions are made in consideration of the attendance policy:
 - a. In general, a full time schedule is a typical 40-hour work week, however, that may vary depending on the nature of services delivered by the clinical site. Dramatic alterations in this time frame should be first cleared with the ACCE. _____ (initial)
 - b. It is expected that all excused absences will be made up. If three or fewer excused days are missed and the days cannot be reasonably made up, remediation will be at the discretion of the ACCE. If a student misses more than three excused days that are not made up additional remediation will be required. See policy 04-03 for definition of excused absence. _____ (initial)
 - c. In the event of illness or emergency the student must directly notify the CI and ACCE to receive permission for the absence. Except in case of unavoidable circumstances, the student must contact the CI and ACCE prior to the absence. _____ (initial)
 - d. There is zero tolerance for unexcused absences during the clinical experience. Absences deemed as unexcused by the ACCE or infractions to the clinical education policies and procedures will be grounds for failure of the clinical education experience. _____ (initial)
 - e. The student may request time off for special once in a lifetime events (e.g. weddings or graduations). The student must first seek prior approval with the ACCE well in advance of the event. Approval is contingent upon the nature of the request, and the site's willingness/ability to let the student make up the lost time. _____ (initial)
 - f. The student may request time off from the clinical education experience (CEIII and CEIV) for a job interview. The student must seek prior approval with the ACCE and CCCE. Approval is contingent upon the site's willingness/ability to let the student make up the lost time. The student will not be allowed more than 3 days off across CEIII and CEIV and no more than 2 days in any 1 clinical experience. The student will not be given time off during CEI or CEII, because job interviews can be conducted over the holiday breaks. _____ (initial)
 - g. Students desiring to undergo elective surgeries during clinical experiences must seek guidance and preapproval from the ACCE and CCCE well in advance of the planned surgery. If approved, each case will be individually managed post operatively to determine the readiness of the student to return to the clinical site in order to safely manage a patient/client population (appropriate physician releases may be required). Time lost during the clinical experience from approved elective surgeries will be made up according to the above policy (Item b). _____ (initial)
- Contact the ACCE immediately if unresolved conflicts at the clinical site are jeopardizing the student from successfully completing the scheduled rotation (Note: The ACCE and CCCE are the only people who can terminate a CE experience. The CE experience cannot be terminated by the CI or student without the informed consent of the ACCE and/or CCCE. If a student drops out of a CE experience for any reason, then the student will receive an automatic "F" for the CE experience). _____ (initial)
- Students requesting special assistance and/or accommodations during the clinical experience due to a disability should notify the ACCE prior to the clinical education selection process. For specific issues related to Essential Functions and Technical Standards, please see policy 04-08. _____ (initial)

[] Yes [] No I wish to declare a mental or physical limitation that may require special accommodations for my participation in the clinical education experience. If "Yes" you will be contacted by the ACCE for an individual appointment to discuss this declaration. _____ (initial).

Student Signature

Date

Site Specific Clinical Education Requirements Form

Name: _____

Class of: _____

| | |
|---|-----------|
| CEI - Name of site and location: | |
| CCCE – Name and Contact Info: | |
| Description of Requirement (that is above SBU minimum requirements) | Completed |
| | |
| | |
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| | |
| | |
| CEII - Name of site and location: | |
| CCCE – Name and Contact Info: | |
| Description of Requirement (that is above SBU minimum requirements) | Completed |
| | |
| | |
| | |
| | |
| | |
| CEIII - Name of site and location: | |
| CCCE – Name and Contact Info: | |
| Description of Requirement (that is above SBU minimum requirements) | Completed |
| | |
| | |
| | |
| | |
| | |
| CEIV - Name of site and location: | |
| CCCE – Name and Contact Info: | |
| Description of Requirement (that is above SBU minimum requirements) | Completed |
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| | |
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| | |
| | |

These are the SBU requirements for students to participate in clinical internships

1. Clean background
2. Employee Disqualification List (EDL)
3. Child abuse clearance
4. Clean 10 panel drug screening (completed before 1st clinical internship)
5. CPR
6. First Aid
7. OSHA training certification
8. HIPAA training certification
9. Student health insurance
10. School provided group Liability insurance coverage
11. Physical exam/Health clearance
12. Negative Two step TB test (Completed prior to 1st internship)
13. Immunizations:
 - a. MMR or titer, HEP B series (3), tDap, DPT, Polio, Varicella 2 step or titer
 - b. Flu Shot (Student is responsible to complete 2 weeks prior to beginning of 2nd internship)



Southwest Baptist University Department of Physical Therapy

Request for a New Clinical Site^{1, 2}

“For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you hope and a future. Then you will call on me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart.”
-Jeremiah 29:11-13

The purpose of this form is to gather information on prospective new clinical education sites in order to determine the feasibility of establishing a contractual relationship between the clinical site and the university.

Priority for new clinical education site development is given to practice areas and locations that will benefit future students as opposed to the current student requesting the new site. Approval to proceed with new site development will be granted (or denied) by the ACCE in consultation with the core faculty.

Student Name: _____ ID# _____ Class Year: _____

Facility Name: _____

Facility Address: _____

CCCE (or contact) Name: _____

Phone number: (____) _____ - _____ Email: _____@_____

Check appropriate boxes:

PT Practice Area: Acute Rehab OP Specialty: _____

What is the unique element of this clinical site that will benefit future SBU DPT students? _____

Below for Department Use Only:

- Yes No 6 month starting deadline met to begin the new site contract prior to the CE experience?
 Yes No Site screened for minimum standards criteria per policy (05-03)? (Attach communications with facility)
 Yes No Consultation completed with Core Faculty?
 Yes No Approval to proceed with contractual arrangements?
If “Yes”, date of when contract was sent: _____
 Yes No Contract completed 40 working days prior to the start of the CE experience?

1. Students will have the opportunity to establish one new site for Clinical Education I, II, III, or IV if it meets the needs of the clinical site and the university prior to the needs of the student. The request for the new site must be received in writing on the Request for a New Clinical Site Form at least 6 months prior to the start of the clinical education experience. All new site clinical paperwork and contracts must be completed 40 working days prior to the start of the clinical experience. If the contractual paperwork is not completed by this deadline, then the student will be assigned to an existing available site for the clinical experience. Students are expected to have a realistic back up plan when trying to establish a new clinical site contract, as the failure rate has been historically high (05-02).

2. Students or their representatives are strictly prohibited from contacting sites directly for solicitation of new clinical agreements or clinical placements. If it has been determined that the student or agents acting on behalf of the student have contacted a site, unless specifically directed to do so by the ACCE, the student will not be permitted to utilize that site for the clinical experience. The role of the student is to identify and provide appropriate contact information to the ACCE. The ACCE, or delegated core faculty representative, will communicate with the site CCCE to ask if they are available to take a student in that area of interest. All legal paperwork must be completed and ACCE / CCCE approval must be formalized before a new site will be available for utilization by students. If a student requests and goes through the extensive process of establishing a new clinical agreement, the student will be obligated to attend that rotation (05-02).



*Southwest Baptist University
Department of Physical Therapy*

STUDENT CLINICAL EXPERIENCE AGREEMENT

STATEMENT OF AGREEMENT

This Agreement is made and entered into by and between Southwest Baptist University (hereinafter referred to as "University") and *Insert Facility Name* (hereinafter referred to as "Clinical Site"). This Agreement shall be in effect commencing on **June 9, 2016** and shall continue until terminated in the manner hereinafter provided.

WHEREAS, the University provides a program of clinical instruction in Physical Therapy and enrolls students in need of quality clinical education experiences;

WHEREAS, the Clinical Site owns and operates a health care facility (or facilities) and desires to offer experiences for students wishing to obtain clinical education experiences for physical therapy programs of University;

WHEREAS, it is agreed by Clinical Site and University that it is to their mutual advantage for selected students of the University (the "Students") to receive clinical education experiences (Clinical Experience) at the Clinical Site:

NOW, THEREFORE, in consideration of the mutual promises contained herein, the parties hereby agree as follows:

SPECIFIC RESPONSIBILITIES OF THE CLINICAL SITE

1. Clinical Site shall provide a learning environment with opportunities for observation and clinical experience on patient units, clinics, and in selected departments of the Clinical Site under the supervision of a licensed physical therapist.
2. Clinical Site shall provide, as available, facilities for adequate office and conference space and allow the student use of the cafeteria, at the student's own expense.
3. Clinical Site shall complete appropriate portions of forms required by the University.
4. Clinical Site shall inform each patient that, providing patient grants permission, care will be provided by a physical therapy student.
5. Clinical Site shall provide, if required, emergency treatment at student's expense, in the case of accident or illness involving the student during the Clinical Experience at the Clinical Site.

6. Clinical Site shall retain overall responsibility for quality of patient care and make reasonable efforts to see that the student adheres to the standards of the Clinical Site.
7. Clinical Site shall make available upon request by the University, any of the following policies and procedures: Confidentiality safeguards for records and other personal information; the use of human subjects in research or for demonstration and practice for educational purposes; obtaining informed consent for participation in demonstrations, photographs, and videotapes; safety regulations regarding universal precautions, use of equipment, and storage and use of hazardous materials.
8. The Clinical Site shall maintain a current (within 3 years) Clinical Site Information Form (CSIF) with specific site information and clinical requirements on the CPI website.
9. Clinical Site shall not discriminate against any applicant or student relating to a Clinical Experience because of race, color, creed, sex, physical impairment, national origin, or other protected status.
10. The Clinical Site has the right to exclude any student for just cause with written prompt notice to the University. Just cause may include, but is not limited to unprofessional conduct or communication, along with psychological or physical endangerment of staff or clients.
11. The Clinical Site shall provide specific HIPAA training as it relates to the site's own policies and procedures to the student(s) during their initial orientation.
12. FERPA. For purposes of this Agreement and pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C §1232g; 34 CFR Part 99), University hereby designates Clinical Site as a school official with a legitimate educational interest in the educational records of the students who participate in the program to the extent that access to the records are required by Clinical Site to carry out the purposes of this Agreement. Clinical Site agrees to maintain the confidentiality of the educational records in accordance with the provisions of FERPA.

SPECIFIC RESPONSIBILITIES OF THE UNIVERSITY

1. University shall notify Center Coordinator in writing at least one month in advance of its planning schedule of student assignments and such schedule must meet the approval of the Clinical Site.
2. University shall inform the Clinical Site of student requirements to be completed during the Clinical Experience.
3. University shall require all students and any other personnel furnished by University to comply with all applicable rules, regulations, policies and procedures of the Clinical Site, and to maintain the confidential nature of information on patients and the records and business operations of Clinical Site.
4. University shall inform the Student of the student responsibilities under the terms of this Agreement and the most recent Clinical Site Information Form (CSIF). University shall obtain from the Student a written acknowledgment and agreement to perform the student responsibilities under the terms of this Agreement and the clinical site CSIF.

5. The Physical Therapy Program at Southwest Baptist University shall provide general education related to the Health Insurance Portability and Accountability Act (HIPAA) for its student prior to their participation in their clinical experience at the facility, as required by law and as determined appropriate by the university faculty.
6. University shall administer drug screening to all of the students upon entry into the clinical program. The specific tests and the results of the drug screening will be available upon request.
7. University shall obtain and provide verification of a criminal background check as provided by Missouri law for health care workers for each student and faculty member prior to that person's assignment at the Clinical Site. In the event adverse information is obtained from the criminal background check, the University shall provide the information to Affiliate after obtaining an Authorization and Release from the student or faculty member, as necessary. In the event such Authorization and Release are not given, the Student or faculty member shall be disqualified from participation at the Clinical Site. The results of the check must be satisfactory to the Clinical Site.
8. University shall obtain and maintain blanket department professional liability insurance with minimum coverage of \$1 million per occurrence and \$3 million aggregate covering the University and all its students against acts of the students participating in the clinical affiliation. Upon request of Clinical Site the student shall obtain and maintain individual professional liability insurance coverage with minimum coverage of \$1 million per occurrence and \$3 million aggregate covering the student against acts of the student participating in the clinical affiliation.
9. University shall maintain commercial general liability insurance with minimum limits of \$1 million per occurrence and \$3 million aggregate. Upon request of the clinical site proof of such insurance will show the Clinical Site as an additional named insured on the University policy.
10. University shall not discriminate against any applicant or student relating to a Clinical Experience because of race, color, creed, sex, physical impairment, national origin, or other protected status.

SPECIFIC RESPONSIBILITIES OF STUDENT

1. Student shall comply with all applicable rules, regulations, policies and procedures of the Clinical Site and the specific responsibilities of this Agreement, and shall maintain the confidential nature of information on patient's and their records and general business operations of the Clinical Site, which includes compliance with HIPAA guidelines.
2. Student shall provide written documentation for all of the clinical site requirements at the time of the clinical experience or earlier, if requested by the clinical site.
3. Student shall inform, at Clinical Site's request, each patient that, providing patient grants permission, care will be provided by a physical therapy student. Student shall wear the University identification name tag identifying the Student as such unless the Clinical Site requires a site identification badge.

4. Student shall be responsible for all expenses including but not limited to: transportation, housing, meals, clinical liability insurance and medical expenses which may include emergency care and medical evaluation or tests as required by Clinical Site.
5. Student shall report all breakage, loss or waste of equipment or drugs, and damage of Clinical Site property to Center Coordinator and Academic Coordinator.
6. Student and/or Center Coordinator shall immediately notify Academic Coordinator should Student become injured or ill while participating in Clinical Experience.
7. Student shall have at all times during the Clinical Experience departmental, and if requested by the Clinical Site, additional personal professional liability insurance with limits not less than \$1 million per occurrence or claim and \$3 million aggregate per year. Student will provide proof of professional liability insurance as requested by Clinical Site.
8. Student shall assume responsibility for risk of injury and damages which occur during the clinical experience in spite of due care on the part of the Clinical Site or the University.
9. Student shall not secure employment at Clinical Site in free time during Clinical Experience.
10. If the student is unable to report to work due to illness, injury, or emergency situation, the student shall notify the Clinical Site and University as soon as possible.
11. The student shall be responsible for maintaining all elements of patient confidentiality as per the University Clinical Education Handbook and any other special requirements as designated by the clinical sites.

REQUEST FOR WITHDRAWAL OF STUDENT:

1. Clinical Site has the right and obligation to request University to withdraw Student for violation of any rule, regulation or policy of Clinical Site, failure to abide by the specific responsibilities of this Agreement, breach of confidentiality or other professional misconduct, or any other misconduct.
2. University may at any time withdraw a student whose progress, conduct, or work does not meet the standards of the Physical Therapy Program of the University.
3. Final action on the student is the responsibility of the University.

REVIEW, REVISION AND/OR TERMINATION OF AGREEMENT:

1. Review, modification or revision of this Agreement shall be done with the mutual consent of both parties. This will be done in writing, on or attached to Agreement, and shall include the effective date of changes and appropriate signatures.
2. This agreement may be terminated by either party without cause and at anytime, by such party giving the other party at least ninety (90) days written notice prior to such termination.

EFFECTIVE DATE OF AGREEMENT AND OTHER PROVISIONS:

1. This Agreement shall become effective upon the date of signature of an authorized officer of the Clinical Site and of the University and continue thereafter unless terminated by either party upon ninety (90) days prior written notice.
2. Nothing contained in this Agreement shall be deemed or construed by the parties or by any third party to create the relationship of principal and agent or partnership or joint venture or an association between the Clinical Site and the University.
3. This Agreement shall be interpreted under and consistent with the laws of the State of Missouri or venue as determined by a court with appropriate jurisdiction.
4. The parties agree that they are not relying upon any promises, understandings, circumstances, conduct, negotiations, expectations, representations or agreements, oral or written, expressed or implied, other than those expressly set forth herein; that this Agreement is a complete integration and constitutes the entire agreement of the parties with respect to the subject matter hereof; that no amendments or other modifications of the Agreement shall be valid unless in writing and signed by an authorized officer of each party hereto; that this entire Agreement has been bargained for and negotiated and that the parties have read and approved this Agreement in its entirety.
5. While a student of the university, they shall not be deemed employees of the Clinical Site or any of its affiliates during the term of the current contract of file with both parties.
6. Each party to this Agreement shall indemnify and hold harmless the other party, including its officers, agents, and employees from any claims, liability, demands, costs, expenses, and reasonable attorney fees caused by the negligent or willful misconduct of such party in performing its duties and responsibilities in relation to this Agreement.
7. Students shall not be assigned to a clinical site that operates as a physical therapy referral for profit or POPTS as defined in the following:
 - APTA Position on Physician Owned Services (POPTS) Jan 2005 “describes a financial relationship in which a physician, podiatrist, or dentist refers a patient for physical therapy treatment and gains financially from the referral. A physician can achieve financial gains by a) having a total or partial ownership of a physical therapy practice, b) directly employing physical therapists or c) contracting with physical therapists.”
 - MO Revised Statutes Chapter 334 section 334.253 Aug 2005 states “a physician may not make a referral to an entity for the furnishing of any physical therapy services with whom the physician, physician’s employer, or immediate family member of such referring physician has a financial relationship. A financial relationship exists if the person a) has a direct or indirect ownership or investment in the entity whether through equity, debt, or other means or b) receives remuneration from a compensation arrangement from the entity for the referral.”

IN WITNESS WHEREOF, the parties thereto have executed this Agreement in multiple copies thereof.

Southwest Baptist University

By: Lee Skinkle, PhD, Provost

Signature

Date

By: Marsha Trantham, MSPT, ACCE

Signature

Date

Clinical Facility

type Clinical Facility Name

type street address

type City, State, Zip

Contact Person: type Name

Telephone: type Phone Number

By: _____
(Print or type name of Administrator)

Title of Facility Administrator

Signature of Administrator

Date

Center Coordinator of Clinical Education:

(Print or type name)

Signature (include signature if required by site):

Date