

Central Michigan University

Clinical Education Handbook Policies and Procedures

Doctoral Program in Physical Therapy

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**DOCTORAL PROGRAM IN PHYSICAL THERAPY
CLINICAL EDUCATION HANDBOOK
POLICIES AND PROCEDURES**

TABLE OF CONTENTS

(Click to follow link)

Clinical Education Philosophy	1
Purpose of the Clinical Education Handbook (CEH).....	1
Clinical Education Team.....	2
Structure of Clinical Education Within Program Curriculum	4
A. Establishment of a Clinical Affiliation/Experience Site.....	5
B. Notification of Assignment of Students to a Clinical Experience	5
C. Education Program Responsibilities and Policies	6
1. Health Examinations and Immunizations	7
2. Completion of American Heart Association Basic Life Support/CPR Course.....	9
3. Completion of OSHA Inservice on Bloodborne Pathogens.....	9
4. Insurance Coverage	9
5. Instructions to Students Prior to Clinical Experiences and HIPAA Training.....	10
6. Criminal Background Checks and Drug Testing	11
7. Additional Onboarding Training or Requirements	12
8. Educational Records/Reports	12
9. Communication During Clinical Experiences.....	12
10. Attendance	15
11. Non-Discrimination Policy and Commitment to Belonging and Professionalism	16
12. General Responsibilities and Rights of the Academic Clinical Education Faculty	17
D. Clinical Faculty/Facility Rights, Responsibilities and Privileges	18
1. Planning and Conduct of the Clinical Experience	18
2. Supervision of Students	20
3. Student Record Protection	21
4. Information to be Provided to the Educational Program and Students.....	21
5. Processing of Complaints	23
6. Rights of Clinical Faculty and Agency.....	23
7. Privileges for Clinical Faculty and Agency	26
E. Student Responsibilities for Clinical Education	27
1. Liability Insurance.....	27
2. Health Insurance.....	27
3. Physical Examination and Health and Immunization History	28
4. Name Tags	28

5.	Requests for Accommodation	29
6.	Personal Safety and Other Agency Safety Requirements	29
7.	Criminal Background Check	29
8.	Drug Testing.....	30
9.	Additional Onboarding Requirements	30
10.	Policy for Student Input into Clinical Site Development and Selection	31
11.	Process for Student Selection and Assignment of Clinical Experiences	32
12.	Rules for Students While at the Clinical Site	34
13.	Student Evaluation of Clinical Experience.....	41
14.	Unsatisfactory Clinical Performance	41
15.	Interruption of Clinical Education II, IV, or V	44

CLINICAL EDUCATION PHILOSOPHY

Clinical education is a critical component of the professional development and educational process of entry-level physical therapist students. In the clinical environment, students are afforded the opportunity to apply didactic knowledge gained from the foundational sciences, social sciences, clinical sciences, and the theory of practice. Clinical education is crucial and essential for professional development. It is within the clinical environment that new and novel situations are presented that are challenging to replicate in the classroom. These new and novel situations in the real-world environment allow for rich preparation authentic to the roles and responsibilities of the physical therapist. Critical thinking, critical reasoning, clinical skill application, and reflection are challenged more progressively and to a higher degree. Integration and skill acquisition at a higher order is reinforced. Additionally, self-efficacy of and deeper meaning of professional behaviors is acquired.

The Central Michigan University Department of Physical Therapy (may also be referred to as the Program) prepares clinical generalists. Upon successful completion of the program of education, an entry-level Doctor of Physical Therapy (DPT) degree is awarded. Students will participate in clinical education experiences that provide exposure and experience across the broad spectrum of the lifespan, clinical settings, diagnosis and conditions, complexity of care, as well within the health care team and environment at large. Students may have the opportunity to participate in niche or special areas of clinical interest during their clinical experiences; however, students are to be reminded that the purpose of the entry-level educational program is to prepare clinical generalists. Further opportunities for advancement of clinical specialization are available for those interested upon completion of the entry-level DPT degree through residency and fellowship programs.

PURPOSE OF THE CLINICAL EDUCATION HANDBOOK (CEH)

The purpose of the Clinical Education Handbook (CEH) on Policies and Procedures is to provide the Director of Clinical Education (DCE), Regional Clinical Coordinators (RCCs), Site Coordinator of Clinical Education, Clinical Instructor, and Student Physical Therapist (SPT) important information regarding the clinical education component of the curriculum in the Department of Physical Therapy at Central Michigan University. The expectation is that the CEH on Policies and Procedures will be utilized as a resource prior to and during clinical education experiences. Policies and procedures may be linked to standards for specialty accreditation, affiliation agreements, standard practices in clinical education, or other regulatory agencies.

Site Coordinators of Clinical Education (SCCE) and Clinical Instructors (CI) will be provided with a link to the most current copy of the CEH 4-6 weeks prior to the arrival of a student for an assigned clinical experience and can be directed to a link on the program website at any time.

Students are responsible for reading, understanding, and reviewing the CEH. Students are expected to review annual changes when published. Students can find the answers to many questions in the CEH.

CLINICAL EDUCATION TEAM

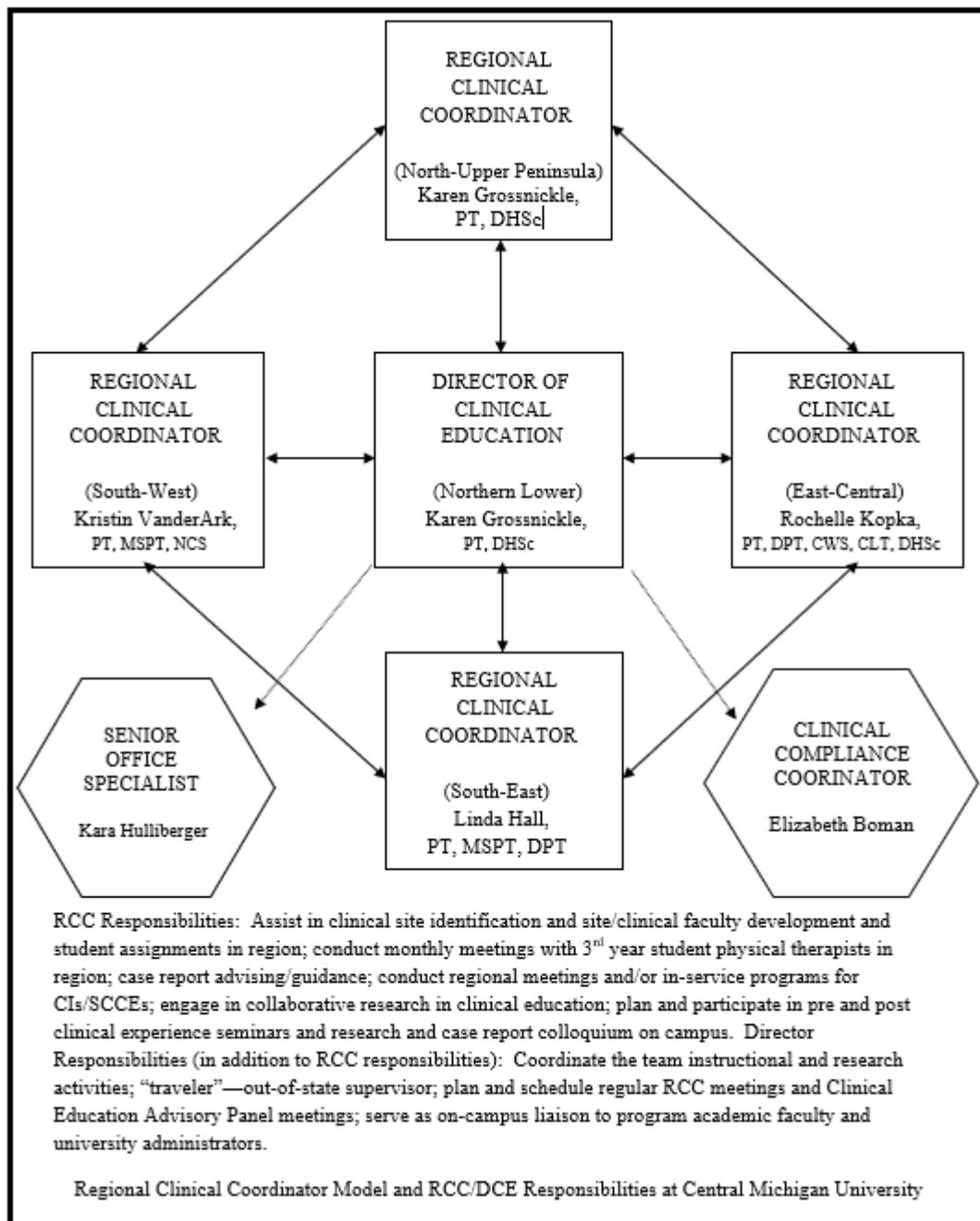
The Central Michigan University Department of Physical Therapy has a clinical education team that consists of a Director of Clinical Education (DCE) and three Regional Clinical Coordinators (RCC). Additionally, the clinical education team is supported by a College Compliance Coordinator and a department Senior Office Specialist. The clinical education team provides coordination of the curriculum for external clinical experiences. The DCE and RCCs provide course coordination individually with students assigned to regional pods during the external clinical experiences designated as: PTH 634 Clinical Education II, PTH 832 Clinical Education IV and PTH 932 Clinical Education V. They also provide coordination with the sites assigned to students in the regional pods during these experiences.

External clinical experiences (PTH634, PTH 832, and PTH 932) take place at external agencies affiliated with the Central Michigan University and the Department of Physical Therapy. These agencies, or clinical education sites, have designated staff who coordinate and provide on-site clinical instruction to students assigned to their agencies. Site Coordinators of Clinical Education (SCCE) assume the role of coordination for the agency's clinical education program and team. This is often a physical therapist.

Licensed physical therapists from the agency serve as the on-site instructor(s) for a student physical therapist assigned to the agency. A physical therapist who provides clinical instruction at the agency is referred to as the Clinical Instructor (CI). Additionally, personnel representing the department responsible for human resources, may be in communication with the CMU clinical education team, the SCCE, CI or student physical therapist in preparation for the clinical experience or during the experience.

The Central Michigan University Department of Physical Therapy Clinical Education Team (Figure 1) believes that collaboration between students, clinical faculty at partnering clinical agencies and the academic program faculty (including the clinical education team members) is essential for a successful partnership. Communication, consistency, coordination, and mutual respect are important elements of collaboration. This CEH identifies roles and responsibilities of stakeholders in clinical education for clarity of expectations and purpose of clinical education.

Figure 1. Central Michigan University's Clinical Education Team Model



STRUCTURE OF CLINICAL EDUCATION WITHIN PROGRAM CURRICULUM

The clinical education curriculum in the CMU DPT program includes two integrated, low simulation clinical experiences and three external clinical experiences (Figure 2). The integrated clinical experiences (PTH 633 Clinical Education I and PTH 732 Clinical Education III) occur during the third semester in program at the end of year one and in the fifth semester in program in the middle of year two. These experiences use a mock clinic format with simulated cases in which peers play either the patient or the physical therapist. All aspects of patient care are practiced including evaluation and examination, clinical problem solving, delivery of intervention, documentation and billing. PTH 633 Clinical Education I focuses primarily on musculoskeletal conditions and PTH 732 Clinical Education III focuses on primarily neurological conditions. Students do have experience in acute care mock clinical care in the simulation center in the sixth semester at the end of program year two as well.

Three external clinical experiences occur and are strategically timed with didactic work completed. PTH 634 Clinical Education II occurs following completion of the first year of the program. This is a six-week clinical experience. Expectations during this experience are that students will move from Beginner rating to Advanced Beginner rating on the Clinical Performance Instrument 3.0. Prior to this experience, students have completed foundational science courses; beginning examination tests and measures with a focus on musculoskeletal special tests and measures; foundational intervention concepts for mobility, exercises, therapeutic neuroscience and have had an introduction to basic manual therapy concepts.

The final two terminal clinical experiences, PTH 832 Clinical Education IV and PTH 932 Clinical Education V, occur during the fall and spring/winter of the third and final year in the program. Students in these two rotations will have completed all didactic course work. The expectation is that by the conclusion of these two rotations, students will achieve entry-level competency on all items on the Clinical Performance Instrument 3.0.

Figure 2. Program Structure and Calendar Framework

DPT Year	Summer I	Summer II	Fall	Winter
Year 1	Didactic Coursework On-Campus	Didactic Coursework On-Campus	Didactic Coursework On-Campus	Didactic Coursework On-Campus Ortho Mock Clinic On-Campus
Year 2	6-Week Clinical Experience Off-Campus	Didactic Coursework On-Campus	Didactic Coursework On-Campus Neuro Mock Clinic On-Campus	Didactic Coursework On-Campus
Year 3	Didactic Coursework On-Campus	Didactic Coursework On-Campus	2 Day Pre-Clinical Experience Seminar 14-Week Clinical Experience Off-Campus	14-Week Clinical Experience Off-Campus 2 Day Post-Clinical Experience Seminar

POLICIES AND PROCEDURES FOR CLINICAL EDUCATION

A. Establishment of a Clinical Affiliation/Experience Site

All potential affiliating sites are initially contacted by the Director of Clinical Education (DCE) or a Regional Clinical Coordinator (RCC) to establish whether or not there is an interest by the clinical facility in developing an affiliation with CMU. If an interest exists, the facility is sent further information on the academic program and the facility is requested to complete some brief questionnaires and the Clinical Site Information Form (CSIF) and return these to the Director of Clinical Education or RCC. The Director of Clinical Education and/or RCC will determine (based upon program interest and needs and the APTA Guidelines and Self-Assessments for Clinical Education) if the clinical facility is a viable potential affiliate. If possible, an on-site visit to the clinical facility is scheduled. The visit allows for a greater exchange of information regarding the educational program and the clinical agency between the Director of Clinical Education and/or RCC and Site Coordinator of Clinical Education (SCCE). If an on-site visit is not possible (due to geographic distance, scheduling difficulties, etc.), information will be exchanged using regular mail, fax or electronic mail, and review of websites.

When the clinical agency and the program determine that a formal affiliation would be mutually beneficial for the purposes of physical therapist student clinical education, the process of reviewing and establishing an affiliation agreement is initiated. Review of proposed agreements takes place at both the clinical facility and the academic institution. Procedures followed are in accordance with Licensure, Regulatory Services & Human Capital policies and procedures of the university found at: <https://www.cmich.edu/offices-departments/licensure-regulatory-services-human-capital/agreements>. CMU provides a standard affiliation agreement but is open to alternative contracts and revisions as long as they meet the approval of the university administration representatives (University Affiliations Coordinator), legal counsel, and insuring agents. A fully executed signed and dated Clinical Education Affiliation Agreement is the final and essential step in the establishment of a clinical affiliation site. Copies of affiliation agreements are maintained at the facility, the PT Program offices, and the office of Academic Affairs at the University.

B. Notification of Assignment of Students to a Clinical Experience

Information regarding availability of positions for students during specific clinical rotations will be requested approximately 10-18 months prior to each clinical rotation following national voluntary mailing dates for physical therapy placement requests. If positions are granted by the clinical facility for CMU students, the Director of Clinical Education will provide the facility with at least three (3) months advance notice of the assignment of a student (or non-assignment) to their site. For example:

Notice of Assignment Sent to Facility	Approx. Dates of Assignment (months)	Student Level
Late fall prior year	mid-May-June	1st year (Clin Ed II)
Early winter/spring of year	mid-September-December	3rd year (Clin Ed IV)
Early fall of year prior	mid-January-April	3rd year (Clin Ed V)

Notice of assignment shall include curricular information, dates for the experience, the number and name of students, and the name of the faculty coordinator. A clinical facility may request more than 3-months advance notice of student placement and should notify the Director of Clinical Education of this request.

In the event of a late cancellation (less than 3 months from the start of the scheduled clinical experience) of a clinical placement, the Director of Clinical Education may contact a site to identify their ability to take a student on shorter notice.

Students will not be assigned to clinical facilities where they have a contractual agreement for employment following graduation or tuition support/stipends during their time in the PT Program. In addition, assignments to clinical sites where students have had substantial volunteer or work experience are discouraged. This policy is in place to avoid conflicts of interest and reduce any perception of undue influence on student outcomes.

Approximately 4-6 weeks prior to the commencement of a clinical experience, the SCCE will receive the following materials from the program, typically in an electronic packet:

- (1) a completed copy of a Pre-affiliation Student Information Form (completed and sent by students);
- (2) original certificate of liability insurance for assigned student;
- (3) Clinical Performance Instrument (CPI) instructions to access the CPI-web;
- (4) Professional Behaviors Assessment forms and instructions;
- (5) a summary of student coursework completed to date;
- (6) general guidelines and specific objectives for the experience;
- (7) Clinical Education Handbook of Policies and Procedures (most updated copy).

Upon request, the DCE will also provide the agency with proof of required onboarding documents.

C. Education Program Responsibilities and Policies

(Refer also to Standard Affiliation Agreement for additional areas of responsibility not expanded on here.)

The Director of Clinical Education (DCE) will initially meet with students during program

orientation to introduce the clinical education process. Thereafter, the DCE will formally meet with students to review all requirements and planning procedures ahead of all clinical experiences. These meetings will be scheduled in advance and students will be notified via email of these meetings with no less than 2-weeks notification. These meetings are mandatory for participation in clinical education experiences.

Requirements as discussed in this CEH will be reviewed with students during those meetings. It is the student's responsibility to ensure that all onboarding requirements are completed prior to the beginning of each clinical experience following deadlines provided by the program prior to each clinical experience. Non-compliance may result in the cancellation of a clinical experience and may delay progress in the program.

Each student will be financially responsible for all fees/expenses associated with medical examinations, immunizations, titers, drug screens, background checks, and other required onboarding activities required for participation in clinical education experiences, unless stipulated in the legal affiliation agreement or in this CEH.

1. Health Examinations and Immunizations

CMU will require that each student completes a health history form and undergo a physical examination prior to the beginning of any clinical experience. Proof of completion of a physical examination is required. Students may complete this with their own primary health provider or may have this completed at the University Health Center. Acceptable time periods from the time of examination to the commencement of the clinical experience are established by the clinical site but generally range from 6 months to one year. A health physical form will be provided to students to take to their provider for completion. The provider should return the completed form to the student. The student will submit the completed form to the program as proof of meeting the physical examination requirement. The DCE will provide instructions for submission of this completed form.

Evidence of immunization (or immunity) will be required as follows:

- Measles, Mumps, Rubella (MMR)
- Tetanus- Diphtheria-Pertussis (Dtap or DTP)
- Tetanus-Diphtheria (Td) Booster within the last 10 years
- Polio
- Varicella
- Influenza (during flu season is required by many sites)

Sites may request or include in the Agreements additional immunization requirements. These requirements will be communicated to students by the College of Health Professions Compliance Coordinator (CHP Compliance Coordinator) as we are made aware of them and at the time of their placement assignment. Students will bring with them to each clinical experience a student file, which contains a dated copy of the health examination

with any laboratory test results, completed immunizations, and their health history form. A copy of all student health forms is submitted to the program electronic management system.

Students will be required to complete TB (PPD) testing for participation in clinicals. Students should be aware there is a one-step and a two-step PPD test. Students will need to have a 2-step TB test on file prior to PTH 634. Thereafter, a 1-step TB test will be required annually. Students should be aware that specific clinical sites may have additional requirements or timeframes for obtaining annual TB testing. Students should consult with the Director of Clinical Education prior to any TB testing. Additional steps may be necessary if a student has a positive TB test, including chest radiographic imaging to rule out active TB prior to participation in clinical experiences.

Students are also encouraged to complete a Hepatitis B Vaccination series prior to entering clinical experiences. Should a student elect not to complete this series, a signed waiver of liability form will be completed and taken to the clinical site with other health forms. A copy of the waiver will also be kept on file at the educational program.

CMU does not have the ability to waive immunizations to allow a student to participate in clinical experiences with clinical partners. If a student does not present proof of immunization for required vaccinations or proof of immunity, the student *may* not be able to participate in clinical experiences.

Some, not all, institutions have waiver procedures for which students can submit requests to waive particular immunizations. *If a waiver request process is in place for students at a clinical agency*, waivers that are typically allowed are medical and/or religious waivers. If a waiver process is in place, and a student wishes to present a waiver request, the CHP Compliance Coordinator and/or DCE will assist the student to the extent that they are able in presenting the waiver request to the clinical education agency. The clinical education agency must approve of the immunization waiver prior to the scheduled start date of the clinical experience. If the clinical education agency does not approve the immunization waiver, the DCE will then attempt to secure an alternate placement that is a comparable type of clinical experience.

Since the waiver process can be lengthy, students must make the CHP Compliance Coordinator and DCE aware of any intention to request a waiver no later than 3 months prior to a scheduled clinical experience. Students should be aware that few clinical agencies in certain settings (example acute care) do not allow immunization waivers, which may make it difficult for the DCE to find a placement that meets the required breadth and depth of clinical education required for graduation. Accreditation and curriculum requirements for participation in clinicals cannot be waived due to an inability to meet compliance.

2. Completion of American Heart Association Basic Life Support for Healthcare Providers Course

All students will be required to successfully complete a course in American Heart Association Basic Life Support for Healthcare Providers and maintain current certification while completing clinical experiences. Proof of certification will be provided to clinical coordinators/sites by the student on the first day of each clinical experience. A copy of the certificate of completion is kept on file at the educational program. Note: American Red Cross CPR is not sufficient for participation in clinical education experiences.

3. Completion of OSHA Inservice on Bloodborne Pathogens

All students will be required to attend educational training on Bloodborne Pathogens prior to the initiation of clinical education experiences. The educational training is conducted by the Office of Risk Management at CMU according to current OSHA/MIOSHA Guidelines. Proof of attendance at this training will be maintained by the Office of Risk Management and the Director of Clinical Education for the Program in Physical Therapy and can be provided to clinical sites upon request. Students also complete a web-based learning module related to OSHA guidelines maintained by the College of Health Professions at Central Michigan University. Proof of passing a quiz at the completion of the module will be kept on file at the educational program.

4. Insurance Coverage

- a. Liability Insurance: CMU will require that each physical therapy student completing a clinical experience has in force, at the commencement of an affiliation, student's medical professional and general liability insurance policies with minimum coverage as follows: up to \$1,000,000 per occurrence or up to \$3,000,000 aggregate. If a clinical facility desires higher minimum coverage they must notify the educational program of these requirements at least 2 months prior to the commencement of a clinical experience so that expanded coverage can be requested.

An original certificate of insurance will be sent to clinical sites approximately 4 to 6 weeks prior to the initiation of a clinical experience. Students will also bring with them to each clinical experience a student file, which contains certification of enrollment in the liability insurance policy. A copy of the certificate of liability insurance will also be kept on file at the educational program.

- b. Health Insurance: CMU will require that each physical therapy student involved in the clinical education curriculum to have in force, at the commencement of a clinical experience, a health insurance policy of a scope and having reasonable policy limits mutually satisfactory to CMU and the clinical facility. Routinely this would include a minimum of coverage for emergency/major medical services and hospitalizations. Students will bring with them to each clinical experience a student file, which contains certification of enrollment in a health insurance policy and a brief summary of coverage

provided by the policy. A copy of the student's policy coverage and their enrollment information will be kept on file at the educational program.

Students are expected to assume financial responsibility for costs incurred with the purchase of personal health insurance. Students are expected to assume financial responsibility for any costs incurred as a result of personal illness or injury sustained during a clinical experience. Having a Health Insurance policy in force is important to defray any such costs. Students should be familiar with their policy coverage and disability provisions.

5. Instructions to Students Prior to Clinical Experiences and HIPAA Training

All students and faculty involved in the clinical education curriculum will be informed of applicable rules and regulations at each facility as provided to the school and student by the clinical site. Resources for students to review prior to clinical experiences as provided by the sites may be shared via web links, on-boarding platforms, or vignettes as well as Clinical Site Information Forms (CSIF) or vignettes. Students will be instructed to review clinical site information materials and abide by applicable rules and regulations of the affiliating clinical Agency with regard to professional conduct; agency policies and procedures; confidentiality of patient and Agency records; and with regard to the responsibility and authority of the medical, nursing, clinical, and administrative staff of the Agency over patient care and Agency administration.

Students are instructed in responsibilities and rules for students while at the clinical site as outlined in this manual. (See Section E. 12)

HIPAA Training and Compliance: All students will have pre-placement instruction on the student's duty to safeguard protected health information during clinical experiences in accordance with federal privacy standards delineated in the Health Insurance Portability and Accountability Act (**HIPAA**). Students will be required to complete a computerized on-line educational program on HIPAA Privacy and End-user security requirements and satisfactorily complete a quiz at the conclusion through the Office of HIPAA Compliance at Central Michigan University. Students will also complete a College of Health Professions module on HIPAA. A record of satisfactory completion of the training program will be provided to each student to carry to the clinical experience and will also be kept on file with the educational program.

The Health Information Portability and Accountability Act (HIPAA) was enacted in 1996. It governs the use, transfer, and disclosure of health-related information through the HIPAA Privacy Rule which created national standards to protect an individual's medical record and other protected health information (PHI). The Privacy Rule protects the patient's control over their health information, sets boundaries on the use, transfer, and disclosure of PHI, and holds violators accountable through civil and criminal penalties. All students are required to complete training and awareness on the privacy regulations

identified in the HIPAA Privacy Rule. Students may be required to complete additional training beyond what is described here during their tenure in the program or during their clinical experience.

Students are reminded that at all times they must take all necessary and reasonable steps to safeguard patient confidentiality. They must not discuss the patient/patient condition outside of the clinical education setting. For educational purposes only, de-identified patient cases may be discussed with faculty and within the context of the learning environment for course assignments. Students must always exercise intentional effort to protect the confidentiality of information shared through the de-identification of PHI.

6. Criminal Background Checks and Drug Testing

- a. Criminal Background Checks: Students will be notified by the College of Health Professions (CHP) Compliance Coordinator of the requirement to complete and pass a criminal background check prior to the beginning of clinical experience and thereafter as required by the program and/or an affiliating clinical agency. There are several levels of background checks and the agency-specific requirements may be dependent on the patient population served by the agency or the state in which the agency does business. The CHP Compliance Coordinator will communicate the specific level and any site-specific requirements for the background check to the student prior to the deadline for completion. The CHP Compliance Coordinator will provide acceptable vendors for completing the requirements. CMU has an approved vendor that is to be used unless a site has a specific vendor for providing criminal background checks that must be used instead of the CMU vendor. The student shall be responsible for paying any costs associated with any required finger printing and/or completion of background check. The criminal background check results will be subject to administrative review by the CHP Compliance Coordinator and may be subject to administrative discussion with the relevant program and/or in some cases, the clinical agency.

Certain convictions may be considered a disqualifying factor for participation in the clinical experience at the clinical agency and may impact the ability to obtain a professional license. It is the student's responsibility to follow-up on any findings and/or concerns related to the outcomes on a criminal background check. Students are encouraged to contact the Director of Clinical Education or the Chair of the Program as soon as possible should there be any concern about the ability to obtain a license or participate in clinical education given potential findings of a criminal background check.

- b. Drug Testing: Students may be required to complete mandatory drug testing prior to participating in a clinical education experience by the clinical agency for which they are assigned. Students may also be subject to random drug testing during a clinical education experience as per the policies of a clinical educational site/agency. Students are responsible for the costs associated with being in compliance with the assigned clinical agency's policies. There are different levels of drug testing (5 panel, 9 panel, 12 panel,

etc.) and there may be a specified time frame in which the testing must be completed prior to the clinical experience. The CHP Compliance Coordinator will notify students if their assigned site requires drug testing, or the clinical site/agency may notify students directly of such requirement. The CHP Compliance will provide students with approved vendor information for completing drug testing, unless a clinical site has a specific vendor. If the student is to use the CMU approved vendor, the student will be able to select a location from a provided list to complete the drug testing. The cost of drug testing is the responsibility of the student unless a clinical site notifies the student otherwise. The drug testing results will be subject to administrative review by the CHP Compliance Coordinator and may be subject to administrative discussion with the relevant program and/or in some cases, the clinical agency.

It is **strongly recommended** that students do not drink excessive amounts of water prior to completing drug testing conducted with urinalysis to minimize inconclusive results. Students should make themselves aware prior to drug testing of any substances that might lead to false positive findings on a drug test.

- c. Office of Inspector General (OIG) Report: The CHP Compliance Coordinator may review a student's name against the OIG Exclusions Database if requested by a clinical site/agency prior to participation in a clinical experience. This will be conducted to demonstrate no previous history of OIG sanctions. The findings of this review may be shared with clinical site/agency personnel if requested by the agency.

7. Additional Onboarding Training or Requirements

Additional educational training modules will be required to complete prior to clinical experiences and clinical sites may have additional onboarding requirements to be completed by students prior to participating in clinical experiences. Additional program requirements will include training on human trafficking, personal protective equipment donning and doffing modules, Clinical Performance Instrument 3.0 training, training on additional assessment and survey tools for performance and perception of teaching and may include additional activities as warranted. Clinical educational sites may require students to complete additional onboarding activities as requirements of their agency policy and procedures. An example of additional requirements may be N95 fit testing. Clinical educational sites may use onboarding software platforms for which students may need to register and pay a fee for use. Students are responsible for the fees associated with these onboarding platforms.

8. Educational Records/Reports

CMU shall maintain all educational records and reports relating to the educational program at the facility and will comply with all applicable statutes, rules, and regulations regarding the maintenance of and release of information from such records. Any complaints by the Agency against a student will be processed in accordance with standards and procedures

for student conduct or academic discipline that are applicable to complaints arising at CMU. Any complaint will be processed immediately upon written notice to the Director of Clinical Education and the clinical facility and CMU will initiate cooperative efforts to avoid recurrence of the offending occurrence or incident. (See also, standard Affiliation Agreement.)

9. Communication During Clinical Experiences

a. First Year Experience (one 6-week full-time rotation - Clinical Ed II)

Site visits will be made to facilities/students whenever possible and according to perceived needs of the Director of Clinical Education, SCCE/CI, and/or student. When scheduled, site visits will usually take place during the second through fifth weeks of the experience. CMU faculty completing site/student visits will be either the Director of Clinical Education (DCE) or a Regional Clinical Coordinator (RCC). A Student Visitation Report will be completed during each site visit.

If an in-person site visit is unable to be scheduled, the Director of Clinical Education/Regional Clinical Coordinator will contact, by phone, videoconferencing, or email, the SCCE's and/or CI's responsible for CMU students during the first four weeks of the clinical experience for a progress report and discussion about the clinical experience and student performance. Phone, videoconferencing, and/or email contact will also be made with the involved student.

b. Third Year Clinical Experiences (two 14-week clinical experiences - Clinical Ed IV and V)

1. Communication with students

Students completing 14-week clinical experiences in Michigan and contiguous states will meet with their designated Regional Clinical Coordinator and/or the Director of Clinical Education at least two (preferably three) times during the experience. Groups of students will meet with the RCC in their regional pods for discussion about their clinical learning experiences. Depending on the travel distance between sites these meetings will usually occur on a monthly basis (meetings *may* be held virtually via videoconferencing due to distance, availability of meeting sites, or other circumstances as determined by the RCC/DCE). The total amount of time spent with students for clinical education discussions (regardless of frequency of meetings) will be approximately 8 to 12 contact hours.

Schedules (dates, times, locations) for student pod group meetings will be established at the beginning of each semester for Clinical Education IV and V and will be provided to students and SCCEs/CIs at least 3 weeks prior to the first meeting. Student attendance at all regional pod meetings is mandatory. Should an

unforeseen emergency or illness/injury arise that interferes with attendance at a scheduled pod meeting, the student must inform the designated Regional Clinical Coordinator and/or DCE as soon as possible. A make-up assignment related to the material presented and discussed during the pod meeting will be required of a student for any missed meeting.

For students completing clinical experiences in distant out-of-state locations, communication will be maintained via phone, email, or other web-based videoconferencing platforms with the student and CI (and SCCE when appropriate). These students may be expected to participate via web-based videoconferencing platforms in their assigned regional group; they will be provided with all materials and information shared with students in face-to-face regional pod meetings prior to the meeting in order to fully participate with their peers.

All students will be contacted individually (in person at a site visit as a preference; but at minimum via videoconferencing platform or by phone) near the mid-term of the clinical experience to discuss the student's experience, performance, progress to date, and concerns as indicated.

Finally, all students enrolled in Clinical Education IV and V will have access to email links to fellow students and RCCs/DCE via a Blackboard course shell.

2. Communication with CI's and SCCE's

When there is sufficient clinical faculty interest and need, the designated Regional Clinical Coordinator and/or Director of Clinical Education will invite CIs/SCCEs supervising CMU students in their region to group meetings during each clinical experience. The purpose of these meetings will be to discuss issues related to clinical supervision/education as instructors work with CMU students on a day-to-day basis. Such regular dialogue about the challenges, successes, and learning experiences associated with clinical supervision are opportunities for on-going professional development and networking for clinical instructors/SCCEs. If CIs/SCCEs are unable to attend meetings but are interested in clinical education in-service or training sessions at their site, visits and educational programs for the site and clinical faculty will be arranged by RCCs or the DCE. Schedules (dates, times, locations) for CI dialogue group meetings or in-services at affiliated clinical agencies will be established in collaboration with the SCCEs/CIs at the clinical sites in various regions. The RCCs and DCE are always available for consultation regarding clinical education issues upon request and will provide resources (articles, websites, supporting documents) to clinical faculty based on their needs or requests.

In addition, all CI's will be contacted individually to schedule and meet for a site visit (in person at an on-site visit or via videoconferencing platforms; in rare

situations, by phone or email) near mid-term of the clinical experience to discuss the individual student's experience, performance, progress to date, and any concerns as indicated.

10. Attendance

Students are expected to be in attendance at the clinical site during the regular working hours of the facility or their CI during the entire clinical experience except in special cases. Special cases might include significant illness, injury, or emergency, or other instances identified by the student, SCCE, RCC, or Director of Clinical Education prior to the START of the experience and mutually accepted as a reasonable or necessary absence. **(See Section E.12.i. for additional information on definitions of excused and unexcused absences).** During full-time clinical experiences, students are expected to be in the clinic working an average of 38 hours per week across the length of the experience. A minimum of 36 hours per week is required for a full-time clinical educational experience.

Policies regarding notification of the SCCE or CI by the student in the case of an absence should be developed by the Agency and the student should be informed of such policies at the start of the clinical experience. Students are expected to contact the SCCE and/or CI as soon as possible if they will be absent or tardy due to illness or any other unforeseen circumstance. The student should indicate the specific reason for the absence or tardiness at the time of notification of the SCCE/CI. The Director of Clinical Education and/or appropriate RCC should also be contacted immediately by the student when there is an absence for any reason from the clinic. The Agency or educational program may request a physician's report if the student was absent for two or more consecutive days because of illness. All absences and episodes of tardiness should be documented and identified as either excused or unexcused. Make-up time should be scheduled for all unexcused absences or excused absences that exceed the maximum allowable time for each clinical experience (See Section E.12.i.). Students should not participate in patient care if the illness, injury or other medical issue that would pose a safety or health risk to people at the clinical education site.

The clinical education site retains the right to approve or decline additional make-up time at the site. Not all sites or clinical faculty have the ability to extend clinical education experiences beyond the pre-determined time frame for the clinical experience. If a clinical education site is unable to extend the clinical education experience to accommodate for a student's missed time, the student may be required to make up time at an additional clinical education site. This would require the DCE to identify a site willing to accommodate the student for the make up time in a setting that is comparable for continued assessment of the student's competency in a similar learning environment.

Absences due to anything other than significant illness, injury or emergency, must be discussed **first** with the DCE and/or assigned RCC **prior** to initiating a discussion with the SCCE, CI or any other site faculty or staff and must be presented as soon as known prior to the clinical experience, but no later than 4 weeks before the requested absence. This includes

a student's request to participate in a professional conference as a presenter of research. The DCE/RCC will determine if the request is reasonable and retains the right to decline the request. If the DCE/RCC determines that the request is reasonable, the DCE/RCC will make the request to the SCCE and/or CI at the clinical education site on behalf of the student. The student must be in good standing for any request to move forward to the clinical educational site. There is no guarantee that the clinical education site will grant the request for time off. Any requested time off will include a request to make up the time or complete additional assignments/activities for missed learning opportunities. This will be determined in collaboration with the site. The site retains the right to approve or decline make-up time.

In the event of a holiday or inclement weather during a clinical experience, the student will follow the policies of the clinical education site, not the university calendar.

11. Non-Discrimination Policy and Commitment to Belonging and Professionalism

a. Non-Discrimination and Affirmative Action Policy

Central Michigan University's Equal Opportunity and Affirmative Action Protocol identifies that CMU is an affirmative action/equal opportunity institution. It encourages diversity and provides equal opportunity in employment and education. It is committed to protecting the constitutional and statutory civil rights of people connected with the university including clinical educational placement sites.

Unlawful acts of discrimination or harassment by clinical sites associated with the CMU physical therapy program are prohibited.

In addition, even if not illegal, acts are prohibited if they discriminate against any student through inappropriate limitation of access to, or participation in, educational activities on the basis of age, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, height, marital status, national origin, political persuasion, pregnancy, childbirth or related medical conditions, race, religion, sex, sex-based stereotypes, sexual orientation, transgender status, veteran status, or weight.

Limitations are appropriate if they are directly related to a legitimate concern regarding a student's ability to carry out the essential functions associated with placement at a particular clinical site.

If a clinical site requests or denies any student based on age, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, height, marital status, national origin, political persuasion, pregnancy, childbirth or related medical conditions, race, religion, sex, sex-based stereotypes, sexual orientation, transgender status, veteran status, or weight, the Central Michigan University Department in Physical Therapy program will suspend the use of the site, re-evaluate the site for future use in advancing the students'

educational experiences, and will promptly notify Central Michigan University's Office of Civil Rights and Institutional Equity.

b. Commitment to Belonging

The Department in Physical Therapy embraces belonging, connectedness, and professionalism as core program values. A diverse student population, faculty (academic and clinical), and staff are critical to the learning environment and a much-needed reflection of the breadth of patients and populations for whom physical therapists provide care and services.

According to Magee and Brown (*JOPTE*, 2024:38(2)) "Belonging is a basic fundamental, psychological, and emotional human need that may increase academic and social success." The authors identify belonging in physical therapy education as something akin to a map in which students are guided to "connections, acceptance, and a sense of being valued." Belonging is not fixed, but rather fluid as the student is moving across clinical education experiences and because the student is constantly evolving and being exposed to novel situations. Feeling as if one belongs has been linked to increased student engagement, student success and student retention. Clinical education faculty are encouraged to be intentionally and actively aware that the student is entering an unknown environment. Clinical education faculty are encouraged to identify strategies and steps collaboratively with students that reduce or remove context-specific barriers that limit or prevent a student from immersion and full participation in the clinical education setting. Belonging is a two-way street as some students may decide not to belong, particularly in situations where the student views belonging as transactional or a method of conformity. These situations may potentially lead to loss of sense of self; may lead to uniformity that limits innovation, collaboration, critical thinking and problem solving. These situations may also lead to barriers or breakdown in communication and student progress and development. Students, CIs, and SCCEs are strongly encouraged to contact the DCE or RCC if concerns arise with respect to student belongingness.

12. General Responsibilities and Rights of the Academic Clinical Education Faculty

Members of the academic clinical education faculty are faculty members who provide primary supervision and direct the operations of the clinical education curriculum for the Department in Physical Therapy at CMU.

General responsibilities and rights for the academic clinical education faculty (DCE and RCCs) include, but are not limited to:

- a. Serve as Course Instructors for clinical education experiences.
- b. Serve as liaison between the academic program, clinical faculty and students prior to, during and following clinical education experiences as they relate to issues relevant to clinical education experiences.

- c. Provide oversight of student performance during clinical education experiences.
- d. Provide supervision of assessment of assignments that are indirectly related to patient care and clinical education learning experiences that are not assessment of performance directly (CPI and PBA direct assessment performed by CI).
- e. Review student performance and progression and consult on the course grade in compliance with program stated criteria. This includes student self-assessments and clinical education faculty assessments.
- f. Review the clinical education process and provide feedback to ensure a high-quality educational experience.
- g. Educate students and assess student understanding of the purpose, policies, and processes/procedures of clinical education, with explicit provisions of requirements to participate in clinical education.
- h. Participate in the match of eligible students with available clinical education sites and learning opportunities using a holistic approach.
- i. Maintain current written legal affiliation contracts/agreements, clinical educational information and clinical education site information.
- j. Communicate with SCCEs and CIs as appropriate before, during, after and in the interim of assigned clinical experiences.
- k. Evaluate assignments and provide feedback to the student; in cases where appropriate to the CI and/or SCCE.
- l. Performs on-site visits preferably (or phone/video conference) with the CI during a student's clinical education experience.
- m. Participates in providing consultation, strategies and solutions in consultation with the SCCE, CI and Student when clinical education issues arise.
- n. Coordinates and collaborates with clinical site faculty and student for student development if or when gaps or areas of deficits have been identified.
- o. Provides opportunities for collaborative continuing education training and development when appropriate or upon request to the clinical education faculty.
- p. Assists in the development of new clinical education experiences that meet the established program criteria and guidelines.
- q. Ensures that students and clinical faculty rights are upheld including ensuring that unlawful acts of discrimination or harassment are reported through appropriately defined channels.
- r. Has the right to be treated fairly, with dignity and without discrimination by all students and faculty/staff.

D. Clinical Faculty/Facility Rights, Responsibilities and Privileges

(Refer also to standard affiliation agreement for additional rights and responsibilities not expanded on here.)

1. Planning and Conduct of the Clinical Experience

The clinical facility and the CMU Program in Physical Therapy shall cooperate in the planning and conduct of the student's clinical experience to the end that the student's

clinical experience may be appropriate in light of CMU's educational objectives. The student's clinical supervisor/instructor shall provide written evaluations on each student, which shall set forth the level of performance, progress and potential as a physical therapist. The facility shall follow student evaluation guidelines established by CMU and use evaluation tools/forms provided by CMU (APTA Clinical Performance Instrument and Professional Behaviors Assessment).

The clinical facility shall identify a person responsible for coordination of and communication about clinical education activities (Site Coordinator of Clinical Education – SCCE). This person will be the primary liaison to the Director of Clinical Education and their Regional Clinical Coordinator at CMU. A useful resource entitled Reference Manual for Site Coordinators of Clinical Education (2018) is available from the Academy of Education of the American Physical Therapy Association for free here: <https://www.aptaeducation.org/clinical-educator-resources>.

The clinical facility shall also identify qualified clinical instructors or CIs for the physical therapy students. Normally, the suggested minimum criteria for being identified as a CI would consist of the following:

- a. interest in serving as a student supervisor/instructor
- b. at least one year of experience as a licensed physical therapist
- c. at least six months' experience at the current clinical facility/Agency
- d. evidence of satisfactory clinical and interpersonal communication skills to provide positive learning experiences for students
- e. demonstration of teaching skills to provide positive learning experiences for students
- f. demonstration of professional behaviors consistent with established standards for the profession of physical therapy
- g. evidence of practicing in a professional manner consistent with legal and ethical standards.

Other guidelines for identifying and developing qualified CIs can be found in the APTA Clinical Education Guidelines and Self Assessments (2004). For information on obtaining a copy of this document, please contact the DCE. The APTA has published the document Physical Therapist Clinical Education Principles (2010) based on a national consensus conference and nationwide regional forums with PT clinical education stakeholder groups. This document is another valuable resource for clinical sites, SCCEs and CIs and is also available online as a clinical educator's resource at www.apta.org.

The Physical Therapy Clinical Education Glossary was developed for use in physical therapy clinical education by the American Council for Academic Physical Therapy from the Common Terminology Panel (*Phys Ther*, 2018:98:754-762). This resource provides the common language recommended for use when discussing clinical education. The glossary is available at: <https://acapt.org/glossary>.

Additional resources for clinical instructor training are APTA's Credentialed Clinical

Instructor Program (CCIP) which offers both a basic and advanced training and credentialing course for CIs. This program is offered regularly in Michigan and throughout the United States. Course listing and information is available on the APTA website. Please contact CMU Clinical Education Faculty for assistance in locating course information. Affiliating clinical agencies are invited to participate at a very reasonable registration rate.

The APTA Michigan Chapter also has a Clinical Education Consortium -Special Interest Group (CEC-SIG) (formerly the MPTA-SIGCE) that meets twice a year. This is another mechanism for dialogue among and training for members of the PT clinical education community in Michigan. Meetings are held each fall and spring. Forums meet several times per year on the west side of the state, in the Detroit-area and potentially in the north to discuss clinical education at the state regional level. Please contact one of the RCCs or the DCE for more information about these meetings. You may also find information on the APTA Michigan Chapter webpage.

2. Supervision of Students

Students should be directly responsible to and supervised by the licensed physical therapist who is identified as their CI. Should this individual be ill or not in attendance at the agency when the student is at the clinical site, then another licensed physical therapist should be designated as the student's supervisor during this period if the student is to continue participation in the provision of clinical services. The student's supervisor should be accessible and available to the student as necessary and indicated and should be in attendance at the agency campus where the student is completing the clinical experience. In the absence of a clinical supervisor who is a licensed PT, the student can participate in observations or other non-patient care activities, but should not conduct patient examinations or interventions.

In some cases, some third-party payers will not reimburse an agency for therapy services delivered by a student unless the clinical instructor is providing direct supervision of the student. For example, the Centers for Medicare and Medicaid Services (CMS) has issued the following guidelines regarding student supervision and payment for services provided by students for patients that are covered by Part B of the Medicare program:

"The qualified practitioner is recognized by the Medicare Part B beneficiary as the responsible professional within any session when services are delivered. The qualified practitioner is present in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment...the practitioner is not engaged in treating another patient or doing other tasks at the same time."
(PT Magazine, April 2002, pp. 25-28)

The Medicare Benefit Policy Manual, Chapter 14, Rev. 11288 (03/04/22) is the primary

source for information regarding student supervision. Here is their language:

“The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.

The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.

The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s service, not for the student’s services).”

It is essential that supervising therapists be aware of student supervision and reimbursement requirements of the third-party payers with whom they affiliate, and adjust levels of supervision accordingly.

Guidelines regarding supervision of students (and other personnel) can be accessed at the APTA web site (www.apta.org). Search Supervision of Student Physical Therapists for related information and updated guidelines.

3. Student Records Protection

Clinical education experiences constitute course work for the degree of Doctor of Physical Therapy. Health records, as required for participation in clinical experiences according to the affiliation agreements between CMU and the Agency, require protection. Likewise, educational records require protection and safeguards. The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student records. While engaged in clinical education, students have the right to the privacy of their records as outlined by FERPA. Please see the following websites for information about FERPA.

Central Michigan University FERPA

[Family Educational Rights and Privacy Act | Registrar's Office](#)

U.S. Department of Education FERPA

[Family Educational Rights Privacy Act \(FERPA\) | Protecting Student Privacy](#)

4. Information to be Provided to the Educational Program and Students

The clinical Agency is asked to provide the following information to the educational

program to share with students prior to participation in clinical education or is asked to provide to the student during orientation at the start of the clinical educational experience:

- a. Hospital and departmental rules and regulations; policies and procedures related to professional behavior; confidentiality of patient information and records, HIPAA compliance; and responsibility and authority of medical, nursing, clinical, and administrative staff of the agency over patient care and administration.
- b. Normal departmental business hours.
- c. Student attendance expectations/policies.
- d. Student dress code.
- e. General information on patient population and services offered in PT and at the agency.
- f. Location and directions to the facility and information regarding parking.
- g. Special requirements for students (e.g., additional health/medical requirements, drug screens, flu shots/other immunizations, criminal background checks, in-service presentations, etc.) and arrangements to meet such requirements.
- h. Information on any personal safety issues that may arise for the student in the course of the clinical experience (on-site or in the geographic area). Recommendations and procedures to promote personal safety should be provided.

This information should be provided in writing to be maintained in the educational program's files on the affiliating site. The information may be included in a student handbook to be kept on file by CMU or may be in any other written/electronic form (e.g., included in or attached to the Clinical Site Information Form - CSIF). Such information is expected to be available to the educational program prior to the commencement of any clinical experience and should be updated on an annual basis. Annual updates of the CSIF can be submitted electronically via the APTA CPI web platform (apta.org). This information should also be made available to students prior to clinical experiences as indicated and reviewed with the student at the time of their initial orientation to the clinical facility/experience.

At the time of initial orientation to the clinical affiliation/experience, students should also be provided with information on agency policies and procedures designed to ensure compliance with federal privacy regulations as described in the Health Insurance Portability and Accountability Act (HIPAA).

5. Processing of Complaints

Any significant concerns of a SCCE or CI in regard to the performance or behaviors of a student should be made known to the Director of Clinical Education and/or Regional Clinical Coordinators immediately via phone, email, or written communication so that identification and remediation of any problems can begin promptly. All information and supporting observations/data relevant to the concerns should be thoroughly documented in writing and discussed with the Director of Clinical Education and/or the Regional Clinical Coordinator.

In an emergency or in certain cases, Agency supervisory personnel may, based upon applicable standards of physical therapy practice, temporarily relieve a student from a specific assignment or require that such student or faculty member leave the floor or department pending a final determination of the future status of the student or faculty member by the parties. The agency must submit a detailed written report of any such action to CMU within three business days after its occurrence and the parties shall cooperate in an effort to avoid its recurrence. (See also standard affiliation agreement.)

If a student is involved in any incident during clinical experiences that may potentially result in a malpractice or liability claim, the Director of Clinical Education and the RCC should be notified immediately and consulted regarding how to proceed. Appropriate contacts with university risk management personnel, insuring agents, and legal counsel will be made through the Director of Clinical Education. All standard procedures in the case of such an incident should be followed at the clinical agency (e.g., filing of incident report, appropriate documentation, etc.)

If a clinical site or individual at the agency has a complaint about a student, faculty or staff member, or the PT Program at CMU that falls out of the realm of due process, that complaint can be submitted in writing to the Department of Physical Therapy Chair at: 1220 Health Professions Building, Central Michigan University, Mount Pleasant, MI. 48859. When possible, the Program Chair will contact and discuss the complaint with the involved party within 15 business days. A record of the complaint and any related actions and outcomes will be kept in the Program files for a period of 5 years.

6. Rights and Responsibilities of Clinical Faculty and Agency

- a. The following is a listing of the general responsibilities and rights of clinical faculty (SCCE and CIs) and/or the clinical agency with respect to their participation in clinical education experiences for CMU physical therapist students. Additional information on rights and responsibilities can also be found in the affiliation agreement between the agency and CMU.
 1. Qualified clinical faculty members supervise students according to guidelines of the university and their agency.

2. Clinical faculty members have the right to be treated fairly, with dignity and without discrimination, by all students of physical therapy and faculty/administration from CMU.
3. Clinical faculty members assess and evaluate student performance according to the guidelines provided by the university.
4. The clinical agency plans and administers all aspects of patient care and clinical services at the agency. Agency staff members have responsibility, authority, and supervision over all aspects of patient care and clinical service.
5. Patients/clients at the clinical agency may request not to be a “teaching” patient or medical/clinical staff may designate selected patients/clients as non-teaching patients and students shall comply with such requests.
6. Clinical faculty may temporarily remove students from an assignment or area in emergency situations or based upon applicable standards of practice. (See also affiliation agreement.)
7. The clinical agency has the authority to refuse any student who has previously been discharged for cause, relieved of responsibilities for cause, or who would not be eligible to be employed by the agency. The agency shall notify the university of its refusal to accept a student and its reasons for doing so in writing. (See also affiliation agreement.)
8. The clinical agency and faculty have the authority to request the withdrawal of a student from the experience for reasonable cause related to the need to maintain an acceptable level of patient care and services. This request should be submitted to the university in writing. (See also affiliation agreement.)
9. The clinical agency may request that students provide information on criminal background checks, health status and immunizations, and insurance coverage prior to or during the clinical experience. (See also affiliation agreement and Section C.6.).
10. Clinical faculty may provide input to the University/Program about the preparation of students and the academic and clinical portions of the curriculum.
11. The clinical agency determines the appropriate number, type, and time frames for student clinical experiences at their agency.
12. Clinical faculty will be provided with timely notification of student assignments and all necessary information for planning and conducting an experience according to the objectives of the University.

13. Clinical faculty members will have timely access to the Director of Clinical Education and/or Regional Clinical Coordinators for consultation regarding any aspect of the clinical experience or student performance during clinical experiences; such consultation may include telephone communication, email, or on-site visitation.

b. **Specific Responsibilities of the Site Coordinator of Clinical Education (SCCE)**

The SCCE is responsible for overseeing the clinical education program at a specific clinical education site. The SCCE is a liaison between the DCE, RCC, CI, and student. Responsibilities typically include, but are not limited to:

1. Coordinate and facilitate the clinical education experience at the clinical education site.
2. Prior to student placement, review the contractual agreement between the academic institution and clinical education site to assure that the agreements are current.
3. Secure and maintain confidentiality of student's personal information including required on-boarding documents/records and evaluation records.
4. Upon student arrival, ensure the student has appropriate or necessary orientation at the clinical site (e.g.: safety, emergency, security procedures, and department/agency policy and procedures).
5. Communicate with the DCE and RCCs, as necessary.
6. Provide consultation and guidance regarding supervision and/or learning experiences to the CI as needed.
7. Assist in planning and problem solving with the DCE and/or RCC, CI, and student if/when issues or deficits in student development efforts have been identified.
8. Request and encourage feedback from CIs, students and other interested parties about clinical education experiences.
9. Manages, evaluates and assesses the clinical education site's clinical education program, including the policies and procedures, clinic-specific educational goals, and the needs and resources of CIs.

c. **Responsibilities of the Clinical Instructor (CI)**

The CI is the primary instructor for the student during the clinical education experience. The CI facilitates the learning experience within the clinical education experience and provides feedback on student performance. Responsibilities include:

1. Awareness of the clinical education policies and procedures of Central Michigan University's Department in Physical Therapy including addressing student practice and professional behavior assessment and reporting of deficits, termination of clinical education experiences, or student conflict.
2. Ensuring student orientation of the department and clinical site agency including agency policies and procedures that are relevant to student practice at the agency.

3. Providing direct supervision of the student appropriate with academic level as well as required of appropriate stakeholders in clinical education (e.g.: accreditation, regulatory agencies, and third-party payers).
4. Communicating clinical education experience expectations, objectives, and assignments to the student.
5. Providing timely performance feedback, both formal and informal, to the student and to the DCE and/or assigned RCC.
6. Providing formal student evaluation at specified program time periods.
7. Communicating proactively with the SCCE, DCE and/or RCC when performance expectations or progress are not satisfactory.
8. Participating collaboratively with the student, SCCE, DCE and/or assigned RCC in identification of strategies, opportunities, or solutions to assist with progression or student development when deficits are identified.
9. Demonstrate evidence of current, evidence-based practice.
10. Model professionalism and professional behaviors with students.
11. Adhere to standards that maintain a professional relationship with the student.

7. Privileges for Clinical Faculty and Agency

In addition to rights and responsibilities associated with participation in clinical education programs, there are also privileges accorded to affiliated clinical faculty and agencies. The following is a listing of such privileges.

- a. Clinical agencies and SCCEs receive information from the program related to available resources for clinical educators, pertinent clinical education issues, program policies and procedures, and clinical faculty development offerings through CMU or other sponsors.
- b. Clinical faculty are invited to attend and participate in several faculty development offerings as listed below:
 1. Web-based asynchronous educational in-services for clinicians may be available on clinical topics or clinical education topics.
 2. Offerings of the APTA Clinical Instructor and Credentialing Program (Basic or Advanced) sponsored by the CMU Program in PT based on interest and need.
 3. Regionally based continuing education programs based on clinical faculty interest.
 4. An Annual Research and Case Report Colloquium held at the University.
 5. The Director of Clinical Education and/or Regional Clinical Coordinators will provide on-site or web-based in-service education programs related to clinical education at the agency and for clinical faculty upon request.
- c. Clinical faculty may request of the DCE or RCC searches of resources including article searches. DCE or RCC will provide electronic copies of such resources as are available

to the DCE or RCC through CMU library.

- d. Clinical faculty may serve as invited members of a Clinical Education Advisory Panel that provides advice and guidance to academic faculty regarding clinical practice/education issues of importance, the academic curriculum, and the clinical education portion of the program curriculum

E. Student Responsibilities for Clinical Education

(See also C. Education Program Responsibilities and Policies, 1-12; students are responsible for information in Section C.; redundancy between Section C and E is acknowledged.)

1. Liability Insurance

Prior to initiation of any clinical experiences, Physical Therapy students are enrolled in CMU's General Liability Insurance Program. This policy is renewed for the duration of the student's enrollment in each of the off-campus clinical experiences (PTH 634, Clinical Education II; PTH 832, Clinical Education IV; PTH 932, Clinical Education V.) Each student will carry a certificate of enrollment in the policy to their clinical education experience and will have it available to all affiliating sites upon request. Additionally, a copy of each student's certificate of enrollment will be kept on file at the educational program. The original certificate of enrollment will be forwarded to the clinical site approximately 4 to 6 weeks prior to the initiation of a clinical experience.

If a student is involved in any incident during clinical experiences that may potentially result in a malpractice or liability claim, the Director of Clinical Education and the RCC should be notified immediately and consulted regarding how to proceed. Appropriate contacts with university risk management personnel, insuring agents, and legal counsel will be made through the Director of Clinical Education. All standard procedures should be followed at the clinical agency (e.g., filing incident reports, appropriate documentation etc.) in the case of such an incident.

2. Health Insurance

Students are required to have proof of enrollment in a health insurance policy prior to commencing all clinical education experiences. Failure to provide such proof will restrict a student's attendance at clinics. The student will retain proof of enrollment during experience and proof of enrollment will be uploaded to the student's file in the program electronic management platform used by the program. Students are expected to assume financial responsibility for any costs incurred as a result of personal illness or injury sustained during clinical experiences. Having a Health Insurance policy in force is important to defray any such costs. Students should be familiar with their policy coverage

and disability provisions. Students should pay particular attention to policy coverage limits as they turn 26 years of age if listed as a dependent on parent health insurance policies.

3. Physical Examination, Health and Immunization History

Students must complete a health history form, provide proof of immunization as appropriate, and obtain a physical exam (including an appropriate tuberculin test) as specified by the University and Agency. The student must provide the Department of Physical Therapy and the clinical agency with evidence of satisfactory completion of the exam and immunizations that indicate the student's health status will permit them to complete a clinical experience without risk of harm to themselves, patients, or others. Failure to provide proof of such will restrict student's attendance/participation at clinics. The student will retain the original of the health history form and physical examination and carry these documents to their clinical sites; a copy will be uploaded to the student's file in the program electronic management platform. If an Agency requests this information prior to the experience, the student or the Program may be responsible for providing it to the designated Agency representative.

In some cases, the Agency may have additional health requirements or tests beyond those requested by the Program (e.g. drug screens, additional immunizations, titers, etc.). Such requirements may be listed in the Agreements between the site and CMU, in the CSIF or found in other written materials provided by the Agency. If a drug screen or other special tests are requested, the student or the Agency will be responsible for scheduling the screen/test(s) and obtaining results. The College of Health Professions Compliance Coordinator may assist with communicating requirements listed in the Agreements to students.

Costs associated with on-boarding requirements including health insurance, health examinations, immunizations, background checks and drug screens, and use of Agency-specific on-boarding platforms (but not limited to these on-boarding requirements) belong to the students as a requirement of participation in clinical experiences. In the event that the clinical experience is cancelled after the student has completed and paid for a requirement or if, a site changes the requirement unbeknownst to the University or Program as a requirement of their policies and procedures, accreditation /or legal responsibility, the Agency, University, or Program does not reimburse the cost to the student.

4. Name Tags

Name-tags identifying students as a student physical therapist will be provided prior to the start of the PT educational curriculum and should be worn at each clinical site during clinical experiences. In some cases, the clinical facility may require that the student wear other forms of agency-designated identification for security purposes. Students will follow the Agency's policy regarding the appropriate form of identification.

5. Requests for Accommodation

Students are expected to be able to complete essential functions and meet technical standards for the Program in Physical Therapy with or without reasonable accommodation (see PT Student Handbook). It is the responsibility of the student with a disability to request those accommodations that he/she feels are reasonable and are needed to execute the essential functions and standards as described. Students with disabilities requiring accommodations to participate in clinical learning experiences or meet clinical education course requirements should first register with the Office of Student Disability Services on campus and then contact the Director of Clinical Education PRIOR to the scheduling and initiation of any clinical experience so that special needs can be assessed and considered and arrangements for reasonable accommodations can be requested of a partnering Agency and made as appropriate and reasonable.

6. Personal Safety and Other Agency Safety Requirements

Completion of clinical experiences sometimes require that a student is living and working in an unfamiliar environment. It is essential that students seek information from the Agency/Agency personnel regarding any personal safety issues that may arise during a student's clinical experience (on-site at the Agency or in the geographic area). When identifying housing locations for clinical experiences, it is important to consider this information. To maximally minimize personal risk, follow all recommendations or procedures suggested by the site to promote personal safety and use common sense in interactions and movements about in the area of the clinical experience.

7. Criminal Background Checks

See also Section C.6.a. for additional important information about criminal background checks.

Because University or Agency policy, state or federal regulations, or accreditation requirements, and for the safety of Agency clients and staff, students may be asked to complete a criminal background check prior to initiation of a clinical experience. If this is requested, the student will be responsible for (1) understanding the type and level of background check required, (2) obtaining the appropriate background check in a timely manner, and (3) submitting the results of the background check directly to the requesting agency/agency personnel and/or the College of Health Professions Compliance Coordinator for reporting to the Agency. The cost of the criminal background check(s) is/are the responsibility of the student, unless a clinical education site notifies the student otherwise. If a background check is positive, the clinical agency has the right to refuse or excuse a student from a clinical experience for cause. Failure to complete clinical experiences and program requirements due to criminal background check findings may result in inability to proceed through the PT Program. The CHP Compliance Coordinator

is available to assist with questions related to criminal background checks.

Furthermore, in Michigan, physical therapists are licensed through the Department of Licensing and Regulatory Affairs (LARA). All individuals applying for a health professional license in the State of Michigan are required to submit fingerprints and undergo a criminal background check as mandated by Public Act 26 of 2006 which states that “an applicant for initial licensure or registration shall submit his or her fingerprints to the department of state police to have a criminal history conducted.” If criminal history is found, the record will be reviewed by the Department of Licensing and Regulatory Affairs (LARA) staff for consideration of licensee/licensure candidacy. All disciplinary actions and/or sanctions, including potential denial of becoming a licensed physical therapist, are decisions made by the Department of Licensing and Regulatory Affairs (LARA) and/or the State Board of Physical Therapy and are reached independent of the CMU PT Program.

8. Drug Testing

See Section C.6.b. for additional important information about drug testing.

Students may be required to complete mandatory drug testing prior to participating in a clinical education experience by the clinical agency for which they are assigned. Students may also be subject to random drug testing during a clinical education experience as per the policies of a clinical educational site/agency. There are different levels of drug testing (5 panel, 9 panel, 12 panel, etc.) and there may be a specified time frame in which the testing must be completed prior to participation in the clinical experience. The CHP Compliance Coordinator will notify students if their assigned site requires drug testing *or* if the clinical site/agency may notify students directly of such requirement. The CHP Compliance Coordinator can assist with locating a vendor. The cost of drug testing is the responsibility of the student unless a clinical site notifies the student otherwise. The drug testing results will be subject to administrative review by the CHP Compliance Coordinator and may be subject to administrative discussion with the relevant program and/or in some cases, the clinical agency.

It is **strongly recommended** that students do not drink excessive amounts of water prior to completing drug testing conducted with urinalysis to minimize inconclusive results. Students should be aware of any substances that might lead to false positive findings on a drug test.

9. Additional Onboarding Requirements

Additional on-boarding requirements are described in **Section C** of this CEH and students are directed to read that section for additional requirements. Note that additional requirements are required by the program and *may* be required by the clinical educational sites. The later may be known to the Program and communicated by the CHP Compliance Coordinator or they may be shared directly to the student from the clinical education site

personnel. Clinical education site personnel may include individuals from the human resources or risk management departments. Participation in clinical education experiences requires adherence and compliance with policies and procedures of these clinical education sites.

10. Policy for Student Input into Clinical Site Development and Selection

- a. A list and description of affiliated clinical sites are available in the PT office suite, in the Director of Clinical Education's office and on the clinical education electronic management system platform. Additionally, the program electronic management platform may have information provided by individual Agency's for student preview. The DCE will share with students how to access this information during initial clinical education planning meetings.
- b. A student who (1) knows of a clinical site that may be interested in establishing a clinical education affiliation with CMU, or (2) is interested in exploring the possibility of an affiliation with a site where he/she would like to affiliate, should meet with the Director of Clinical Education to discuss program requirements for affiliates. A position statement has been published by the APTA Academy of Education SIG-CE (03/03/2017) stating the Director of Clinical Education/ACCE should make initial direct contact with a clinical agency for the purposes of exploring an affiliation. A student should not make this initial contact. The CMU DPT Program abides by this position statement and identifies that all requests for partnerships for the purpose of clinical education come directly from the DCE or Regional Clinical Coordinator.

The Director of Clinical Education/Regional Clinical Coordinator may request the student provide the following information:

- The name of the facility/agency.
- The corresponding address, phone number, and website address of the facility.
- The name and contact information for a contact person, preferably the SCCE, at the facility.

The development of new sites will be considered only if several criteria are met. These include, but are not limited to:

- Existing clinical education program in place preferably with established affiliations with other CAPTE accredited physical therapist educational programs;
 - Interest in long-term (not single student) commitment to the CMU Program in Physical Therapy for the purposes of Clinical Education;
 - Contributions to expand the breadth or depth of clinical experience opportunities for CMU PT students.
- c. Because of the philosophy and design of the clinical education component of the curriculum, the majority of clinical sites for the program will be located in Michigan

and neighboring Midwestern states. Student placement at distant clinical sites outside of Michigan and the Midwest will generally be reserved for the final clinical experience period (PTH 932, Clinical Education V). The development of distant sites will be considered in special circumstances and only if several criteria are met. These include, but are not limited to:

- Existing clinical education program in place with established affiliations with other CAPTE accredited physical therapist educational programs;
- Interest in long-term (not single student) commitment to the CMU Program in Physical Therapy for the purposes of Clinical Education;
- Willingness to provide or assist with housing information needs for students not from the area; and/or
- Availability of special learning experiences for students that are otherwise limited or not available in Michigan/neighboring state sites or that expand the breadth or depth of clinical experience opportunities for CMU PT students.

Students should not make an informal or formal initial contact with any potential clinical affiliate without the permission of the DCE. This should be done through the Director of Clinical Education or appropriate RCC. See E.11.5-7 below for ramifications of contacting a site without the direction of the Director of Clinical Education. The Director of Clinical Education and/or RCC's evaluate all potential clinical affiliates based on specific criteria. If a mutual interest exists and criteria are met, the development of affiliation agreements can proceed.

11. Process for Student Selection and Assignment of Clinical Experiences

- a. The Director of Clinical Education will provide students with a list of available placements approximately 2 weeks prior to the date for choosing clinical experience sites.
- b. A "Clinical Site Information Form" and/or other information as provided by clinical sites will be available to students for review at this time. Information on accessing CSIFs and agency web-links will be provided when the available slot placement lists are provided to students prior to the selection due dates. Additional site information may be found on the program clinical education management system..
- c. Students should use the following guidelines when choosing clinical experience sites:
 1. Each student is required to have the following experiences across all of their clinical experiences:
 - i. Ambulatory Care: Experience working with clients who are being followed in PT on an outpatient basis. This typically includes working with clients with musculoskeletal or neuromuscular conditions.

- ii. Acute or Sub-acute Care or Inpatient Specialty Rehabilitation or Home Care Settings with Acute Care Delivery: Experience working with clients who are acutely ill. Such patients are most frequently seen in acute or sub-acute hospital-based or skilled nursing facility settings and have medical or surgical diagnoses of varying etiologies, with overall complexity. In Michigan, we do have some home health agencies that provide sub-acute and now a form of homebound hospitalized care. Some inpatient acute rehabilitation settings have specialties working with long-term acute or highly complex patients with higher acuity levels. For these later designations, the determination of whether an individual placement slot offered by an agency meets this requirement will be made by the DCE, RCC and/or agency coordinator (SCCE).
- iii. Rehabilitation Care: Experience working with clients with chronic impairments or disability who require long-term rehabilitation and habilitation needs. Such experiences may include work with adults or children/adolescents and may occur in either inpatient, outpatient, home, extended care facilities/skilled nursing facilities, residential living situations, or school settings.

As part of the acute or rehabilitation experience, regular interaction as member of an interdisciplinary/inter-professional health care team is expected.

- 2. Students shall seek experience working with patient populations across the lifespan and across the body systems relevant to the scope of physical therapy practice including, but not limited to the musculoskeletal, neurological, cardiopulmonary, integumentary, endocrine and metabolic, gastrointestinal, renal, and urological.
- 3. Students will not be assigned to a clinical site where he/she is currently employed in any aspect of the delivery of rehabilitation services. In addition, unless the student experience is significantly different than a past employment experience, students will not be assigned to a clinical site where he/she was employed in the past. A student may not be assigned to a clinical experience site where he/she completed a substantial number of volunteer hours or completed a previous clinical experience for another degree requirement. This will be determined by the Director of Clinical Education or RCC, and possibly the SCCE. This policy avoids potential conflicts of interest including role recognition. (See **Section B.**)
- 4. Students will not be assigned to the same clinical facility (i.e., in the same physical setting with the same or similar clinical populations) more than once. Some students may, however, be assigned to two different clinical experiences (setting and patient populations/experiences differ) under the same institutional or organizational umbrella (i.e., within a health care system).
- 5. No student shall contact a clinical site for any reason related to CMU's Physical Therapy Clinical Education Program without the consent or guidance of the

Director of Clinical Education and/or a Regional Clinical Coordinator.

6. No other individual shall contact a clinical site for any reason related to CMU's Physical Therapy Clinical Education Program on behalf of a student without the consent or guidance of the Director of Clinical Education and/or a Regional Clinical Coordinator.
7. Any violation of 11.c.5-6 above will result in forfeiture of placement opportunity at the clinical site permanently.
8. On the assigned date, the student will provide the Director of Clinical Education with a "wish list" of preferred clinical placement sites from the lists of placements offered for the specified clinical course. Students will be asked to provide a preferential list of sites (this number will be determined by the Director of Clinical Education based on the number of clinical experience slots offered). Assignments will be made, whenever possible, from the list by the DCE after consideration of the educational needs of the student, Program requirements, Agency requirements and the learning experiences available at the site. The student agrees to accept the clinical assignment made by the department at any of the affiliated sites. The DCE will maintain a record of student assignments across the curriculum including the name of the clinical agency, the type of facility, the primary patient populations seen, and student interest.
9. Clinical cancellations due occur and in some cases with very little notice. The student will be notified of the cancellation as soon as possible by the DCE. Rescheduling of a cancelled clinical education experience will be initiated by the DCE in collaboration with the student. Reassignment will be conducted with intention to identify a new clinical education site that will be equally appropriate and meet the requirements necessary for progression in the program. Location and timing of the new experience will be identified as quickly as is possible.

12. Rules for Students While at the Clinical Site

- a. Prior to the beginning of the clinical experience, and after reviewing the clinical site file at the university, students should contact the site coordinator at the clinical site (SCCE) if they are unsure of any of the details of the rotation or need information on housing, etc. In addition, students will complete a Pre-Affiliation Information Form to be sent to the SCCE, with a cover letter, approximately 4 to 6 weeks prior to the initiation of a clinical experience.
- b. Transportation: Each student must provide his/her own transportation to/from assigned clinical sites.
- c. Housing: It is the student's responsibility to make any necessary contacts or

arrangements for housing during a clinical experience. The Program is not responsible for arranging or financing housing for students. (See also section E.6. related to personal safety considerations when making such arrangements.)

Dress: Students are expected to be clean, neatly groomed, and in appropriate dress to meet agency, OSHA and JCAHO, or other accreditation standards or regulations. Each clinical facility may specify what is and is not appropriate dress and grooming. In most cases, this means no bare midriffs, low cut tops, open shoes, etc. Keeping fingernails short and clean is also a frequent health and safety requirement because of OSHA and JCAHO Standards. Artificial nails and nail polish are not to be worn. Strong odors could be compromising to a patient with respiratory disease; therefore, students must comply with agency policies regarding perfumes or colognes. Agency policies regarding tattoos and body piercings should be followed. Students may be required at their own expenses to purchase laboratory jackets or medical scrubs to wear during the clinical experience. If either of these is required, the student is responsible for contacting the clinical facility to identify if there is an expected length of laboratory jacket or a particular color/kind of scrub that is required. Students must comply with Personal Protective Equipment including masking requirements as identified by the agency. Name-tags are to be worn as required by the University/Program and/or the Agency. In some cases, the Agency may provide a specific type of nametag. If a nametag is not provided, students are required to wear their CMU nametag, designating themselves as student physical therapists.

- d. Personal communications such as cell phone, text messaging, email, or accessing social networking sites should be limited to non-clinical hours.
- e. PROFESSIONAL CONDUCT - At all times, the student is expected to:
 - 1. Follow the rules, regulations, and policies and procedures of the physical therapy department and/or the clinical Agency (e.g., confidentiality of patient records and HIPAA compliance, working hours, transportation of patients to and from the department, referral and communication procedures, reimbursement, insurance and documentation procedures, dress code, preparation of treatment areas, standardized treatment protocols/pathways, etc.)
 - 2. Comply with the ethical codes and standards of the APTA, CMU (see Policy of Academic Integrity in Graduate Bulletin), the Program in Physical Therapy, and the clinical facility.
 - 3. Seek to demonstrate and develop the APTAs Professional Core Values: Accountability, Altruism, Compassion/Caring, Excellence, Integrity, Professional Duty, and Social Responsibility.
 - 4. Comply with all applicable state and federal legal codes/regulations.

5. Conduct himself/herself in a safe, respectful, and professional manner in regard to patients, staff, and all individuals with whom they interact in the clinical facility.
6. Respect the integrity and rights of all people.

Non-compliance with any of the above will be taken into account in the student's evaluation. Non-compliance can result in dismissal from the clinical experience, an unsatisfactory grade, and/or dismissal from the Program in Physical Therapy. (See Physical Therapy Student Handbook)

7. Comply with the standards of the agency, university, current health care policy and APTA when using social media. Refrain from engaging in social media activities with patients/clients whom you have become acquainted with during the clinical experience period for the duration and beyond the clinical experience. Further, students engaging in social media activities shall demonstrate appropriate conduct in accordance with the Code of Ethics for Physical Therapist and APTA RC23-12: Standards of Conduct in the Use of Social Media. Students are responsible for understanding the Clinical Agency's boundaries and policies and procedures regarding social networking (e.g., confidentiality of patient information and HIPAA compliance) and are responsible for adhering to them.

f. Student Responsibilities During Clinical Experiences

The student is expected to be an active learner during the clinical experience. Responsibilities of the student include:

1. Understanding the learning objectives of the specific clinical education course and the clinical education site.
2. Review information available about the site and understanding the requirements of the site including policies and procedures.
3. Attend all pre-planning meetings required by the clinical education curriculum .
4. Complete all pre-placement requirements necessary to participate in clinical education when and as requested.
5. Submit clinical placement wish lists as instructed during the placement process.
6. Arrange for housing and transportation related to the clinical education experience.
7. Assume responsibility for all costs incurred for pre-placement requirements, housing, and travel related to participation in each clinical experience.
8. Identify and share personal goals for the specific clinical education experience with the CI.
9. Participate actively in each clinical learning experience.
10. Demonstrate initiative and motivation throughout each clinical learning experience.
11. Complete requirements as identified in the clinical education course syllabi.
12. Provide feedback on clinical education experiences through the various

mechanisms requested by the program and the clinical education site.

13. Demonstrate consistent professional behaviors and conduct in all interactions while engaged in clinical education.

g. Student Rights During Clinical Education Experiences

Students have the right to be treated fairly, with dignity and without discrimination, by all students of physical therapy and faculty/administration from CMU as well as by clinical education faculty and agency personnel. The Department of Physical Therapy additionally embraces belongingness, connectedness, and professionalism as core values. A diverse student body, faculty (academic and clinical), and staff body is critical to safety and to the learning environment and is a much-needed reflection of the breadth of patients and populations for whom physical therapists provide care and services.

h. Absences/Attendance and Punctuality

See Section C.10 for information shared with clinical faculty regarding absences/attendance.

Student absences from clinical experiences are strongly discouraged. Students need to be in attendance during clinical experiences to gain full benefit from the experience. The expectation for full-time clinical experiences is that the student be in the clinic working an average of 38 hours per week with a minimum of 36 hours.

The following definitions and guidelines are designed to assist students and SCCE's/CI's in determining (1) whether absences are "excused" or "unexcused" and (2) the need for and amount of "make-up" time required.

1. Excused absences (for Clinical education II = 8 hours or 1 day; for Clinical Education IV and V = 16 hours or a maximum of 2 days per clinical experience).
 - a. Illness or injury, provided the student calls the Clinical Supervisor/CI or the SCCE who then notifies the Clinical Supervisor/CI. The student is responsible for immediately communicating notification of absence to all appropriate parties at the clinical agency (SCCE and/or CI) to ensure adequate patient coverage/care. In addition, the supervising RCC or DCE should be notified of any absences from the clinical site immediately after the agency personnel have been notified. Notification can be made via phone or email contact.
 - b. When participating in clinical experiences, students must consider the health of those with whom they come in contact. If the student feels he/she has an illness or injury that may be potentially harmful to patients, he/she should not participate in the clinical experience for that day/period.

- c. A student who has a temporary condition (e.g., fracture with severely restricted use of UE or LE) which doesn't allow him/her to engage in the routine practice of physical therapy tasks does **not** fall into the above category. Observation does not replace practice.
- d. If excused absences due to illness or injury exceed the total allotted days or hours, make-up time will be required. Make-up time should be scheduled by the SCCE and/or CI in consultation with the student, the Director of Clinical Education, and/or the Regional Clinical Coordinator. If the clinical education site is unable to offer extended time to the original clinical placement for make-up, an additional placement may be necessary for the student to meet the requirements for satisfactory performance.

If the Director of Clinical Education and/or the Regional Clinical Coordinator observes a pattern of repeated absences within or across clinical experiences that interferes with the achievement of objectives for the experiences, the student will be required to make up missed time or to complete an additional clinical experience.

2. Emergencies (i.e., death in the family) will be dealt with by the SCCE, CI, and Director of Clinical Education/RCC on an individual basis.
3. For Clinical Education IV and V, the 3 mandatory student meetings in regional pods are considered excused absences but do not count toward the allotted excused absences. Typically, the required time away from the clinic for each of these meetings will be one morning or afternoon. If a student is absent from a student regional pod meeting, a remediation activity will be assigned and the student will be required to make up within 2 weeks of the meeting date in order to proceed with the clinical experience.
4. Unexcused absences are any absences of which the CI, SCCE, or Director of Clinical Education or RCC have not been notified; absences for reasons other than those listed above (illness, injury, family or personal emergencies); or absences which result in incomplete, marginal, or unacceptable performance at a clinical facility. Examples of unexcused absences include social events (such as weddings showers, reunions, concerts), NPTE, continuing education, professional research presentations, residency interviews, and job interviews. All unexcused absences, if and only if approved, require make-up time.
 - a. In the event that a student finds it necessary to be absent for reasons other than the reasons listed above, he/she will discuss the reasons for such absences with the Director of Clinical Education and/or the assigned Regional Clinical Coordinator prior to any discussion with the CI and SCCE. Preferably these requests will be presented in advance of the clinical experience and at the earliest known time for the student, but no less than 4 weeks prior to the requested absence. The Director of Clinical Education/Regional Clinical Coordinator will assist the student in

determining if the request is reasonable. If the request is determined to be reasonable, the Director of Clinical Education/Regional Clinical Coordinator, in concert with the student, will then decide who will make a request to the CI and/or SCCE. An example of such a request would be to attend and present the findings of research generated while a student in the program at a professional event.

- b. If the DCE or RCC make a request to a clinical education site for an unexcused absence on behalf of the student, the site retains the right to approve or decline the request and any make-up time or activities.
- c. If the CI and/SCCE approve a requested absence, arrangements will be made by the student for make-up time with the CI and SCCE. During clinical experiences where make-up time is not possible, the supervisor may excuse the student, provided the SCCE, Director of Clinical Education, and/or Regional Clinical Coordinator are notified, the situation is discussed by the above Agency and the Program personnel, and an agreement is reached regarding the absence.

Absences for reasons other than the excused absences listed above are highly discouraged and may be reason for a rating of unsatisfactory performance during a clinical experience. Agencies are not obliged to offer extended make-up time for students.

- d. Length of make-up time is dependent upon the length of time missed and student performance at the time of the absence. Absences which result in incomplete, marginal, or unacceptable performance at a clinical facility require make-up. Missed time may be made up on evenings or weekends if supervision is adequate. If the Clinical Supervisor/SCCE and student so desire, make-up time can be fulfilled at the original facility where time was missed. If this is not acceptable to the clinical education site, an additional placement may be necessary for the student to meet the requirements for satisfactory performance.
- 5. Tardiness is not an acceptable practice in clinical education or in regular clinical practice. If a student is habitually tardy (2 or more episodes) without adequate reason and notification of the SCCE/CI, make-up time will be required and a satisfactory grade for the clinical experience will be in jeopardy.
- i. Lines of Communication During Clinical Experiences

The student's direct supervisor is the individual identified as their CI. Open and timely communication between the student and CI is essential for an effective and successful clinical learning experience. Any questions, issues, concerns, or problems that arise during a clinical experience should first be raised and discussed with the CI. If this communication does not lead to the matter being considered or addressed within a reasonable period of time, then the SCCE for the clinical agency may be contacted. As

an employee of the agency, this individual is in the best position to consider internal questions or issues directly pertinent to the agency or its employees. In consultation with the CI and the SCCE, the SCCE or student may contact the (1) Regional Clinical Coordinator and (2) Director of Clinical Education for the Department in Physical Therapy for further discussion, clarification, and consultation regarding any questions, issues, or matters of concern.

j. Critical Incidents

When a student experiences a critical incident (defined as an injury or potential injury or harm to a patient or the student which requires completion of an incident report and documentation of the event) the student is to follow this procedure:

- a) Students should first report the incident to their clinical instructor and follow the routine/standard procedures of the clinic/agency for documentation, reporting, and follow-up.
- b) Students should report the incident immediately to their assigned RCC to consult regarding how to proceed. If the RCC is not available, a student should contact the DCE.
- c) Students are to write a personal note or journal documenting the incident in as much detail as possible, but de-identified per HIPAA rules, including:
 - date of the incident
 - time of the incident
 - location of incident
 - detailed description of the incident, verbal interactions, course of action, and outcome as they know it.

This personal note should not be included in the patient chart, but should be kept by the student for future reference should it become necessary to recall details of the incident at a later date. Students should send a copy of this to the RCC as soon as possible after the incident, but not later than 24 hours after the incident.

- d) The student should follow all procedures of the clinic related to future handling of the incident and document in their personal papers any dialogue by the patient or clinical site related to the incident. All new or developing issues related to the incident should be reported to the RCC.
- e) The RCC will review the journal and report the incident to the Director of Clinical Education.. The DCE will communicate information to the Office of Risk Management (ORM) giving a description of the incident, date, time, and clinical site.

- f) A file will be started in the ORM in case future action is required.

13. Student Evaluation of Clinical Experience

- a. The student will evaluate the Clinical Education Experience and the Clinical Instructor immediately prior to the completion of the experience. (See APTA's Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction).
- b. The results of the evaluation should be shared with the Clinical Instructor and the SCCE prior to or at the conclusion of the clinical experience. The evaluation report should be returned to the Director of Clinical Education or the RCC with other evaluation forms and materials related to the clinical experience.
- c. It is important to be honest, objective, and constructive when completing the clinical experience evaluation. One student's input may enhance another's future experience and helps the clinical facility in the development of its clinical education program and the clinical faculty in their development as a CI or SCCE.

All evaluation forms (including CPI, PBA, Clinical Experience Evaluation), reflective journals, student activity logs, and any course-required documents are to be returned to the Director of Clinical Education or RCC per syllabi guidelines for the associated clinical education course at the completion of the clinical experience. Failure to return appropriate forms may result in a grade of unsatisfactory/no credit (NC), incomplete (I), or deferred (Z).

14. Unsatisfactory Clinical Performance

- a. Clinical Education II – PTH 634 (1st year clinical experience)
 - 1. The student is required to complete one 6-week full-time clinical experience. The following may result in dismissal from and/or unsatisfactory completion of Clinical Education II:
 - i. Unexcused absences or repeated tardiness without notification. (See Section E.12.i.)
 - ii. Excused absences in excess of the allowed number of hours for the clinical experience. (See Section E.12.i.)
 - iii. Unethical, illegal, and/or unprofessional conduct.
 - iv. Conduct resulting in risk or possible harm to a patient(s).

- v. Failure to follow any of the “Rules for Students while at Clinical Sites” as specified in this manual (Section E.12.).
 - vi. Failure to meet course requirements and objectives as outlined in the Clinical Education II course syllabus.
2. If a student fails to successfully complete Clinical Education II, any or all of the following steps can be taken as determined by the Director of Clinical Education, Regional Clinical Coordinator, and the Physical Therapy Faculty:
 - i. Require make-up time for unexcused and/or excessive absences/tardiness.
 - ii. Additional clinical time in the same or a different facility to improve skills to meet course objectives and requirements (remediate Clinical Education II).
 - iii. Arrange for more didactic work to be successfully completed prior to clinical remediation or additional experience.
 - iv. Require the student to repeat Clinical Education II. This will delay progress in the curriculum.
 - v. Dismissal from the Program in Physical Therapy (See Physical Therapy Student Handbook).
 3. Clinical Education I (Orthopedic Mock Clinic), Clinical Education II, and III (Neurologic Mock Clinic) must be completed satisfactorily before beginning Clinical Education IV.
 4. Students can appeal the decision of the Director of Clinical Education, Regional Clinical Coordinator, and Physical Therapy Faculty by following the University grievance procedure.
- b. Clinical Education IV and V – PTH 832 and 932 (3rd year Clinical Experiences)
 1. The student is required to complete two 14-week terminal, clinical experiences and a pre- and post- clinical experience seminar. The following may result in dismissal from and/or unsatisfactory completion of Clinical Education IV and V:
 - i.) Unexcused absences or repeated tardiness without notification (See Section E.12.i.).
 - ii.) Excused absences in excess of the allowed number of hours for the clinical experience. (See Section E.12.i.)

- iii.) Unethical, illegal, and/or unprofessional conduct.
 - iv.) Conduct resulting in risk or possible harm to a patient(s) or others in the clinical agency.
 - v.) Failure to follow any of the “Rules for Students while at Clinical Sites” as specified in this manual (Section E.12.).
 - vi.) Failure to meet course requirements or objectives as outlined in the course syllabi.
2. The student must have been rated as performing satisfactorily and as functioning at entry level in each of the scored items of the evaluation by the final evaluation of at least one of the two terminal third year clinical experiences in order to pass Clinical Education V. Entry level is specifically defined in the instructions for the Clinical Performance Instrument (CPI).
 3. Should students not be graded as performing satisfactorily overall according to the requirements and according to the PTH 832 Clinical Education IV or PTH 932 Clinical Education V syllabi, the following procedure will be followed:
 - i.) The Director of Clinical Education will, in consultation with the CI, SCCE, Regional Clinical Coordinator, and PT Faculty, determine if another clinical experience or remedial experience should be scheduled immediately or if a review of didactic material is necessary. If a didactic review is considered necessary, the Physical Therapy Faculty will set up a specific remedial plan contract outlining a program of review to be completed within a specified time frame. Another clinical experience or remedial clinical experience directed towards problem areas will then be scheduled following satisfactory completion of the review. If a review is not considered necessary, the Director of Clinical Education will schedule another clinical experience or remedial clinical experience directed toward problem areas and inform the Physical Therapy academic and clinical faculty of this decision. The contract will set out the specific activities, performance criteria, and timeline for activities that must be completed to successfully remediate Clinical Education IV and/or V.
 - ii.) Following the mid-term evaluation of the student on the additional clinical rotation, the DCE and/or RCC and clinical faculty will meet to determine if sufficient progress is being made or if further didactic/or clinical education intervention is necessary.
 - iii.) For a PTH 832 Clinical Education IV remediated experience, if the student meets the course requirements and a satisfactory overall performance

assessment for the final evaluation per the course syllabus, the student will receive a passing grade (CR) for the course and the student may move on to PTH 932 Clinical Education V.

- iv.) For a PTH 932 Clinical Education V remediated experience, if the student meets the course requirements and a satisfactory overall performance assessment for the final evaluation per the course syllabus, the student will receive a passing grade (CR) for Clinical Education V.
- v.) Should the student not achieve the requirements of the course upon remediation, and/or a marginal or unsatisfactory overall performance assessment, then the Physical Therapy Faculty will meet to decide what actions will be taken. The options include:
 - 1.) Advising the student to seek a specialist to deal with specific issues or problems which may be interfering with his/her performance.
 - 2.) Dismissal from the Program in Physical Therapy.
(See Physical Therapy Student Handbook for procedures related to dismissal.)
 - 3.) Under unusual circumstances, retaking of specific physical therapy courses with a repeat of Clinical Education IV or V.

15. Interruption of Clinical Education II, IV or V.

- 1. If the student is unable to complete clinical experiences (or parts of experiences) in a sequential order due to illness, injury, pregnancy, personal or family problems, etc., the following steps will be taken:
 - i. The student (or his/her representative) will notify the Director of Clinical Education, Regional Clinical Coordinator and/or the Clinical Instructor or SCCE. (If the student or representative is unable to notify the Clinical Instructor, the Director of Clinical Education will do so).
 - ii. In the case of physical or mental illness, injury, or pregnancy, the student's physician should notify the Director of Clinical Education in writing of the reason for the student's inability to complete the clinical experience(s) and the anticipated time course for intervention and resolution of the problem or condition if known.
 - iii. In the case of other personal or family problems, the student should document, in writing, the nature and extent of the problem. If the student is receiving

counseling or psychological services, a letter from the counselor or psychologist/psychiatrist may also be necessary to confirm the extent of the problem and describe why/how it interferes with the student's ability to complete their experience.

- iv. The student may be able to continue to take classroom courses even though he/she is unable to participate in clinical education, subject to Physical Therapy Program faculty consideration and approval.
 - v. If possible, the student will meet with the Director of Clinical Education to discuss a possible time frame for future completion of the clinical education experience(s).
 - vi. If possible, the Director of Clinical Education will arrange for the completion of the clinical education experience. If this is not possible, Physical Therapy faculty will meet to discuss the situation and make plans for completion of the clinical experience.
 - vii. If there is an interruption of more than 8 months between the time the student finished his/her classroom course work and the start of the clinical education experiences, the student will be required to complete remedial activities and demonstrate competency in didactic work (e.g., competency exams) and/or retake courses. This decision will be made by the Physical Therapy Faculty.
 - viii. Before resuming his/her clinical experiences, the student will provide the Director of Clinical Education with a written statement from the physician, psychologist, counselor, etc., stating that he/she feels the student is able to resume the clinical education experience without harm to themselves or others. If the reason for interruption of the clinical experience is personal, the student will also submit a written statement on his/her own behalf.
2. At any time in the processes listed in 1. a – h above, the Dean of Student Affairs or the Academic Resource Center/Counseling Center may be contacted for consultation regarding the completion of the clinical education experience.