



# SCHOOL OF PHYSICAL THERAPY

## DOCTOR OF PHYSICAL THERAPY PROGRAM

# CLINICAL EDUCATION HANDBOOK

## 2024-2025

# Table of Contents

<b>Doctor of Physical Therapy Program</b> .....	5
<b>Mission</b> .....	5
<b>Vision</b> .....	5
<b>Our Commitment</b> .....	5
<b>Our Philosophy</b> .....	5
<b>About Accreditation</b> .....	5
<b>Introduction and Overview of Clinical Education</b> .....	7
<b>Goals of Clinical Education</b> .....	7
<b>Glossary of Terms</b> .....	8
<b>Clinical Education Curriculum</b> .....	10
<b>ICE Courses</b> .....	10
<b>FTCE Courses</b> .....	11
<b>Clinical Education Timeline</b> .....	11
<b>DPT Program Plan of Study and Course Descriptions</b> .....	12
<b>Description of ICEs – On &amp; Off Campus</b> .....	13
<b>Description of FTCEs</b> .....	13
<b>Terminal FTCE - Specialty Setting Opportunity</b> .....	13
<b>Description of Other Clinical Experience Opportunities</b> .....	14
<b>Student Responsibilities for Clinical Education</b> .....	14
<b>Clinical Education Seminar (Orientation) Classes</b> .....	14
<b>Expenses/Transportation/Lodging</b> .....	14
<b>Exxat Student Profile, Emergency Contact, and Sharing Other Information</b> .....	14
<b>Health Insurance</b> .....	15
<b>Counseling Services</b> .....	15
<b>Health Status/Physical Examination/Minimal Technical Standards of the DPT Student</b> .....	15
<b>Accommodation</b> .....	15
<b>HIPAA Training</b> .....	16
<b>Blood-Borne Pathogen Training &amp; Exposure Reporting/Post-Exposure Prophylaxis</b> .....	16
<b>Hazard Communication (OSHA) Training</b> .....	16
<b>Sexual Assault Prevention (Title IX) Training</b> .....	16
<b>Immunizations/Titers/Vaccinations</b> .....	16
<b>Tuberculosis Surveillance</b> .....	17
<b>Drug Screen</b> .....	17
<b>Cardiopulmonary Resuscitation (CPR) Basic Life Support (BLS) Training</b> .....	18
<b>Liability (Malpractice) Insurance</b> .....	18
<b>American Physical Therapy Association (APTA) Membership</b> .....	18
<b>Physical Therapist Clinical Performance Instrument (CPI) Training</b> .....	18
<b>Criminal Background Check (CBC)</b> .....	19
<b>Fingerprinting</b> .....	19
<b>Criminal or Civil Convictions</b> .....	19
<b>Professional Behaviors (Generic Abilities) Assessment</b> .....	19

<b>Student Conduct</b> .....	19
<b>Expectations of Students and Clinical Education Faculty</b> .....	20
<b>Professional Expectations as Members of the American Physical Therapy Association (APTA)</b> ....	21
<b>Professional Communication Standards</b> .....	21
<b>Dress Standards</b> .....	22
<b>Attendance</b> .....	23
<b>Conflict Resolution</b> .....	24
<b>Student Progress Committee</b> .....	24
<b>Violations of Professional Behavior &amp; Policy Standards</b> .....	25
<b>Cheating and Plagiarism</b> .....	26
<b>General Student Complaint Procedures</b> .....	26
<b>Reporting Suspected Wrongful Conduct</b> .....	26
<b>FTCE Sites, Placement, Setting Requirements</b> .....	26
<b>Contracted Clinical Education Sites</b> .....	26
<b>New Clinical Education Site Visits/Zoom Conferences/Phone Calls</b> .....	26
<b>Site Setting Type Requirements and Student Rules for Site Selection</b> .....	27
<b>Site Availability and Preparation for Placement</b> .....	28
<b>Site Placement Process</b> .....	28
<b>Developing Current Clinical Sites and Instructors</b> .....	29
<b>Acquiring New Sites and Handling Student Requests for New Sites</b> .....	29
<b>Student Request for a Change in Clinical Placement</b> .....	30
<b>Site Request to Cancel a Student Clinical Placement</b> .....	30
<b>Academic Standards, Grading Benchmarks</b> .....	30
<b>Grading for ICEs</b> .....	30
<b>Benchmarks for ICEs</b> .....	30
<b>Course Remediation for ICEs</b> .....	30
<b>Student Readiness for Entry into FTCEs</b> .....	31
<b>Grading for FTCEs</b> .....	31
<b>Benchmarks for FTCEs</b> .....	31
<b>Course Remediation for FTCEs</b> .....	31
<b>Assignments, Survey Information for ICEs</b> .....	32
<b>Electronic Surveys (CI/Site Development)</b> .....	32
<b>Assignments, Surveys &amp; Midterm Visit Information for FTCEs</b> .....	32
<b>In-service Presentation</b> .....	32
<b>Electronic Surveys (Self-Reflection, Curricular/DCE Assessment, CI/Site Development)</b> .....	33
<b>Other Assignments</b> .....	33
<b>Faculty/DCE Midterm Visit with CI/CCCE</b> .....	33
<b>Rights and Responsibilities of Clinical Education Faculty</b> .....	33
<b>CI &amp; Faculty Clinical Instructor Qualifications</b> .....	33
<b>Expectations of Clinical Education Faculty</b> .....	34
<b>CI &amp; Faculty Clinical Instructor Supervision of Student Physical Therapists</b> .....	34
<b>Expected Attendance of Student Physical Therapists</b> .....	34
<b>Communication Prior to, During, and After the Clinical Experience</b> .....	34

<b>CI Clinical Performance Evaluation of Student Physical Therapist During FTCE &amp; ICE</b> .....	36
<b>Reporting for Lack of Student Progress and/or Concerns for FTCE &amp; ICE</b> .....	36
<b>CI Evaluation of Student Physical Therapist – In-service</b> .....	37
<b>CI Access to PNWU Library Resources</b> .....	37
<b>Other Situations Requiring Student and/or CI/CCCE Action</b> .....	37
<b>Equal Opportunity, Nondiscrimination, and Harassment</b> .....	37
<b>Blood-Borne Pathogen Training &amp; Exposure Reporting/Post-Exposure Prophylaxis</b> .....	37
<b>Injury Reporting</b> .....	38
<b>Rights and Responsibilities of the Director of Clinical Education</b> .....	38
<b>Resources - Information Resources</b> .....	39
<b>General Contact Information</b> .....	39
Appendix A: Negotiated Learning Contract .....	40
Appendix B: Student Request for Change in Clinical Placement Form .....	41
Appendix C: ICE Clinic Performance Rubric and Benchmarks .....	42
Appendix D: Integrated & Full-Time Clinical Experience Benchmarks Graphic Overview .....	43
Appendix E: In-Service Assessment Form.....	44

# Doctor of Physical Therapy Program

## Mission

Educating future physical therapists as movement system experts who will infuse innovative, evidence-informed practice in rural and medically underserved communities throughout the Northwest.

## Vision

Transforming movement and function to revolutionize the health of rural and medically underserved communities.

## Our Commitment

The Doctor of Physical Therapy (DPT) program at Pacific Northwest University of Health Sciences (PNWU) embraces the University's mission. We are committed to educating and training physical therapists in a culture of interprofessional teaching, learning, and scholarship that emphasizes returning to serve rural and medically underserved communities throughout the Northwest.

## Our Philosophy

We believe:

Physical therapists can impact health and health care delivery across the lifespan in rural and medically underserved communities through their unique role as movement experts.

The future of physical therapy practice rests in our graduates continually demonstrating the value of movement and function for health and longevity, translating evidence for practice into action and advocating for access to physical therapy in rural and medically underserved communities.

A student-focused, patient-centered, dynamic, and collaborative learning environment nourished within a culture of empowerment, compassion, innovation, interprofessional collaboration, social justice, and social responsibility will develop future leaders who will launch new visions of physical therapy for future generations.

## About Accreditation

PNWU is institutionally accredited by the [Northwest Commission on Colleges and Universities](#) (NWCCU). NWCCU approved the developing DPT program on May 11, 2021.

Accreditation of an institution of higher education by the Northwest Commission on Colleges and Universities indicates that it meets or exceeds criteria for the assessment of *institutional quality* evaluated through a peer review process. An accredited college or university is one which has available the necessary resources to achieve its stated purposes through appropriate educational programs, is substantially doing so, and gives reasonable evidence that it will continue to do so in the foreseeable future. Institutional integrity is also addressed through accreditation.

Please see PNWU's policy on [Complaints Related to Accreditation](#).

In addition to regional accreditation, the DPT program received state authorization through the [Washington Student Achievement Council](#) (WSAC) on May 7, 2021, and meets the requirements and minimum educational standards established for degree-granting institutions under the Degree-Granting Institutions Act. This authorization is subject to periodic review and authorizes PNWU to offer specific degree programs, including the DPT. The Council may be contacted for a list of currently authorized programs. Authorization by the Council does not carry with it an endorsement by the Council of the

institution or its programs. Any person desiring information about the requirements of the act or the applicability of those requirements to the institution may contact:

### **Washington Student Achievement Council**

P.O. Box 43430

Olympia, WA 98504-3430

<https://wsac.wa.gov/>

[email: degreeauthorization@wsac.wa.gov](mailto:degreeauthorization@wsac.wa.gov)

[Student complaints to WSAC](#)

### **Authorization in Other States**

PNWU is a member of [NC-SARA](#) (National Council for State Authorization Reciprocity Agreements). This is a multi-state consortium that manages oversight of distance education, including clinical experiences in which students may engage outside of Washington. PNWU seeks approval, authorization, or exemption to operate in other states as needed. SOPT students may conduct full-time clinical experiences in all states.

### **Commission on Accreditation in Physical Therapy Education (CAPTE)**

In addition, all entry-level education programs for physical therapists must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). In March 2019, PNWU began the pre-accreditation process by submitting a letter of intent to develop an entry-level DPT program.

The program's Application for Candidacy (AFC) was submitted on June 1, 2021, and was approved by CAPTE on November 2, 2021. The program will undergo further review by CAPTE in the spring of 2025 for initial accreditation; this decision is expected to be rendered prior to the scheduled graduation of the inaugural class in May 2025.

*Effective November 2, 2021, the Doctor of Physical Therapy program at Pacific Northwest University of Health Sciences has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (3030 Potomac Ave., Suite 100, Alexandria, VA, 22305-3085; phone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org)).*

*If needing to contact the program directly, please call 509-249-7709 or email [ptrueblood@pnwu.edu](mailto:ptrueblood@pnwu.edu).*

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

Complaints or inquiries regarding compliance with CAPTE standards or accreditation policies for educational programs in physical therapy may be directed to:

### **Commission on Accreditation in Physical Therapy Education**

3030 Potomac Ave., Suite 100

Alexandria, VA 22305-3085

(703) 706-3245

Email: [accreditation@apta.org](mailto:accreditation@apta.org)

Website: <https://www.capteonline.org/Complaints/>

## Introduction and Overview of Clinical Education

Clinical education is a key component of the overall professional education of the student physical therapist in the Doctor of Physical Therapy (DPT) program at Pacific Northwest University of Health Sciences (PNWU) School of Physical Therapy (SOPT). The clinical education program is coordinated by the Director of Clinical Education (DCE) who assures quality clinical education experiences are assigned appropriately to enhance student learning and achieve outcomes. Clinical education experiences, either integrated clinical experiences (ICEs) or full-time clinical experiences (FTCEs), occur during each of the final seven semesters (eight total semesters) in the curriculum. In total, there are 7.5 credit hours of ICEs and 17 credit hours (34 weeks) of FTCEs.

ICEs are provided either on-campus in the community-based clinic or at an approved off-campus location such as Yakima Union Gospel Mission Medical Care Center (YUGM) and Yakima Neighborhood Health Clinic (YNHC). All of the ICEs are offered in pro bono setting in order to align with the service-learning mission of the PNWU DPT program, with a focus on rural and medically underserved clientele. The ICEs allow students to achieve hands-on learning and apply the most recent didactic content and laboratory skills delivered in the curriculum, under the supervision of a licensed physical therapist. The ICEs begin in the first year of the program, during the second semester, with four of them in total (semesters 2, 4, 5, 7).

FTCEs begin in the second year of the program, during the summer semester, with three of them in total (semesters 3, 6, 8). FTCEs are provided at established and contracted healthcare delivery sites, deemed clinical education sites, under the mentorship of a qualified licensed physical therapist, also known as a Clinical Instructor (CI). Students must attend at least one of the FTCEs in a location that is considered rural or medically underserved area or serves a medically underserved population, in order to align with the mission of the PNWU DPT program. Clinical experiences such as ICEs and FTCEs not only provide students the opportunity to implement psychomotor skills to enhance their learning and delivery of care for patients/clients, but also allow for the development of the professional self. Each clinical experience builds upon prior academic and clinical knowledge to broaden the basis for subsequent clinical exposure. Regardless of whether the policies and procedures are specifically listed within this handbook, DPT students are expected to be responsible for their education and behavior. Students are responsible for adhering to all SOPT and University policies and procedures that affect academic progress. All policies and procedures are subject to change, and students are responsible for staying abreast of these changes. The PNWU Student Handbook, PNWU Student Catalog, SOPT Student Handbook and SOPT Clinical Education Handbook are updated annually and all DPT students are bound to the policies and procedures in the most current editions. The [handbooks](#) and [catalog](#) are available on the [PNWU Student Resources website](#).

### Goals of Clinical Education

Students will:

- promote self-directed learning through self/peer assessment and reflection.
- gain clinical experience which covers the human lifespan in a variety of settings.
- implement didactic knowledge and skills learned in the classroom and labs to patients/clients who will be seen in clinical settings to achieve autonomous practice.
- graduate as generalists who can thrive in a variety of physical therapy settings, especially among rural and medically underserved areas/populations.
- establish the foundation for lifelong learning to pursue specialization and utilize evidence-informed practice for clinical decision making.

For more information on student/graduate outcomes, refer to the current SOPT Student Handbook available on the [PNWU Student Handbook website](#).

## Glossary of Terms

Note: The following terms are based on the [Physical Therapy Clinical Education Glossary](#) developed by the American Council for Academic Physical Therapy (ACAPT).

- A. **Clinical Education (CE):** A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.
- B. **Clinical Education Experience (CEE):** Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities and include physical therapy services for patients/clients across the lifespan and practice settings. Although the emphasis is on patient/client physical therapy skills, experiences may also include interprofessional experiences and non-patient/client service delivery, such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.
- C. **Clinical Education Site (CES):** A health service delivery agency or other setting in which clinical education experiences are provided for student physical therapists. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home that is affiliated with PNWU through a contractual agreement.
- D. **Clinical Instructor (CI):** The physical therapist responsible for the student physical therapist and directly instructs, guides, supervises and formally assesses the student during the clinical education experience. The clinical instructor must be a licensed physical therapist with a minimum of one year of full-time (or equivalent) post-licensure clinical experience in their practice setting.
- E. **Director of Clinical Education (DCE):** Academic faculty member who is responsible for planning, directing, and evaluating the clinical education program for PNWU, including facilitating clinical site and clinical faculty development.
- F. **Center Coordinator of Clinical Education (CCCE):** This term is used interchangeably with Site Coordinator of Clinical Education (SCCE). The individual at a clinical site who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of persons to serve as a clinical instructor for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.
- G. **Full-Time Clinical Experience (FTCE):** A clinical educational experience in which a student applies their professional knowledge and skills in a clinical education site under the direction of a clinical instructor for a minimum of 35 hours/week with an expectation of 40 hours/week.
- H. **Integrated Clinical Experience (ICE):** A clinical education experience coordinated by PNWU in which a student applies their professional knowledge and skills in a variety of environments such as a pro bono clinic, academic classroom, or other setting. Supervised by a licensed physical therapist faculty clinical instructor, these experiences are immersed within didactic courses to explore and apply specific course learning objectives. The integrated experiences are not full-time and therefore do not count toward full-time clinical experience requirements.



**Other terms:**

- I. **EXXAT Clinical Database (Exxat):** This is a web-based database used by the PNWU DPT program to manage and store information related to clinical sites, student clinical placements/compliance requirements, and more. The database also includes an advanced matching system that matches students to clinical facilities according to each student's preferences, required clinical settings, and documented place(s) of residence. Access to Exxat is at <https://steps.exxat.com/account/login>
- J. **Pacific Northwest University of Health Sciences (PNWU):** The University in which the School of Physical Therapy is located, offering the DPT program.
- K. **School of Physical Therapy (SOPT):** Location of the DPT program
- L. **Program Director (PD):** Designated administrator and academic leader of the School of Physical Therapy and the DPT program.
- M. **Faculty Clinical Instructor:** A licensed physical therapist, employed by PNWU, who also supervises students during patient care/management within any ICE course (PHTH 543/644/645/746). They must meet the same qualifications as FTCE clinical instructors.
- N. **Clinical Education Faculty:** Refers to clinical instructors, center coordinators of clinical education, and faculty clinical instructors.
- O. **Physical Therapist Clinical Performance Instrument (CPI) 3.0:** A valid, standardized, electronic tool designed by the American Physical Therapy Association (APTA); it is the mechanism by which PNWU, clinical instructors and students provide feedback on student clinical performance. Both the student and clinical instructor electronically complete their own feedback on the student, sign off on the feedback, and review it with each other. Access to CPI is available at <https://cpi.apta.org>.
- P. **Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSE):** A student evaluation form created by the APTA that is used to evaluate the clinical instructor, clinical site, and clinical experience. The student completes all or portions of the PTSE at the mid-way point and at the end of each clinical experience. The student and CI review and discuss the results of this document which is provided via an online survey format during and just after ICEs and FTCEs.
- Q. **PNWU Connect:** This is a web-based computer program used to track student data from pre-admission through graduation. This program is used by faculty, advisors, and students. As an academic advising tool, it will track a student's progress towards meeting the program learning objectives. The student and their faculty academic advisor/DCE use PNWU Connect to monitor course activity/grades and professional growth. PNWU Connect will also store clinical education faculty concerns and learning contracts. PNWU Connect is available on the [Student Resources](#) webpage.
- R. **Medically Underserved Area (MUA):** PNWU uses Health Resources & Services Administration (HRSA) definition of MUA which states these "are geographic areas where there is a shortage of health services." This definition is found at: <https://www.ruralhealthinfo.org/am-i-rural/help#classification>. PNWU uses the Rural Assistance Center online tool (found at:

<https://www.ruralhealthinfo.org/am-i-rural>) for determining if an address is located in a MUA, as identified in the “Medically Underserved Area (MUA)” section of the report

S. **Medically Underserved Population (MUP):** PNWU uses Health Resources & Services Administration (HRSA) definition of MUP which states these “are groups of people with economic, cultural, or linguistic barriers to healthcare. The factors that influence an MUA/MUP designation include primary care physician-to-population ratio, infant mortality rate, poverty, and elderly population.” This definition is found at: <https://www.ruralhealthinfo.org/am-i-rural/help#classification>. PNWU uses the Rural Assistance Center online tool (found at: <https://www.ruralhealthinfo.org/am-i-rural>) for determining if a MUP is at that location, as identified in the “Medically Underserved Population (MUP)” section of the report.

T. **Rural:** PNWU uses the U.S. Census Bureau definition of rural [used by the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinics Program] which states “rural consists of all territory, population, and housing units located outside urban areas,” per the U.S. Census, 2020, or outside Urbanized Areas (UAs) and Urban Clusters (UCs), per the U.S. Census, 2010. The definition is found at: <https://www.ruralhealthinfo.org/topics/what-is-rural>. PNWU also uses the Health Resources and Services Administration’s (HRSA’s) Federal Office of Rural Health Policy (FORHP) definition of rural, found at <https://www.hrsa.gov/rural-health/about-us/what-is-rural>, which defines it as:

- All non-Metro counties [Metro defined by the Office of Management and Budget (OMB)]
- All Metro census tracts with RUCA (Rural-Urban Commuting Area) codes 4-10 [RUCA codes defined by the U.S. Department of Agriculture’s (USDA’s) Economic Research Service (ERS)]
- Large area Metro census tracts of at least 400 sq. miles in area with population density of 35 or less per sq. mile with RUCA codes 2-3
- All outlying Metro counties without an Urbanized Area (UA) [UA defined by the United States Census Bureau]

For individual lookups, based on these definitions, PNWU SOPT uses both:

- the “FORHP – Grant Programs” section or “CMS – Rural Health Clinics (RHC) Program” of an “Am I Rural?” report (<https://www.ruralhealthinfo.org/am-i-rural>) or
- HRSA’s Rural Health Grants Eligibility Analyzer (<https://data.hrsa.gov/tools/rural-health>).

## Clinical Education Curriculum

### ICE Courses

Year	Term	Semester	Course	Course Title	Credit Hours	Course Hours	Clinic Hours
1	Spring	2	PHTH 543	Integrated Rural Clinical Outreach I	1.5	37.5	30
2	Fall	4	PHTH 644	Integrated Clinical Practice I	1.5	37.5	30
2	Spring	5	PHTH 645	Integrated Clinical Practice II	1.5	37.5	30
3	Fall	7	PHTH 746	Integrated Rural Clinical Outreach II	3.0	75.0	30
Totals					7.5	187.5	120

## FTCE Courses

Year	Term	Semester	Course	Course Title	Credit Hours	Course/Clinic Contact Hours
2	Summer	3	PHTH 600	Clinical Experience I	4.5	360 (9 weeks)
3	Summer	6	PHTH 700	Clinical Experience II	4.5	360 (9 weeks)
3	Spring	8	PHTH 790	Clinical Experience III	8.0	640 (16 weeks)
Totals					17	1360 (34 weeks)

## Clinical Education Timeline

<b>Year 1</b>	Summer		
	Fall		
	Spring	Integrated Clinical Experience (ICE)	PHTH 543 Integrated Rural Clinical Outreach I
<b>Year 2</b>	Summer	<b>Full-Time Clinical Experience (FTCE)</b>	<b>PHTH 600 Clinical Experience I (9 weeks)</b>
	Fall	Integrated Clinical Experience (ICE)	PHTH 644 Integrated Clinical Practice I
	Spring	Integrated Clinical Experience (ICE)	PHTH 645 Integrated Clinical Practice II
<b>Year 3</b>	Summer	<b>Full-Time Clinical Experience (FTCE)</b>	<b>PHTH 700 Clinical Experience II (9 weeks)</b>
	Fall	Integrated Clinical Experience (ICE)	PHTH 746 Integrated Rural Clinical Outreach II
	Spring	<b>Full-Time Clinical Experience (FTCE)</b>	<b>PHTH 790 Clinical Experience III (16 weeks)</b>

# DPT Program Plan of Study and Course Descriptions

SCHOOL OF PHYSICAL THERAPY - PLAN OF STUDY							
Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6	Semester 7	Semester 8
FALL	SPRING	SUMMER	FALL	SPRING	SUMMER	FALL	SPRING
<b>PHTH 500</b> Foundations of Clinical Practice I (3.5 credit hours) 2 hr. lect/3 hr. lab	<b>PHTH 501</b> Foundations of Clinical Practice II (3.5 credit hours) 2 hr. lect/3 hr. lab	<b>PHTH 600</b> Clinical Experience I (4.5 credit hours) 9 weeks full-time clinic (360 clinical hours)		<b>PHTH 602</b> Foundations of Clinical Practice III (3.5 credit hours) 2 hr. lect/3 hr. lab	<b>PHTH 700</b> Clinical Experience II (4.5 credit hours) 9 weeks full-time clinic (360 clinical hours)		
<b>PHTH 505</b> Gross Anatomy (4.5 credit hours) 2 hr. lect/4 hr. lab	<b>PHTH 506</b> Applied Neuroscience (3.5 credit hours) 2 hr. lect/3 hr. lab		<b>PHTH 607</b> Neurological Movement System I (4.5 credit hours) 3 hr. lect/3 hr. lab	<b>PHTH 608</b> Neurological Movement System II (3.5 credit hours) 2 hr. lect/3 hr. lab		<b>PHTH 709</b> Pediatric Physical Therapy (3.5 credit hours) 2 hr. lect/3 hr. lab	
<b>PHTH 510</b> Lifespan Development (2.0 credit hours) 2 hr. lect	<b>PHTH 514</b> Exercise Physiology (2.0 credit hours) 2 hr. lect		<b>PHTH 620</b> Musculoskeletal Movement System I (4.5 credit hours) 3 hr. lect/3 hr. lab	<b>PHTH 621</b> Musculoskeletal Movement System II (5.0 credit hours) 3 hr. lect/4 hr. lab		<b>PHTH 722</b> Geriatric Physical Therapy (3.0 credit hours) 2 hr. lect/2 hr. lab	
<b>PHTH 512</b> Movement Science I (3.0 credit hours) 2 hr. lect/2 hr. lab	<b>PHTH 513</b> Movement Science II (3.0 credit hours) 2 hr. lect/2 hr. lab		<b>PHTH 625</b> Cardiopulmonary Movement System (3.5 credit hours) 2 hr. lect/3 hr. lab	<b>PHTH 626</b> Management of Select Populations I (2.0 credit hours) 1 hr. lect/2 hr. lab		<b>PHTH 727</b> Management of Select Populations II (2.0 credit hours) 1 hr. lect/2 hr. lab	
<b>PHTH 515</b> Intro to Pathophysiology (1.0 credit hours) 1 hr. lect	<b>PHTH 516</b> Applied Pathophysiology (3.0 credit hours) 3 hr. lect						
<b>PHTH 520</b> Professional and Interprofessional Practice I (2.0 credit hours) 2 hr. lect	<b>PHTH 521</b> Professional and Interprofessional Practice II (2.0 credit hours) 2 hr. lect		<b>PHTH 622</b> Professional and Interprofessional Practice III (2.0 credit hours) 2 hr. lect			<b>PHTH 723</b> Administration & Leadership (2.0 credit hours) 2 hr. lect	
			<b>PHTH 635</b> Clinical Reasoning I (2.0 credit hours) 2 hr. lect			<b>PHTH 736</b> Clinical Reasoning II (3.0 credit hours) 3 hr. lect	
	<b>PHTH 543</b> Integrated Rural Clinical Outreach I (1.5 credit hours) .5 hr. lect/2 hr. lab/clinic 30 hrs. patient care		<b>PHTH 644</b> Integrated Clinical Practice I (1.5 credit hours) .5 hr. lect/2 hr. lab/clinic 30 hrs. patient care	<b>PHTH 645</b> Integrated Clinical Practice II (1.5 credit hours) .5 hr. lect/2 hr. lab/clinic 30 hrs. patient care		<b>PHTH 746</b> Integrated Rural Clinical Outreach II (3.0 credit hours) 1 hr. lect/4 hr. lab/clinic 30 hrs. patient care 30 hrs. service learning	
<b>PHTH 545</b> Evidence Informed Practice (3.0 credit hours) 3 hr. lect			<b>PHTH 646</b> Capstone I (1.0 credit hour) 2 hr./wk. lab/ independent study with mentor	<b>PHTH 647</b> Capstone II (2.5 credit hours) 5 hr./wk. lab/ independent study with mentor and PNWU Symposium		<b>PHTH 748</b> Capstone III (1.5 credit hours) 3 hr./wk. lab/ independent study with mentor; Oral defense and SOPT Symposium	
	<b>PHTH 550</b> Clinical Competence in Patient Management I (0.5 credit hour) 15 hrs. lab/ last 4 wks.			<b>PHTH 650</b> Clinical Competence in Patient Management II (1.0 credit hour) 30 hrs. lab/ last 4 wks.		<b>PHTH 750</b> Clinical Competence in Patient Management III (1.0 credit hour) 30 hrs. lab/ last 4 wks.	
<b>19 credit hours</b>	<b>19 credit hours</b>	<b>4.5 credit hours</b>	<b>19 credit hours</b>	<b>19 credit hours</b>	<b>4.5 credit hours</b>	<b>19 credit hours</b>	<b>8 credit hours</b>
Behavioral Sciences Courses		Movement Sciences Courses		Professional Practice Courses		Full-Time Clinical Experiences	

## **COURSE DESCRIPTIONS**

Please see current course descriptions on the PNWU SOPT Curriculum Plan [website](#).

### **Description of ICEs – On & Off Campus**

All four ICEs will provide students the opportunity to practice their clinical skills under the direct supervision of licensed physical therapy faculty clinical instructors.

The Yakima Union Gospel Mission Medical Center (YUGM) and Yakima Neighborhood Health Clinic (YNHC) are the off-campus pro bono centers that will provide two, semester-long ICEs, one held in the spring of year one (PHTH 543) and one held in the fall of year three (PHTH 746). YUGM serves clients who are medically underserved and will provide a setting reflective of the requirements needed to work as a generalist.

The Center for Applied Movement Science (CAMS) is the pro bono and research center located on-campus that will provide two, semester-long ICEs, one held in the fall (PHTH 644) and one held in the spring (PHTH 645) of year two. These ICEs will provide experiential learning for the students as they serve clients in the community who have various movement system impairments.

### **Description of FTCEs**

The three FTCEs within the curriculum are the opportunity to apply classroom didactic knowledge and patient handling skills to direct patient care under the supervision of a Clinical Instructor (CI), who is a licensed physical therapist (PT). Each student is strategically placed at a contracted clinical education site and is assigned by the facility CCCE to an appropriate CI to meet the affiliation objectives. The entire process is managed and overseen by the DCE with critical input from the core faculty.

The early FTCE (PHTH 600) occurs during the summer of year two, after successful completion of the first academic year. This FTCE typically occurs in a location that is rural/MUA or serves a MUP and is generally classified as an inpatient/outpatient or outpatient general setting in order to apply the skills learned in the first academic year. The second and intermediate FTCE (PHTH 700) occurs during the summer of year three, after successful completion of the second academic year. This FTCE typically occurs in any inpatient or outpatient setting, usually the opposite of the type completed during the early FTCE (if PHTH 600 included some inpatient, then PHTH 700 is likely an outpatient) and excluding specialty practice areas (sports/athletes, pelvic health, or wound care). This scheme allows for successful completion of the [site setting type requirements](#) and to assist in providing depth and breadth of setting types and exposure to patients across the lifespan with a mix of diagnoses to produce an entry-level rural generalist. This then allows the student physical therapist to have options for selecting a high interest or a more defined specialty practice area for the terminal FTCE (PHTH 790) in the final semester of the curriculum.

### **Terminal FTCE - Specialty Setting Opportunity**

Opportunity for a specialty clinic FTCE is considered on a case-by-case basis for high performing students (based on prior course GPA and CPI ratings/feedback), with the option to separate the terminal (semester 8) 16-week FTCE (PHTH 790) into 2 separate 8-week experiences. Specialty settings such as performing arts, pelvic health, sports/athletes, or wound care are among these options. Students should request a specialty terminal FTCE via email to the DCE in early January of the second academic year in the program, in order for the DCE to have adequate time to determine student eligibility and request specialty sites during the annual March mailing request for slots. Special consideration is given to those students desiring to apply for a residency/fellowship or actively seeking continuing education or certification courses in the designated specialty area.

## Description of Other Clinical Experience Opportunities

In addition to integrated and full-time clinical experiences, students will have opportunities for service-learning activities that will focus on direct client interaction within the community, as part of these courses: PHTH 543, 644, 645, and 746. Students are required to develop a wellness project in the community as part of Integrated Rural Clinical Outreach II (PHTH 746). Students will also have opportunities to participate in community activities such as PNWU's annual health fair, PT Day of Service, Indigenous Peoples Day and National Physical Therapy Month promoting physical therapy during National Physical Therapy Month. The Student Services committee and/or course directors are responsible for implementing and documenting these activities/outcomes for the program.

## Student Responsibilities for Clinical Education

### Clinical Education Seminar (Orientation) Classes

Students are expected to attend all clinical education seminar classes that are provided by the DCE in order to understand and comply with the clinical education process. Students will be provided with an overview of the SOPT Clinical Education Handbook and all necessary requirements, requiring completion prior to the FTCE/ICE, in order to be timely and successful in meeting all program and site requirements. Completion of all requirements by the due dates will ensure promptness by the DCE in communications with the clinical education sites/faculty. It is imperative for students to follow through in order to ensure a prompt start of the FTCE/ICE, to avoid delay in graduation, and ensure successful completion of all course requirements in order to continue in the program. Students should refer to the SOPT Clinical Education Handbook, seminar materials, course syllabi, and Exxat/Moodle resources for guidance before inquiring about any questions with the DCE. If at any point, the associated clinical education documents do not answer a question or resolve a concern, the student physical therapist should contact the DCE. Sites should not be contacted directly by any student to inquire about partnering or contracting with PNWU for clinical experiences. All clinical education site inquiries will need to come from the DCE or designated faculty.

### Expenses/Transportation/Lodging

All costs related to clinical education (FTCE or ICE) are the student's responsibility (housing, travel/transportation, parking fees, meals, attire, other living expenses, site requirements/onboarding, etc.). Students are expected to have reliable transportation and acquire housing on their own ahead of any clinical experience in order to be prompt with the start date of an FTCE. Students should expect a potential 90-minute drive to/from their place of residence to the FTCE site. There are no guarantees a student will be placed near their local residence and in some cases, will be placed out-of-state in order to meet degree requirements. The DCE will attempt to respect student's personal commitments and desired site location, but often times decisions have to be made indifferently. **Students should anticipate the financial impact of traveling and living out of town for most of their clinicals. Students are expected to provide for expenses incurred during all phases of clinical education.**

### Exxat Student Profile, Emergency Contact, and Sharing Other Information

Prior to each FTCE and ICE, students will complete/update individual student information through the profile section in Exxat. The initial access to Exxat will require students to attest and acknowledge the information placed in Exxat can be viewed by assigned clinical education faculty from each site the student is placed. The Exxat profile includes each student's demographic information, photo, emergency contacts, learning style/feedback preferences, clinical education history, clinical experience/course goals and objectives, and clinical requirements (not limited to immunizations, health insurance, training certificates, CPR, criminal background checks, physical examination approval documents, etc.). Before the start of the FTCE/ICE, the clinical education faculty at the clinical site where each student is assigned will receive access to view the profile of their assigned student. The assigned clinical education faculty will have time-limited access to view the assigned student's profile. It is the responsibility of the student to read the available affiliation agreement with the FTCE site(s) and state practice act, prior to preparing for

site placement, in order to start planning for any site-specific requirements. Students should also view the clinical profile, specific to each FTCE, that is provided to the clinical education faculty. The document outlines the clinical instructor's preparation and expectations for the FTCE, student course/skill preparation prior to the FTCE, and PNWU student FTCE objectives/expectations. A sample of site orientation items are also provided in the clinical profile for the site to use if the site does not have their own specific site objectives upon the student's arrival for the FTCE.

### **Health Insurance**

Please see PNWU's [Student Health Care Coverage](#) policy on the PNWU Health and Wellness webpage. All students must have health insurance at the time of matriculation and maintain coverage throughout the program. The plan and carrier are the student's choice. A copy of the insurance coverage details/card should be uploaded to Exxat (see instructions in Exxat) for sites to access and should be updated by July 1, as coverage changes, or annually as the coverage/card renews. The student is responsible for paying all medical and emergency services, even when off campus at clinical education sites.

### **Counseling Services**

Please see PNWU's Student Handbook [Counseling Services webpage](#) and policy for [Student Mental Health Services](#). To access counseling services, when on or off campus, contact the providers directly via their email addresses which can be found on the PNWU Student Affairs [Counseling Services](#) webpage. Students are asked to schedule appointments at times that do not conflict with their classes or clinical training. However, the student may request permission from Student Affairs for an excused absence in order to meet with a Student Assistance Program counselor during scheduled activities. Such requests will be handled on a case-by-case basis and should be made as far in advance as possible. Students should also follow the [Attendance](#) section guidelines below.

### **Health Status/Physical Examination/Minimal Technical Standards of the DPT Student**

A physical examination may be required of the clinical education sites, and it is the responsibility of the student to complete, pay for, and share the results of that information directly to the requesting site personnel, if the site personnel should need record of this. If the student's health status should change (illness, injury, or condition) and it may affect their ability to participate in clinical education experiences, the DCE should be notified, as professional medical standards need to be verified for participation. Please see the [DPT Minimum Technical Standards](#) expected of the DPT Student.

### **Accommodation**

Under all circumstances, a student should be able to perform the [DPT Minimum Technical Standards](#) in a reasonable independent manner, with or without reasonable accommodation. PNWU does not discriminate against and will provide reasonable accommodations to disabled applicants or students who are otherwise qualified. Please see PNWU's [Accommodation](#) webpage of PNWU.edu and [Accommodations Policy](#) for specific procedures on filling out an application for accommodations through the PNWU Office of Disability Services. Learn more on the [Disability Services](#) webpage of PNWU.edu.

Any accommodation for special needs related to a disability or physical limitation needs to be arranged prior to the FTCE or ICE course. If a student feels an accommodation needs to be made, the DCE should be informed immediately, so options can be discussed for placement. The student must provide proof of documentation of those needs and must be willing to release and disclose the information for accommodations directly to the FTCE/ICE site. Clinical education sites are not employers and as such, they offer accommodations on a voluntary basis. If the site is not able to fulfill these accommodations, another site will need to be coordinated by the DCE.

## HIPAA Training

Please see PNWU's annual [trainings](#) webpage for information on training related to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Students upload the training certificate of completion to Exxat each time training is completed. Students must also comply with the FTCE/ICE clinical education site's policies regarding patient confidentiality and facility proprietary information and confidentiality. Further training may be required by the site.

Patients/clients have a right to refuse to participate in clinical education.

## Blood-Borne Pathogen Training & Exposure Reporting/Post-Exposure Prophylaxis

Please see PNWU's [Liability Insurance and Exposure Risk](#) webpage for sections *Bloodborne Pathogen Training*, *Bloodborne Pathogen Exposure and Post-Exposure Prophylaxis* procedures, and *Procedures for Evaluating the Circumstances Surrounding an Exposure Incident*. Students upload the annual training certificate of completion to Exxat each time training is completed. Further training may be required by the clinical education site.

Students must sign off in Exxat to acknowledge they understand there are associated risks for communicable disease (Hepatitis, HIV, etc.) while performing patient care as a student physical therapist. Incidents of exposure during ICEs or FTCEs should be promptly reported to the DCE and the steps should be followed per the PNWU's [Liability Insurance and Exposure Risk](#) webpage which includes a link to complete the Student Report of Injury form.

## Hazard Communication (OSHA) Training

Please see PNWU's annual [trainings](#) webpage. Students upload the training certificate of completion to Exxat each time training is completed. Further training may be required by the clinical education site.

## Sexual Assault Prevention (Title IX) Training

Please see PNWU's [Sexual Assault Prevention](#) training webpage. Students upload the annual training certificate of completion to Exxat each time training is completed. Refer to the same webpage as it relates to reporting of incidents regarding Title IX and the contact information for the PNWU Title IX Coordinator. Further information is also found in the SOPT Clinical Education handbook section [Equal Opportunity, Nondiscrimination and Harassment](#) for reporting incidents related to these concerns.

## Immunizations/Titers/Vaccinations

Student immunization/titer/vaccination records are located, maintained, and reviewed in Exxat. Records are reviewed by trained professionals via Exxat Approve and/or a PNWU immunization nurse. Students and DCE have access to submitted records within Exxat. Students should be aware that immunization records required by PNWU are also often required for FTCEs/ICEs and should be prepared to present these records when requested by sites. To make the records available to clinical education sites, students should load their immunization records to Exxat, per the instructions in Exxat, and include any applicable completion and/or expiration dates. A delay in immunizations/access to complete and verifiable records may delay the start of a FTCE/ICE.

**Note:** PNWU requirements meet those of regional hospitals and clinics and the Center for Disease Control health care worker general guidelines; clinical education experience sites may require additional vaccinations or titers. The student is responsible for any additional cost and is required to comply. Students will receive reminders through Exxat or Enrollment Services when immunizations need to be updated.

Please see PNWU's [Medical and Immunization Requirements](#) for detailed sections related to Required Immunization/Vaccinations and Recommended Immunizations/Vaccinations. In addition, if the Measles Mumps and Rubella (MMR) is negative upon titer, it is the student's responsibility to notify their clinical site



prior to their clinical experience. Sites may require COVID-19 testing prior to or during the clinical experience to avoid exposure to others in the healthcare facility. Follow site requirements as required. Students must pay for medical and immunization requirements at their own expense. An overview of PNWU required and recommended immunizations/vaccinations is listed below.

#### **Required Immunizations/Vaccinations:**

- Hepatitis B series and quantitative titer
- Tetanus toxoid (TD/Tdap): one Tdap and either a Td or Tdap within last 10 years
- Measles Mumps Rubella (MMR) series and quantitative titer
- Varicella series or quantitative titer
- Influenza: annually in October
- Covid-19
- Tuberculosis surveillance: two-step Purified Protein Derivative (PPD) skin test or Interferon-Gamma Release Assay (IGRA) serum test with annual testing thereafter. See [Tuberculosis Surveillance](#) for further details.

#### **Recommended Immunizations/Vaccinations:**

- Hepatitis A series
- DPT: D-tap or DPT series or adult series of Tdap/Td
- Meningococcal (MenACWY)
- Polio (Type OPV/IPV) series

#### **Vaccination Exception:**

Students may request a vaccination exception for medical or religious reasons by submitting the [Student Vaccination Exception Request](#) form. The request will be reviewed by the PNWU immunization nurse, and the student will be notified of the decision and any follow up actions required.

A lack of any immunization/titer or vaccination record may impact your placement in a clinical facility. Vaccine requirements and eligibility decisions are made by the individual clinical facility. If you are not able to complete requirements for clinical experiences, and therefore, are unable to complete ICEs or FTCEs, you may not be able to meet graduation requirements.

#### **Tuberculosis Surveillance**

PNWU requires annual tuberculosis (TB) exposure testing as recommended by the [CDC](#) as part of a general infection control program designed to ensure prompt detection and treatment of people who have suspected or confirmed TB disease. People who work or receive care in health care settings are at higher risk of becoming infected with TB. At matriculation, a two-step Purified Protein Derivative (PPD) skin test or Interferon-Gamma Release Assay (IGRA) serum test is required with annual testing thereafter. Failure to complete the annual PPD skin test within the 12-month deadline of the one prior, will require a repeat of the two-step PPD skin test. See PNWU's [Medical and Immunization Requirements](#) for a detailed section on Tuberculosis Surveillance Requirements, actions to take after a positive PPD skin test/IGRA serum test and Tuberculosis Screening Following International Travel.

Students may be required by their FTCE/ICE site to have additional immunizations or tuberculosis screening. Students must comply with these requests and pay for them at their own expense.

#### **Drug Screen**

Please see PNWU's [Drug Screening](#) webpage at PNWU.edu and the [Drug and Alcohol Policy](#).

Placement at a FTCE/ICE site may require additional drug screening and may require completion at site specific locations and times. Students must complete these requests in a timely manner in order to meet required completion dates and ensure a prompt clinical start date. If a FTCE site requires an updated drug

screen and does not provide a procedure, the student will contact the DCE for instructions on completing a request for a drug screen via Exxat. A drug screen may be requested following the instructions in Exxat in the Compliance section. The student is responsible to pay for any drug screening and site-specific screening requirements.

All drug screen results regardless of vendor should be uploaded to Exxat and provided to the necessary clinical education site personnel. Any adverse findings in the drug screen report should be reported to PNWU Student Affairs and the chair of the Student Progress Committee (SPC) for review.

### **Cardiopulmonary Resuscitation (CPR) Basic Life Support (BLS) Training**

A certification of CPR/BLS training for health care providers (with automated external defibrillator) is required of all students prior to starting the DPT program and must be kept current throughout all clinical experiences. Students are required to provide proof of compliance through upload of documentation to Exxat. DPT students may take the Basic Life Support (BLS) for health care providers through the American Heart Association, the American Red Cross or American Safety & Health Institute. While many courses appear equivalent, the card must say BLS for Health Care Providers in order to be accepted by clinical sites and must include a physical or in-person assessment. Student physical therapists should renew the course before expiry in order to be current through all FTCEs. Some sites may require specific vendors (often American Heart Association) for BLS training and students will need to comply with those requirements accordingly.

### **Liability (Malpractice) Insurance**

Please see PNWU's [Liability Insurance and Exposure Risks](#) and [Student Clinical Experiences Policy](#). PNWU students are covered with liability insurance only if the students are participating in a course, an officially approved clinical experience, or clinical rotation. Any non-curricular clinical experiences, whether observational or shadowing will not receive academic credit and will not be covered by PNWU's liability insurance. Students may not represent themselves as PNWU students in any way while participating in non-curricular clinical experiences.

If a student is aware of a potential legal liability situation, the dean of student affairs or designee and the DCE must be notified immediately. Progression of any legal liability action is to be detailed in writing by the student and regularly sent to the dean of student affairs or designee.

A copy of the liability insurance certificate may be obtained via Exxat or by emailing the DCE. See the PNWU SOPT [Faculty and Staff](#) website for current program faculty email information.

### **American Physical Therapy Association (APTA) Membership**

DPT students belong to the next generation of physical therapists. APTA's resources will help student physical therapists grow beyond the classroom. As such, students are required to maintain membership in the APTA for the duration of the entire program (three years) by providing membership information to the Academic Coordinator upon request.

APTA membership will provide access to journals, podcasts, scholarships, and helpful information as a student and access to the online Guide to Physical Therapist Practice.

### **Physical Therapist Clinical Performance Instrument (CPI) Training**

APTA requires students using the Physical Therapist Clinical Performance Instrument (CPI) 3.0 for self-assessment and reflection on progress in the clinic to complete a free 2-hour training module and pass the associated assessment with a score of 100%. The module/assessment can be found through the APTA Learning Center. The certificate of completion should be uploaded to Exxat. This training will occur as indicated by the DCE during the first semester clinical seminar course. Students will complete the CPI online tool at midterm and final of the FTCE, due as indicated in the FTCE course syllabus. CIs and faculty

CIs will also be trained in the CPI and use numerical rating scores and descriptions to assess student's clinical performance during each FTCE. The APTA Numerical Performance Scale (6-point scale) from the CPI has been selected as the reference standard for objective quantification. The online CPI tool can be accessed at the link [here](#). A paper version of the CPI performance criteria and rating scale/rubric can be accessed via the APTA website or direct link [here](#).

### **Criminal Background Check (CBC)**

All DPT students must complete a CBC, prior to matriculation and the third year FTCE. New and current students will request the CBC from the Compliance section of Exxat. If the clinical education site requires an updated CBC, aside from the aforementioned, the student will work with the clinical education site and/or DCE to complete the CBC as required. Results of the CBC will be shared with clinical sites via upload to Exxat. The student will assume the cost of background checks. Failure to meet any CBC requirements by the deadlines may result in a delay of FTCE/ICE and/or graduation.

Notification from PNWU that a prospective student is denied enrollment, or a currently enrolled student is denied participation in a clinical experience due to CBC findings will be provided by certified letter and secure email to the student from Student Affairs. PNWU will review CBC findings with felony/misdemeanor charges for severity, frequency/pattern, time period, rehabilitation, unprofessional behavior, accountability, and outcome. The student should investigate possible consequences on future licensure.

The CBC search may include, but not be limited to, sources such as the following: Social Security Number Trace, Washington State Patrol Criminal Background check, Criminal Histories Background check, Nationwide Wants & Warrants, HHS/OIG list of excluded individuals, GSA list of Parties Excluded from Federal Programs, Consumer report information related to character, general reputation and credit that may be subject to the Fair Credit Reporting Act, Sex Offender Background check, Anti-Terrorism, USA PATRIOT Act Sanctions.

See PNWU's [Student Conduct](#) webpage for CBC information and procedures for Challenging Results of the CBC.

### **Fingerprinting**

Additional background checks and/or fingerprinting, as required by clinical sites, may be requested, and the student is responsible for completing these and paying for any associated fees. Failure to meet any fingerprinting requirements by the deadlines may result in a delay of FTCE/ICE and/or graduation.

### **Criminal or Civil Convictions**

Please see PNWU's Criminal or Civil Convictions section of the [Student Conduct](#) webpage.

### **Professional Behaviors (Generic Abilities) Assessment**

The Professional Behaviors (Generic Abilities) Assessment will be completed prior to each FTCE (during academic advising) and lastly at the exit interview. This self-assessment uses the Generic Abilities tool (developed by the University of Wisconsin-Madison) to provide self-reflection of the student's own behavioral criteria to meet professionalism standards. The form will be made available to the student physical therapist via email as part of academic advising and should be turned in to and discussed with the student's faculty academic advisor. This information is stored in PNWU Connect. The expectation is to see progression on each of the items with each subsequent completion.

### **Student Conduct**

Please see PNWU's [Student Conduct](#) webpage related to the [Ethical Conduct policy](#), [Student Rights and Responsibilities policy](#), [Due Process Policy](#), [PNWU Honor Code](#), [Student Professionalism](#), [Student Misconduct](#), [Communication](#), and [Netiquette](#).

## Expectations of Students and Clinical Education Faculty

The DPT program at PNWU is demanding and strenuous for both students and faculty. Working in harmony is essential to ensure the greatest benefit to all. To promote smooth and efficient operation of the clinical education program, there must be a commitment from faculty and students to work together and clearly define expectations of behavior. The following expectations are identified for *both students and clinical education faculty during ICEs and FTCEs but the site's policies may be more strict and should be followed, if so:*

1. Be prepared to begin class/clinic on time. Tardiness is disruptive and disrespectful.
2. Be clean and neatly dressed. (See SOPT Clinical Education Handbook, [Dress Standards](#))
3. Attend entire class, lab, or clinic period assigned, and make good use of time.
4. Use class/clinic time for material specific to that course/clinic and no other courses/clinics.
5. Use no-spill cups while in the classroom and keep the area clean. No food/beverages are allowed in the Center for Applied Movement Sciences (CAMS) lab (WAT 115). Bottled water is acceptable for students and clients. See clinical education site policies and abide by strictest policy.
6. Wipe down tables/surfaces in the labs including CAMS after each use.
7. Do laundry. Dirty laundry needs to be placed in appropriate location. Laundry sign-ups will be handled by class president.
8. Be attentive in class/clinic. Lack of attentiveness or superficial chatting leaves the impression that one is not interested, or at the very least, demonstrates a lack of attention regarding professional behavior.
9. Do not use cell phones or other electronic listening devices during class/clinic, unless directly related to the class/clinic.
10. Do not use personal computer or iPad for activities not directly related to the class content/clinic.
11. Be careful when asking questions in the classroom/clinic setting. Care should be taken to avoid creating an antagonistic impression and should be appropriate for patient/clients to hear.
12. Do not miss class/clinic. See [Attendance](#) section.
13. Do your best. Strive to keep current with class/clinic topics and assigned materials. Learn as you go rather than memorize at the last minute as mastery of all content is required for subsequent course success.
14. Be sensitive to others. Through your actions, demonstrate sensitivity and cooperation for students, patient/clients, clinic personnel, and faculty.
15. Always resolve conflict in a timely manner. When a need to discuss a concern with a CI member arises, please do so, as soon as possible. If a resolution cannot be mutually agreed upon, email/consult with the DCE for FTCEs or the course director for ICEs.
16. Accept responsibility for maintaining classrooms/clinics and laboratories in a neat and clean condition.
17. Do not abuse equipment. It is expensive and difficult to replace.
18. Accept responsibility for learning and respect the rights of others with whom you will be associated.
19. Keep current on policies and procedures of both the University and the program. All handbooks are updated on an annual basis and students will be required to acknowledge their understanding by signing a SOPT [Annual Student Attestation form](#) and acknowledge having read and agree to the clinical education attestation in Exxat.
20. Know the copyright policy. Faculty and students are supportive of, and comply with, the [Copyright Policy](#).
21. Know the [Policy on Sexual Harassment](#). Faculty and students are supportive of and comply with it.
22. Be professional at all times including any use of social media. Keep in mind these are public media sources and students should not post inappropriate and/or unprofessional postings, regardless of privacy settings. Students should be conscientious of their professional reputations when interacting via social media, and be thoughtful about the messages and photos posted, remembering that those words or images might reappear elsewhere in a context different than the one in which they were originally posted. Things said on personal social media pages could be

interpreted as representing the opinions or practices of the program and/or University, even if that was not the intent. The safest bet is to act (and post) professionally at all times, using conservative language and professional etiquette.

- Posting pictures or information about a patient on social media is strictly prohibited and is considered a violation of professional conduct. This includes references to the patient's family, employment, relatives, conditions, locations of treatment, or any circumstances surrounding the patient's situation. This could potentially violate patient privacy and HIPAA guidelines. Posting pictures or information about a patient may result in immediate dismissal from the FTCE. Students should only use cell phones and electronic devices during approved breaks (e.g., lunch). Professionalism should extend to social networking sites and other user-generated media. Avoid postings that might be contrary to state and federal laws or university policies such as those dealing with privacy issues (FERPA and HIPAA).
  - Individuals will be held responsible if they are discovered doing something illegal on social networking sites. Be aware that PNWU staff may monitor social networking sites on occasion and egregious unprofessional postings (including negative comments about other students or clinical site/school personnel) could lead to disciplinary actions. Students should look out for their peers - if their posts are alarming, tell someone (faculty, program director, class president, police). Unauthorized use of PNWU's logo is expressly prohibited.
23. It is expected that all students at the doctoral level will consistently participate across all class/clinic activities. The goals of participation are to 1) facilitate development of critical thinking skills, 2) facilitate development of oral communication skills, 3) enhance students' understanding of content and how to apply it to every day clinical practice, 4) provide a professional environment that encourages questions and discussion, and 5) to enhance other's understanding of content areas.
24. All students are required to have a PNWU email account, and it is their responsibility to check it daily, as all announcements and communications from faculty/DCE and the DPT office are via PNWU email. Students should be professional in all communications by email with faculty, staff, and other students.

### **Professional Expectations as Members of the American Physical Therapy Association (APTA)**

In addition to maintaining APTA membership, while enrolled in the DPT program, students should know and adopt APTA's nine core values:

- |                      |                          |
|----------------------|--------------------------|
| 1. Accountability    | 6. Excellence            |
| 2. Altruism          | 7. Inclusion             |
| 3. Collaboration     | 8. Integrity             |
| 4. Compassion/Caring | 9. Social Responsibility |
| 5. Duty              |                          |

These core values are described in more detail on the APTA website: [core values](#).

Students will observe appropriate codes of conduct per the APTA Guide for Professional Conduct and the Code of Ethics as well as the appropriate state physical therapy practice act in all interactions with academic and clinical education faculty, staff, students, employers, patients, families, and research subjects. This expectation includes conduct in off-campus personal or employment situations in which the student may potentially be in violation of these codes of conduct. The [Guide for Professional Conduct and APTA Code of Ethics](#) can be found at the APTA website.

### **Professional Communication Standards**

As a professional doctoral program, we will strongly encourage and facilitate the use of more formal and professional language in our classrooms and clinical environments. We believe this enhances

professional success. Differences in opinion are expected and should be discussed in a collegial manner. Please note: Academic faculty and clinical education faculty are to be addressed as *Professor* and/or *Doctor*, when it applies. Students should avoid the practice of referring to faculty by their last/first names only.

Timely communication, feedback, and assignment submission is considered a professional standard and should be a priority by the student during the FTCE/ICE. Students should check their PNWU email daily and respond to emails as soon as possible. Further, students should conduct themselves in accordance with the [Student Conduct](#) webpage at PNWU.edu. Failure to adhere to any of these documents, communication or confidentiality standards is considered grounds for academic misconduct and will result in a referral to Student Progress Committee (SPC) and may result in dismissal from the program. See the information on procedures of the SPC as outlined in the SOPT Student Handbook available on the [PNWU website](#).

## Dress Standards

Students will observe published codes of dress and appearance as requested by clinical education faculty and staff and facilities conducting clinical experiences, including proper clothing to permit practice of evaluation and treatment techniques. The student's clinical attire must be clean, neat, and professional in appearance, safe, comfortable, non-binding, and acceptable to clinical education faculty. Students are instructed to follow the dress code of the clinical facility to which they have been assigned, which may be more restrictive, but should use the program's dress code as a minimum standard, as follows:

FTCEs require professional business casual attire and PNWU or site-specific name tag that is easily identified on the upper torso. Students should follow the same guidelines for ICEs but wear their PNWU DPT polo shirt.

### Unacceptable Clothing and Appearance:

- A. Tights, leggings, skinny pants, denim jeans, designer or otherwise, leather, sweats/jogging material, shorts, hats, t-shirts with logos, or clothing in disrepair.
- B. Inappropriate or unsafe footwear (i.e., heels, sandals, open-toed or cloth shoes).
- C. Sheer, lace, or low-cut shirts or pants. Midriffs and backs should not be exposed when still or during activity.
- D. Excessive styles of jewelry.
- E. No perfume, cologne, or shaving lotion. Avoid fragrances.

### Personal Hygiene:

- A. Be considerate of other classmates and patients. Students should strive to be clean, well-groomed, and attentive to their personal hygiene whatever the occasion.
- B. When treating patients, long hair should be pulled out of the way, so it does not interfere with their work. A day-old beard does not present a positive image to the public or endear them in the eyes of other professionals with whom they work.
- C. Long fingernails, artificial fingernails, or faceted rings are unacceptable in clinics as they may scratch patients during the course of treatment and are documented sources of infection.

Non-adherence to the above expectations of dress and hygiene may result in being asked to leave the facility with notification to the ICE course director and/or DCE. Further, repeat concerns could result in a referral to the Student Progress Committee and could affect overall academic success in an ICE or FTCE. It is best to plan ahead to avoid such an inconvenience.

## Attendance

Attendance is required during all clinical education experiences and students are expected to arrive on time or early. During FTCE, students are expected to follow the CI's work schedule regarding hours worked (typically average 40 hours/week), including holidays and weekends. Expectations for scheduled hours should be clear and discussed at the beginning of the FTCE. Any concerns should be brought to the attention of the DCE. Students will follow the ICE course syllabus and schedule for required attendance in the clinic. Multiple days of tardiness to any ICE or FTCE could result in referral to SPC.

- **For all absences from an ICE**, the student must follow the rules outlined in the Attendance section of the SOPT Student Handbook on the [PNWU website](#) and/or the course syllabus. Students must submit the [Time Away Request form](#) in advance, when possible.
- **For all absences from a FTCE, the student must:**
  - 1) Notify the CI or CCCE prior to the beginning of the day, via email and text.
    - Include the reason for missing and a plan for returning to clinic.
  - 2) Notify the DCE at the beginning of the day via email (just cc on email to the CI/CCCE)
  - 3) Submit a Time off Request in Exxat for the specific clinical experience, which automatically notifies the DCE and/or designated program support personnel and the CI via email. A plan should be in place for make-up time as necessary and should be indicated on the time off request.
  - 4) **Follow the guidelines below regarding make-up days:**
    - **For absence(s) due to illness/emergency:** Students who miss clinic hours due to illness or a family emergency will need to make up the hours in a way that fits the clinical site schedule.
    - **For absence(s) due to inclement weather:** Students are expected to exercise good judgment regarding safety. In the event of inclement weather, students are expected to adhere to the inclement weather policies of the assigned clinical site. Therefore, the student is expected to make a reasonable effort to attend if the facility remains open. Students will NOT follow the inclement weather closings by the University during FTCEs. The make-up policy regarding inclement weather is as follows:
      - **If a student misses one day due to inclement weather and the facility was closed:** The CI and CCCE of the clinical site will determine if the student is required to make up the hours. The decision to make up the hours should be based on the student's performance, the number of hours the student has already missed (if any), and overtime hours the student may have already worked/trained.
      - **If a student misses one day due to inclement weather and the facility was open:** The CI and CCCE of the clinical site will determine when the student is required to make up the hours.
      - **If a student misses more than one day due to inclement weather:** All hours beyond one day (regardless of whether the facility was open or not) must be made up in a way that fits the clinical site/CI schedule.
    - **Absence(s) for any other reason:** In general, non-emergency absences will not be approved. However, if a student must be absent for any reason other than illness, a family emergency, or inclement weather, the student must receive approval from the CI and DCE beforehand. If the DCE deems the absence excusable, permission to be absent must next be granted from the CI and/or CCCE at the facility. Any missed hours must be made up in a way that fits the clinical site/CI schedule.
    - **Jury Duty:** A student selected for jury duty should contact Student Affairs and the DCE, if they wish to be excused. A letter will be provided for the student to submit to the judge. There is no guarantee that the student will be excused.
  - **Expectations Outside of Clinic Hours**

In order to be successful in the clinic, students should also expect to prepare and/or follow up on clinic activities outside of set clinic/patient schedules. It is not unreasonable to spend a couple

hours daily outside of the clinic to prepare for new patient diagnoses, treatments, research new evidence, or review/study.

- **Requesting Leave or Withdrawal and Readmission**

Please refer to the SOPT Student Handbook, sections 1) *Requesting Leave or Withdrawal* and 2) *Readmission*, located on the in addition to the PNWU [Student Leave of Absence Policy](#), [Student Withdrawal Policy](#) and [Student Readmission to Educational Program Policy](#). Further, student disclosure of pregnancy status to program personnel is strictly voluntary. However, any student who is pregnant, ory become pregnant, or adopts is encouraged to discuss it with their advisor and DCE/Course Director as it relates to attendance/enrollment in clinical education experiences. A student may consider options, including a request for an [Accommodation](#) through PNWU Office of Disability Services or [Medical Withdrawal](#).

## Conflict Resolution

If, for any reason, a student feels the clinical experience is not meeting their educational needs, it is the student's responsibility to act. This applies even in situations in which the issue is perceived as a "personality conflict" between parties.

- For FTCE: Assistance in identifying and resolving the issue should first be sought from the CI. If discussing the issue directly does not lead to a resolution, the student is encouraged to consult with the CCCE.
  - Students, CIs, CCCEs are encouraged to contact the DCE at any time during this process. The DCE can serve as an impartial third party who can serve as a mediator. If necessary, a site visit will be arranged with the individuals involved. In most cases, issues can be resolved either through mediation and potential use of a weekly planning form or implementation of a Negotiated Learning Contract ([Appendix A](#)) that is mutually agreed upon by the clinical site (CI and/or CCCE), student, and the DCE. The DCE (and potentially academic advisor) will support the CI/CCCE and student in outlining clear behavioral objectives. If a student is required to successfully complete a Negotiated Learning Contract and doesn't, the CI and/or CCCE can request termination of the experience. The DCE will then meet with the student to discuss remediation and reassignment as well as referral to the Student Progress Committee, specifically if the student is identified as lacking or not following professional behavior standards.
- For ICE: Assistance in identifying and resolving the issue should first be sought from the student's assigned faculty clinical instructor. If discussing the issue directly does not lead to a resolution, the student is encouraged to consult with the course director. If concerns are still present after discussion with the course director, the Student Progress Committee should be notified.
- Appropriate records will be maintained in Progress IQ for all student or CI/CCCE/faculty physical therapist concerns brought to the attention of the DCE/ICE course director.

## Student Progress Committee

The Student Progress Committee (SPC) serves to organize, plan, and implement all activities relative to retention of students in the DPT program. The SPC is not punitive, it is a means by which the faculty are able to work with a student who is having difficulty within the program to help the student achieve success both academically and professionally.

The committee charges will include but not be limited to:

- Monitoring academic and clinical performance of all students enrolled in the program.
- Monitoring professional behavior standards of all students enrolled in the program.
- Providing advising regarding academic status to students who are in jeopardy.
- Providing commendations to students who have excelled academically in the DPT program.

Comprised of three faculty members in addition to the Program Director (PD)/DCE (ex officio), the SPC members share the responsibility to review academic and professional behavior performance to assure



students are equipped to progress to the next semester's course of study academically and professionally. This committee may also:

- Assist the student in succeeding through development of a negotiated learning contract.
- Help to develop remediation plans.
- Counsel, support, and look out for the well-being of the student.
- Answer questions the student might have about program processes and requirements.
- Consult with PD and faculty regularly when there is a student concern.

The SPC, in consultation with the student, faculty, PD, and DCE will develop a plan for any student on warning or probation related to any academic or behavioral concerns.

SPC may request a meeting with the student for any of the following reasons:

- Unprofessional behavior including missing department events, arriving late, leaving early without prior consent from the instructor, or turning in late assignments.
- Unprofessional communication or demeanor with peers, University, community, or instructors/faculty members.
- Unprofessional communication or behavior with patient/clients or clinical education faculty.
- Mid-semester grade below C in any course (or below a B in ICes).
- Academic warning.
- Failure to progress in timely manner for capstone project.
- Remediation concerns.
- Failure to progress in a timely manner for FTCEs or significant concerns identified by clinical education faculty/DCE.
- Noted behavior change on the student's part or evidence of distress.
- Failure to meet with faculty academic advisor once a semester.
- Accusations: cheating, plagiarism, questionable or adverse findings on a drug screen.

The SPC reports to the PD. In the case of a disciplinary action recommendation where the SPC recommends dismissal from the program, the student will meet separately with the PD prior to a final decision. The PD will issue the final decision, after receiving input from the DPT core faculty, and the student will be notified in writing of the disqualification. The student shall have the opportunity to appeal the decision by submitting a [Petition for Readmission of Disqualified Student](#).

### **Violations of Professional Behavior & Policy Standards**

Any academic or clinical education faculty member, academic or clinical staff member, student, employer, patient, family member or research subject may bring a complaint about a current SOPT student to the SPC. The SPC will meet to review violations of the professional behavior policy and may take any or all the following actions in response:

1. Acknowledge and record the complaint and issue a verbal warning to the student with documentation to the student, the student's advisor, the PD and to the SPC. A faculty member may issue a verbal warning to the student with proper documentation as stated above, in lieu of the committee.
2. Advise any faculty member who considers the student's conduct to be seriously disruptive of the instructional setting (i.e., using cell phone or computer for non-class related work) to immediately inform PD. The faculty member should also provide documentation to the student's advisor, the PD and the SPC.
3. Write a letter of warning to the student indicating the nature of the reported incident, a clarification statement or review of the program policy and the expected change in behavior, with copies to the student's advisor, the PD, and the SPC.
4. Place the student on probation in the DPT program for one semester. Inform the student in writing, indicating the nature of the reported incident, a clarification statement or review of the program policy and the expected change in behavior, with copies to the student's advisor, the PD, and SPC.

The student must demonstrate the expected change in behavior to be released from probation by the SPC within the allotted timeframe given by the Committee. It will be up to the Committee to determine if the student is allowed to advance to FTCE. All coursework must be completed in sequence, therefore, if the student is not allowed to proceed to their clinical experience, they could be delayed in completing the DPT program. Further incidents which violate the professional behavior policy may result in disqualification from the DPT program.

5. Take action to dismiss the student from the DPT program.

Refer to the SOPT Student Handbook on the [PNWU website](#) for Applying for Readmission to the DPT program.

### **Cheating and Plagiarism**

Refer to the SOPT Student Handbook, Cheating and Plagiarism section, on the [PNWU website](#). Students show know and follow the PNWU [Copyright Policy](#).

### **General Student Complaint Procedures**

The DPT program treats all student complaints seriously and is committed to ensuring that all complaints are resolved quickly, using a clear and fair process that is impartial and in the best interest of the parties.

Depending on the seriousness or timeliness, general program complaints/concerns or suggestions from the cohort should be addressed with your faculty liaison (during your class meetings) or with the Program Director (in writing). If the Program Director feels it is helpful for finding a resolution or to receive more clarity, the class president (or appropriate representative) will be invited to the next faculty meeting for further discussion with the entire faculty. If these steps do not resolve the issue or concern, then student's should make a formal complaint using PNWU's procedures as outlined by the [Student Complaints of Program Integrity](#).

### **Reporting Suspected Wrongful Conduct**

Please see PNWU's policy and procedures for [Reporting Suspected Wrongful Conduct](#) related to violations that are illegal, fraudulent, or in violation of [University policy](#), [Code of Conduct](#), or procedures.

## **FTCE Sites, Placement, Setting Requirements**

### **Contracted Clinical Education Sites**

Each student is strategically placed at a clinical education site and is assigned by the facility CCCE to an appropriate CI to meet the course and site objectives. Each site has a contractual agreement with PNWU and the DCE maintains the contracts, annually. New sites are established by the DCE in order to meet the needs of PNWU, the program, and its' students. Contractual agreements describe the rights and the responsibilities of each component of the clinical education process. These agreements, which are legally binding documents, must be in place prior to the student beginning the FTCE. Students should review the details of their site-specific expectations in the contract, within Exxat, prior to placement selection.

### **New Clinical Education Site Visits/Zoom Conferences/Phone Calls**

Annually, the DCE or designated academic faculty will visit a group of clinical education sites with priority given to newly contracted sites, sites not used recently, or those sites with poor ratings and/or concerns identified from the electronic post-clinical student survey (*Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction*). The DCE or academic faculty have a goal to visit each student at a FTCE site at least one time during the Program. Additional visits/calls will be completed as deemed necessary, in order to promote successful completion of the clinical, at any point during the FTCE.

## Site Setting Type Requirements and Student Rules for Site Selection

In order to achieve the goals and align with the outcomes and mission of the Program, students are advised to select clinical education sites that provide a range of experiences across the continuum of physical therapy care and human lifespan. The sites will be noted as rural and if considered a MUA and/or MUP. Setting types will be listed as follows:

Setting Type 1 (require 1)	Setting Type 2	Setting Type 3	Description:	
Rural, MUA, or MUP	Require 1	Inpatient/Outpatient	General	Caseload is in more than 1 setting type such as inpatient acute and outpatient general, sees a variety of ages/diagnoses
		Inpatient	General	See a variety of inpatient types (acute, subacute, ICU, etc.), ages, and diagnoses
	Acute*		Primarily sees the adult population	
	Subacute/SNF/LTC		Skilled nursing facility/Long-term care/transitional care unit	
	Rehab- Neuro*			
	Rehab-Cardiopulmonary*			
	Rehab-General*			
	Inpatient	Pediatrics*	Primarily sees the pediatric population but may be in a variety of inpatient settings (acute, ICU, etc)	
		ICU*	Primarily sees the adult population	
	Require 1	Outpatient	General	See a variety of ages/diagnoses – neuro, ortho, etc.
	Outpatient	Orthopedics	Majority of caseload is orthopedic diagnoses	
		Orthopedics/Sports	Mix of orthopedics and a mix of athletes/non-athletes	
		Rehab*		
		Home Health		
		Pediatrics*	Further classified as either facility based or school-based	
		Pelvic Health	More than 50% of caseload is pelvic health diagnoses/conditions	
		Hand	More than 50% of caseload is hand/wrist-specific diagnoses/conditions	
	Other	TBD		
	*Indicates setting type that can only attend once (unless DCE approves)			

Students are required to complete at least one FTCE in a location that is considered rural, a MUA or serves a MUP. Refer to the [glossary of terms](#) for descriptions and tools used by the DCE to determine if a location is rural, a MUA, or serves a MUP. Students must complete at least one FTCE in an inpatient setting (inpatient/outpatient also counts) and at least one in an outpatient general setting. Other rules in determining an appropriate FTCE site for each student include the following:

- Students may not do a FTCE at a clinical site where they are currently or have been recently employed unless the setting type of the FTCE is different and distinct from the employed setting type. For example, if employed in inpatient rehab, the student could not do a FTCE in inpatient rehab at that site but could do one in outpatient orthopedics.
- Students may not do a FTCE at a clinical site in which they have agreed to work upon graduation from the DPT program.

- Students are not allowed to do a FTCE where the student has a relative (grandparent, parent, or sibling) that is employed in the same Physical Therapy or Rehabilitation Department or setting of a PNWU FTCE site.
- The DCE reserves the right to make FTCE assignments due to the special needs or circumstances of the student and to assure meeting Program requirements.
- **Under *no circumstances* should a student contact a clinical education site or a CCCE to request or initiate a clinical experience and/or contractual agreement.** This is a rule adopted by APTA, nationally. Any contact with clinical sites is to be initiated by the DCE or designated academic faculty.
- Due to a limited number of clinical sites within the acute, ICU, pediatrics, and neuro rehab settings, students may not repeat a clinical experience within those settings, unless the DCE specifies otherwise. These setting types are designated with an asterisk in the table above.

### Site Availability and Preparation for Placement

PNWU has clinical education agreements with numerous facilities across the region and nationally. Annually, on March 1st, clinical education sites with PNWU agreements receive a notice requesting a commitment for FTCEs for the following calendar year. Some sites have specific processes that are followed as well.

All contracted CE sites are housed in Exxat. In order to prepare for FTCE placement and make slots available for students to select from in Exxat, a list of available contracted CE sites and the designated PT setting type (e.g., outpatient (OP), pediatrics, inpatient (IP) rehab, acute care, rural, medically underserved area, medically underserved population, etc.) is provided to the students in order to be mindful of the required setting types. Students are encouraged to research the contracted CE sites by reviewing the clinical site information available on the APTA Clinical Site Information Form (CSIF) on the [CPI website](#). Staffing patterns, facility hours, types of patients treated, etc., may have changed since the completion of the CSIF and students should consider this when reviewing materials. Other related information to the site is available in Exxat and by searching the site on the internet. The students submit a Slot Wishlist laying out their desired clinical sites prior to placement. Students are encouraged to consider all housing/travel options available to the student to reduce the financial burden, when possible. Once the Slot Wishlist is completed, the DCE will work to align available clinical education site slots with desired requests. This may include the DCE acquiring additional contracts/sites. Once the DCE feels the available list of clinical slots is sufficient, students have time to research the available slots/sites before officially completing the Placement Wishlist in Exxat. The process sets the stage for the actual placement process.

Students should note that sites frequently affiliate with several academic programs. Therefore, sites may not always be available to accept students from PNWU for each FTCE. Students should never reach out to a site to request taking a student for a FTCE; coordination with all sites should be handled solely by the DCE and designated academic faculty/staff.

### Site Placement Process

- In Exxat, the Placement Wishlist allows students to rank their top preferences/sites, based on the available slots, for the upcoming FTCE placement. For each FTCE, students are assigned to CE sites via a matching system using the Exxat online database. The matching process algorithm for assigning students to clinical education sites is designed to take into consideration students' preferences. In Exxat, students are able to select their "wishlist" of sites for placement from the available list of slots for the FTCE. An algorithm built within Exxat will generate a list of matched sites for each FTCE for the student. The DCE reviews the auto-placements and determines final decisions for placement, in consultation with the PD and core faculty.
- Site placement will occur as follows:
  - Year I students – October/November – for summer PHTH 600 Clinical Experience I
  - Year II students – September/October – for summer PHTH 700 Clinical Experience II

- Year III students – June/July – for spring PHTH 790 Clinical Experience III
- Students will acknowledge commitment and acceptance to the FTCE site via Exxat, prior to notifying sites.
- Sites/CCCEs acknowledge commitment and acceptance of the student placed at the site via email from Exxat.

### **Developing Current Clinical Sites and Instructors**

The Clinical Education Program continuously seeks to develop clinical education sites to provide students with the best possible clinical experiences. Feedback on sites and CIs is completed in the form of electronic surveys (including the PTSE form) completed by the student after each ICE/FTCE and by academic faculty/DCE during midterm clinic visits for FTCEs. All sources of feedback are considered for determining the need for developing the site's clinical environment or the CI's teaching effectiveness. Clinical education sites are developed in several different ways:

- Individualized/one-on-one CI education session with the DCE or designated academic faculty
- In-services offered via Zoom or in person, upon request, at clinical sites
- APTA Credentialed Clinical Instructor Program courses hosted by PNWU DPT program (and available through the APTA)
- Site visits are performed regularly to build rapport, consistency, and collaboration between current clinical education faculty and PNWU academic faculty.
- On-campus ICE locations/sites are reviewed and discussed with the DPT faculty, Program Director, DCE, and ICE course director as part of the regular SOPT Curriculum Committee review process to refine and enhance the curriculum, experiences, policies, and handbooks for faculty, students, and clientele.
- Off-campus ICE locations/sites are generally overseen via specific committees that host frequent meetings to plan and refine off-campus ICE clinical experiences, processes, policies, and handbooks. DPT faculty (typically includes the DPT Program Director, DCE, and ICE Course Director) and appropriate ICE site administrative and clinical education faculty meet to collaboratively improve the off-campus ICE experiences for faculty, students, and clientele. Site-specific SOPT charters guide meetings/committees.

### **Acquiring New Sites and Handling Student Requests for New Sites**

In order to be considered part of our Clinical Education Program, the CCCE and clinical education faculty correspond to ensure facilities meet the criteria as outlined by the APTA Guidelines for Clinical Sites and meets the needs of the Clinical Education Program. If the site meets the standards, a legal process is initiated to secure a clinical affiliation agreement between the University and the Facility.

Students are given opportunities to identify potential clinical education sites, especially those that are for out-of-state placements. The process of contracting a new site may take months and still does not guarantee the site will be available for a particular FTCE. Nonetheless, new sites are welcomed and should be brought to the attention of the DCE when prompted (usually annually in December or January), in order for the site information to be reviewed and a potential contract to be initiated. New sites are vetted in order to be sure they are a good fit for maximum learning by the students of the DPT program.

Considerations include:

- Type, variety and number of patients
- Variety of experiences available within each site
- Experience and qualifications of the clinical instructors
- Opportunity for interprofessional interaction
- Opportunity for interaction with other students from other programs
- Opportunity for related educational opportunities (surgeries, courses, service/community involvement)

## Student Request for a Change in Clinical Placement

In general, once a clinical placement has been confirmed by the clinical facility, it will not be changed. Both the DPT program and clinical site must honor their commitment in order to prevent inconvenience to all concerned and to maintain respectful relationships for future placements. If problems arise that require special consideration, it is important to discuss them with the DCE as soon as possible. A student must petition to change or cancel a confirmed placement (see Student Request for Change in Clinical Placement form in [Appendix B](#)).

## Site Request to Cancel a Student Clinical Placement

On occasion, clinical sites may need to cancel a confirmed placement. When this occurs, the DCE will work to secure a new placement that fulfills the same type of clinical education as the cancelled site, but this cannot be guaranteed.

## Academic Standards, Grading Benchmarks

### Grading for ICEs

ICE courses (PHTH 543, 644, 645, 746) are graded for credit by the course director in consultation with the assigned faculty CI for each student. Standards for grading clinic performance are identified in the ICE Clinic Performance rubric (see [Appendix C](#)). The expectations for each performance criteria on the rubric vary and each section is weighted, moving from greater focus on the safety/professionalism section in the early ICEs to the patient/client management skills in the later ICEs. All assessment details, benchmarks, due dates and determining ICE course grades are detailed in each ICE course syllabus.

### Benchmarks for ICEs

It is the expectation that for each subsequent ICE course, the student will progress on the ratings of each criterion on the ICE Clinic Performance rubric ([Appendix C](#)), and the benchmarks (see graphic representation of standards for each ICE below in [Appendix D](#)) reflect the academic level, approaching or at entry-level upon the final ICE. The final ICE Clinic Performance criterion ratings benchmarks are as follows:

- a. For PHTH 543: Beginner (1) to Intermediate (3) Performance.
- b. For PHTH 644: Advanced Beginner (2) to Intermediate (3) Performance.
- c. For PHTH 645: Intermediate (3) to Advanced Intermediate (4) Performance.
- d. For PHTH 746: Advanced Intermediate (4) to Entry-Level (5) Performance.

In order to successfully complete the ICE course, all examinations/assignments must be completed successfully (70% or better) by the student, and the student must achieve at least 80% on each of the performance criteria items on the final ICE Clinic Performance rubric ([Appendix C](#)). Students enrolled in ICE courses must obtain a course grade of B. Students are required to fully complete clinical education electronic surveys as outlined in the ICE course syllabi in order to receive credit for the course.

### Course Remediation for ICEs

Students should be made aware of a lack of progress in the course or grading concerns by the faculty clinical instructor by midterm or as soon as identified. Assistance in identifying and resolving the concern(s) should first be sought from the student's assigned faculty clinical instructor. If discussing the issue directly does not lead to a resolution, the faculty clinical instructor should consult with the course director (and potentially academic advisor) who may also consult with the DCE. If concerns are still present after discussion with the course director, the Student Progress Committee (SPC) should be notified.

If a student does not receive a minimum course grade of B for any ICE course, the student will be referred to the SPC. Refer to the SOPT Student Handbook on the [PNWU website](#) for the remediation process details and the potential actions of the SPC. If remediation is not successful, a student may be dismissed from the program.

Appropriate records will be maintained in PNWU Connect for all student or faculty clinical instructor concerns brought to the attention of the ICE course director.

### **Student Readiness for Entry into FTCEs**

The DPT program is responsible for ensuring that student physical therapists are prepared to provide safe and competent skilled care to patients before entry into FTCE. Only students who have maintained a GPA of 3.00, received a grade of CR, or passed all PHTH classes will be allowed to enroll in FTCE courses (PHTH 600, 700, 790). Students on academic warning or probation may be allowed to enroll in FTCE courses with the approval of the Student Progress Committee. Students whose GPA has been below 3.00 for 2 consecutive didactic fall/spring semesters, will not be allowed to enroll in the next FTCE and may be dismissed from the program.

### **Grading for FTCEs**

FTCE courses are graded credit/no credit (CR/NC) and are assigned by the DCE in consultation with the CI, CCCE, and other academic faculty as necessary. Standards for grading clinic performance are defined in the APTA PT Clinical Performance Instrument (CPI) and detailed in the course syllabus and clinical profile for each FTCE. The APTA Numerical Performance Scale (6-point scale) from the CPI has been selected as the reference standard for objective quantification of the anchor markers on the CPI (see graphic representation of standards for each FTCE below in [Appendix D](#)). Timely and successful completion of all assignments, electronic surveys and grading standards is imperative for a passing grade and completion of the FTCE. Any concerns regarding grading will be discussed with the student.

### **Benchmarks for FTCEs**

In order to successfully complete the FTCE course, all assignments must be completed successfully/passed by the student, and the following criteria must be met on the final CPI:

- 1) No significant concerns identified.
- 2) Progress on the rating scales on each of the performance criteria from the midterm evaluation to the final evaluation.
- 3) Ratings which approximate:
  - a. For PHTH 600: Advanced Beginner (2) to Intermediate Performance (3).
  - b. For PHTH 700: Advanced Intermediate Performance (4).
  - c. For PHTH 790: Entry-Level (5), and/or Beyond Entry-Level (6) Performance.

The online CPI tool can be accessed at the link [here](#). A paper version of the CPI performance criteria and rating scale/rubric can be accessed via the APTA website or direct link [here](#).

### **Course Remediation for FTCEs**

At the midterm of the FTCE and upon completion of the CPI, if a significant concern is identified, or the CI does not anticipate progress on each of the item's rating scales, or initial discussions to resolve concerns regarding successful completion of the FTCE do not provide resolution, the student and CI or CCCE should contact the DCE as soon as possible. Further referral to Student Progress Committee (SPC) will be made by the DCE, if warranted. Appropriate records will be maintained in Progress IQ for all student or CI/CCCE/faculty clinical instructor concerns brought to the attention of the DCE.

If any problems or concerns develop during the clinical experience, it is the responsibility of the CI to inform the student physical therapist as soon as possible, both verbally and in writing. The CI should address areas needing improvement and should provide objectives with timeframes and specific levels of expectations to facilitate the student's improvement. The CI should document how the situation or areas of concern are resolved. If the student is not able to meet the expectations within the timeframe, the CI should document specific examples and immediately notify the DCE. If possible, an email and a phone call should be made to the DCE. These concerns should be addressed by the DCE (or other designated personnel) within 24 hours and a site/Zoom/phone visit will be scheduled with the applicable parties.

Depending on the seriousness of the concern, the student may be referred to SPC. In most cases, issues can be resolved either through mediation and a weekly planning form or via implementation of a Negotiated Learning Contract ([Appendix A](#)) that is mutually agreed upon by the clinical site (CI and/or CCCE), student, and the DCE. The DCE (and potentially academic advisor) will support the CI/CCCE and student in outlining clear behavioral objectives. If a student is required to successfully complete a Negotiated Learning Contract and doesn't, the CI and/or CCCE can request termination of the experience. The DCE will then meet with the student and SPC to discuss potential remediation and reassignment.

If the student is expected to fail the course and not meet the standards for receiving credit (CR) on any portion of the FTCE course, the student will be referred to the SPC. The SPC, in consultation with the student, DCE, and PD will develop a remediation plan, with input from the CCCE and CI. The options available to remediate in order to receive a passing grade may include, but are not limited to:

- 1) additional time at that clinical site or at another clinical site,
- 2) an additional clinical placement of appropriate length,
- 3) a successful remedial program followed by another clinical experience placement of appropriate length.

Any extra clinical instruction will be arranged by the DCE but arranging other site/dates may depend on availability of sites and delay graduation until the student meets established criteria for clinical competence. Additionally, it should be noted that a student with unsatisfactory clinical performance may be dismissed from the DPT program.

The policies for repeating a course apply to FTCE courses:

- A student may repeat a FTCE course only once.
- A student who receives a grade of NC in the repeated FTCE course will be dismissed from the program.

If the student receives a grade of no credit (NC) on any FTCE course, the student will be dismissed from the program.

Each student is encouraged to read the entire section on *Academic Standards* in the SOPT Student Handbook on the [PNWU website](#).

## Assignments, Survey Information for ICEs

### Electronic Surveys (CI/Site Development)

After each ICE, students will receive online surveys to be completed in a timely manner. These surveys will include questions regarding clinical caseload, CI feedback/quality of supervision, clinical education site quality/opportunities, interprofessional interaction, and curricular preparation. The survey content will include content from the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* (PTSE) form which will be completed by the student at the final in order to give the CI and clinical education site/ICE course director feedback. This type of information is important not only for curricular assessment and CI/site development, but also provides opportunity for student self-reflection and growth. Refer to the specific ICE course syllabus for details on due date expectations and survey completion.

## Assignments, Surveys & Midterm Visit Information for FTCEs

### In-service Presentation

During FTCEs, students will provide an in-service presentation on a topic. The CI should meet with the student physical therapist at the start of the clinical experience to discuss an in-service topic (and the audience) applicable to the site. The in-service needs to incorporate at least 3 current and research articles applicable to the topic. The CI will evaluate the in-service by completing the In-service Assessment Form provided in Exxat. A sample of the form is located in [Appendix E](#). If the student does not provide a presentation relevant to the setting or does not incorporate at least 3 current research articles, the student



should receive no greater than 65% on the assessment form, which is a failing grade for the assignment. If this occurs, the CI and/or student will notify the DCE right away and the student will need to successfully remediate the assignment, as outlined by the DCE. The assessment form and the presentation materials (including articles) should be uploaded by the student by the due date to Moodle, for access by the DCE.

### Electronic Surveys (Self-Reflection, Curricular/DCE Assessment, CI/Site Development)

During and after each FTCE, students will receive multiple online surveys to be completed in a timely manner in order to receive credit for each FTCE. These surveys will include questions regarding clinical caseload, CI feedback/quality of supervision, clinical education site quality/opportunities, interprofessional interaction, curricular preparation, access to campus services, responsibilities of the DCE and more. The survey content will include content from the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* (PTSE) form which will be completed by the student at both the midterm and final in order to give the CI and clinical education site feedback. This type of information is important not only for curricular assessment and CI/site development, but also provides opportunity for student self-reflection and growth. Please refer to the specific FTCE course syllabus for details on due date expectations and survey completion.

### Other Assignments

Before, during and after each FTCE, students may also complete online modules/events, quizzes or professional plan written assignments. The terminal FTCE (PPTH 790) will also include an exit interview on campus, prior to graduation. Specific FTCE course syllabi contain the details of those assignments, which all must be turned in timely and successfully passed (with or without remediation) in order to receive credit for the FTCE.

### Faculty/DCE Midterm Visit with CI/CCCE

The DCE or assigned academic faculty will strive to visit each student, in person, at a FTCE site at least one time during the Program as long as scheduling and budgeting allows. Each student will receive a visit either on-site, by phone or Zoom during each of the FTCEs. The standard visit/call will usually occur at the midterm point of the FTCE and will require documented discussion and feedback with the student and CI, as well as the CCCE, if necessary. Students will be responsible for assuring a time/date has been scheduled with their designated academic faculty and CI in order to complete the visit/call. Additional visits/calls will be completed as deemed necessary, in order to promote successful completion of the clinical, at any point during the FTCE. During the midterm visit, the DCE and/or assigned academic faculty will gather feedback on: the student's progress, the clinical site environment, CI's teaching effectiveness/supervision, and appropriateness of the clinical site in relation to the program's clinical education requirements.

## Rights and Responsibilities of Clinical Education Faculty

### CI & Faculty Clinical Instructor Qualifications

The DCE works (with the CCCE and ICE course director) to ensure CIs and faculty clinical instructors:

- have a **license** to practice physical therapy in their state of practice
- have a **minimum of one-year clinical experience** and demonstrate competence in the area of practice they will provide clinical instruction
- demonstrate the ability to be **effective clinical teachers**, including the ability to assess and document student performance, including deficits and unsafe practices
- are a **blend of doctoral prepared physical therapists and/or have acquired specializations or completed professional development** sufficient to meet program goals and expected outcomes
- practice and maintain **ethical principles and legal guidelines**
- have **completed online training to use the online PT CPI**. The training needs to only be completed one time, is available for free through the APTA website Learning Center and is approved for continuing education credit. The CPI is available [here](#).

## Expectations of Clinical Education Faculty

Please refer to the section in the SOPT Clinical Education Handbook related to [Expectations of Students and Clinical Education Faculty](#) as well as the [Professional Expectations as Members of APTA](#). It is imperative that clinical education faculty model the professional behaviors and standards set forth by the APTA, regardless of membership, and those required of the students by PNWU. Modeling these behaviors and expectations will enhance the professional growth of the students and help assure a positive learning environment for the success of all. If the students are not demonstrating these expectations or those stated in the [Student Conduct](#) section of the handbook, the clinical education faculty should immediately address it and document it in the CPI, with specific examples. If discussion and plans to improve upon the behaviors are not resolved, the clinical education faculty should contact the DCE for FTCE, or the course director for ICE, immediately.

## CI & Faculty Clinical Instructor Supervision of Student Physical Therapists

Student physical therapists may not practice in the capacity of a licensed physical therapist. On-site supervision must be available by a licensed physical therapist with at least one year of clinical experience at all times during clinical education experiences when the student physical therapist is providing patient care. The supervising CI should be clearly identified to the student physical therapist during the FTCE/ICE. Direct supervision (physical therapist is physically present and immediately available for direction and supervision) as defined by the APTA is preferred. Supervision must be aligned with federal and/or other state regulations, insurance regulations for reimbursement, state practice acts, and facility policies. Availability of the licensed physical therapist by telecommunications does not meet supervision requirements. Licensed physical therapist assistants cannot provide supervision either; however, the student physical therapist can observe other licensed health care providers as long as the student physical therapist is not providing direct patient care.

The clinical education site/clinical instructor is responsible for ensuring patient's/client's right to refuse to participate in clinical education. When patients/clients agree to participate in ICE courses on campus, they must complete, sign and submit a Client/Patient Agreement form to the course director/instructor prior to participating. Forms should be filed in the client/patient chart.

## Expected Attendance of Student Physical Therapists

Attendance during ICE or FTCE is mandatory for student physical therapists. Refer to the [Attendance](#) section for specific details and procedures relating to planned and unplanned absences and make-up guidelines.

**FTCE:** It is expected the student physical therapist will follow the CI's work schedule, including holidays and weekends, and will work 40 or more hours per week during a FTCE. Expectations for scheduled hours should be clear and discussed at the beginning of the FTCE. An exchange of emails and phone numbers should also be discussed. "Comp time" is not allowed as the typical make-up time for absences during the FTCE. All student physical therapist absences and multiple days of tardiness must be reported to the DCE.

## Communication Prior to, During, and After the Clinical Experience

### Prior to the FTCE

The DCE will email the annual clinical slot request to the clinical education sites/CCCE in March as recommended by the APTA. The form will allow the site CCCE to determine availability for the following calendar year FTCEs. The CCCE will return the form by April 30th in order for the DCE to place students in a timely fashion. Other sites will be contacted per their policy and timelines (email/database request, resume/application, etc.).

Once a student is placed at the clinical education site, the student will accept placement via Exxat. The CCCE will then be notified to acknowledge commitment and acceptance of the student placed at the site via an email/Exxat link.

Prior to arriving at the clinical education site for a FTCE, students are instructed to complete an online profile of their demographics, emergency contact information and desired learning goals/objectives for the specific experience/setting type. This student profile information will be sent to the site/CCCE and/or assigned CI for review. All FTCE course syllabi, the SOPT Clinical Education Handbook, clinical profiles (CCCE/CI preparation recommendations and CI requirements, student expectations/CPI benchmarks, and sample orientation items/student learning objectives), time off requests, in-service assessment form, CPI website links, and other pertinent information (health insurance card, immunizations, criminal background checks, HIPAA/OSHA/Title IX training certificates, etc.) will be made available to the CCCE/CIs in Exxat for access when convenient. Students and CIs are encouraged to get in contact with each other via email or phone prior to the start of the FTCE to discuss schedules, dress, contact information, parking, lunch, and any other site-specific expectations pertinent to the first day. CIs are encouraged to provide specific learning objectives/orientation upon the student's arrival.

### **During the FTCE**

The DCE or an assigned academic faculty will plan either a site or Zoom/phone visit during the FTCE. The visit typically occurs during the late third to early fifth week into the experience. Students will be able to discuss with their CI the time/date options for visits to accommodate the clinic/CI schedule as much as possible. The DCE/assigned academic faculty will use the time to complete a midterm form to gather information on the CI/site, the student physical therapist, and the overall experience. It is important to have frequent discussions between the CI and student to assure ongoing feedback and progress is occurring to maximize teaching, learning, and outcomes.

Although CIs will complete the online CPI at the midterm and final (see [CI Clinical Performance Evaluation of Student Physical Therapist During FTCE & ICE](#)) as well as the In-service Assessment Form (see [CI Evaluation of Student Physical Therapist – In-service](#)), in order to provide formal written feedback to the student, the student will also complete an electronic version of the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* form in order to provide feedback to the CI and site. A series of items will allow the student to rate the frequency and quality of CI instruction/feedback at midterm and again at the final and provide other written feedback for the site/CI at the final about the overall experience. CIs are also encouraged to use the *Guidelines and Self-Assessments for Clinical Education* document following each experience, which is available for APTA members when logged in to the APTA website at: <https://www.apta.org/for-educators/assessments>. Clinical Instructors are encouraged to contact the CCCE or DCE at any time for mentoring or improving clinical teaching effectiveness. CIs should refer to the section in this handbook on [Reporting for Lack of Student Progress and/or Concerns for FTCE & ICE](#) as well as [Other Situations Requiring Student and/or CI/CCCE Action](#) that may require communication with the student and/or DCE/PNWU during the clinical experience.

### **Following the FTCE**

At the conclusion of the FTCE, CIs will be asked to provide feedback to the PD, curriculum chair, and DCE via an electronic survey sent via email to the CI. The survey will request feedback on the preparedness of the student to participate in the clinical experience and the effectiveness of the duties/responsibilities of the DCE. Timely responses will allow for necessary changes to be made within the DPT program/curriculum. CIs will be encouraged to attend clinical focus groups provided by PNWU SOPT in order to further receive feedback from our clinical education faculty in order to enhance our curriculum and clinical education program.

## CI Clinical Performance Evaluation of Student Physical Therapist During FTCE & ICE

FTCE courses are graded credit/no credit (CR/NC) and are assigned by the DCE in consultation with the CI, CCCE, and other academic faculty as necessary.

**ICE:** Standards for grading are defined in the Clinic Performance Rubric and detailed in the course syllabus for each ICE. For ICEs, refer to the course syllabus for due dates of the ICE Clinic Performance Rubric. Both the student and CI complete their own feedback and provide comments and ratings on each item of the rubric as it pertains to the student's current level of skill. Refer to the Clinic Performance Benchmarks in [Appendix C](#) for further details on the expectations for the final Clinic Performance Rubric.

**FTCE:** Standards for grading are defined in the APTA Physical Therapist Clinical Performance Instrument (CPI) and detailed in the course syllabus as well as the applicable clinical profile for each FTCE. For FTCEs, CIs and students should both provide feedback using the online CPI tool accessed [here](#). A paper version of the CPI performance criteria and rating scale/rubric can be accessed via the APTA website or direct link [here](#). The midterm CPI should be completed by the 4<sup>th</sup> Friday (for an 8- or 9-week FTCE) and by the 8<sup>th</sup> Friday (for a 16-week FTCE) of the clinical experience; the final CPI should be completed by the last Friday of the clinical experience. Both the student and CI complete their own feedback and provide comments and ratings on each item of the CPI as it pertains to the student's current level of skill. Refer to the [Academic Standards](#) section of the handbook, the course syllabus, or course profile for further details on the expectations and grading benchmarks for the final CPI. If students are not expected to meet the benchmarks, the DCE should be contacted as soon as identified. See further information in the handbook related to [Reporting for Lack of Student Progress and/or Concerns for FTCE](#).

## Reporting for Lack of Student Progress and/or Concerns for FTCE & ICE

Appropriate records will be maintained in Progress IQ for all student or CI/CCCE/faculty clinical instructor concerns brought to the attention of the DCE/ICE course director.

**FTCE:** At any time and especially at the midterm of the FTCE and upon completion of the CPI, if a significant concern is identified, or the CI does not anticipate progress on each of the items' rating scales, or initial discussions to resolve concerns regarding successful completion of the FTCE do not provide resolution, the student and CI or CCCE should contact the DCE as soon as possible.

**ICE:** At any time and especially by the midterm of the ICE and upon completion of the ICE Clinic Performance Rubric, the faculty clinical instructor has significant concerns or does not anticipate progress sufficient to meet at least 80% or B on each criterion's benchmark and overall score on the rubric by the final, or initial discussions to resolve concerns regarding successful completion of the ICE do not provide resolution, the student and the faculty clinical instructor should contact the course director as soon as possible.

**FTCE/ICE:** If any problems or concerns develop during the clinical experience, it is the responsibility of the CI/faculty clinical instructor to inform the student physical therapist as soon as possible, both verbally and in writing. The CI should address areas needing improvement and should provide objectives with timeframes and specific levels of expectations to facilitate the students' improvement. The CI/ faculty clinical instructor should document how the situation or areas of concern are resolved. If the student is not able to meet the expectations within the timeframe, the CI/ faculty clinical instructor should document specific examples and immediately notify the course director for ICE, or the DCE for FTCE. If possible, an email and a phone call should be made to the appropriate contact.

- **For FTCE:** These concerns should be addressed by the DCE (or other designated personnel) within 24 hours and a site/Zoom/phone visit will be scheduled with the applicable parties. Depending on the seriousness of the concern, the student may be referred to the Student Progress Committee (SPC). In most cases, issues can be resolved either through mediation and a weekly planning form or via implementation of a Negotiated Learning Contract ([Appendix A](#)) that is mutually agreed upon by the clinical site (CI and/or CCCE), student, and the DCE. The DCE (and potentially academic advisor) will support the CI/CCCE and student in outlining clear behavioral objectives. If a student is required to successfully complete a Negotiated Learning Contract and doesn't, the CI and/or

CCCE can request termination of the experience. The DCE will then meet with the student and SPC to discuss potential remediation and reassignment.

- **For ICE:** Assistance in identifying and resolving the issue should first be sought from the student's assigned faculty clinical instructor. If discussing the issue directly does not lead to a resolution, the student is encouraged to consult with the course director. If concerns are still present after discussion with the course director, the SPC should be notified.

### **CI Evaluation of Student Physical Therapist – In-service**

During FTCEs, CIs will also provide feedback to the student physical therapist on an in-service presentation provided by the student. The CI should meet with the student physical therapist at the start of the clinical experience to discuss an in-service topic (and the audience) applicable to the site. The in-service needs to incorporate at least 3 current (within the last 10 years) and research articles applicable to the topic. The CI will evaluate the in-service by completing the In-Service Assessment Form provided in Exxat. A sample of the form is located in [Appendix E](#). If the student does not provide a presentation relevant to the setting or does not incorporate at least 3 current research articles, the student should receive no greater than 65% on the assessment form. If this occurs, the CI should notify the DCE right away. The assessment form and the presentation materials (including articles) should be uploaded by the student to Moodle by the due date for access by the DCE.

### **CI Access to PNWU Library Resources**

As a CI for PNWU SOPT, please see the [PNWU website](#) for information on how to set up/[request remote access](#) to PNWU's licensed databases. Accounts expire June 30th for those who have not had any clinical teaching activity in the past 12 months. When completing the request form, please list your work email address as the Institutional email. The DCE will verify you have served as a CI with your name/email.

## **Other Situations Requiring Student and/or CI/CCCE Action**

### **Equal Opportunity, Nondiscrimination, and Harassment**

Please see PNWU's [Notice of Nondiscrimination](#) webpage at PNWU.edu. PNWU is an equal opportunity employer and makes employment and student application decisions based on merit. The University shall not discriminate against faculty, staff, volunteers, students, or applicants on the basis of race, ethnicity, color, sex, gender, religion, national origin, age, disabilities, sexual orientation, gender identity, marital status, or any other characteristic protected by law for any reason including recruitment, selection and promotion.

PNWU is also committed to compliance with the requirements of Title IX and, in accordance with those requirements, has adopted a policy of nondiscrimination on the basis of sex in its educational programs or activities including admission to those programs or employment in those programs. See the [Equal Opportunity, Non-discrimination, and Harassment Policy](#). See the [Title IX Sexual Harassment, Including Sexual Assault, Dating Violence, Domestic Violence, Stalking, and Retaliation policy](#). Learn more at the [Title IX](#) webpage of PNWU.edu.

PNWU encourages reporting of all perceived incidents of harassment or discrimination. Reports may be made directly to the Title IX coordinator, 509.249.7916, [rkmetz@pnwu.edu](mailto:rkmetz@pnwu.edu), or using the [Title IX Report Form](#) at PNWU.edu. PNWU will promptly and thoroughly investigate such reports. Retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports is prohibited. See [Sexual Assault Prevention](#) webpage at PNWU.edu for Sexual Misconduct Investigation Processes.

### **Blood-Borne Pathogen Training & Exposure Reporting/Post-Exposure Prophylaxis**

Please see PNWU's [Liability Insurance and Exposure Risk](#) webpage for the sections related to *Bloodborne Pathogen Exposure and Post-Exposure Prophylaxis procedures and Procedures for Evaluating the*

*Circumstances Surrounding an Exposure Incident.* Incidents of exposure during ICEs or FTCEs should be promptly reported to the DCE and the steps should be followed per the PNWU's [Liability Insurance and Exposure Risk](#) webpage which includes a link to complete the Student Report of Injury form.

### **Injury Reporting**

Incidents of injury during ICEs or FTCEs should be promptly reported to the supervising clinical education faculty in addition to the Course Director for ICE or the DCE during FTCE. The steps should be followed per the PNWU's [Liability Insurance and Exposure Risk](#) webpage which includes a link to complete the Student Report of Injury form.

## **Rights and Responsibilities of the Director of Clinical Education**

The DCE develops, monitors, and refines the clinical education component of the curriculum including the ICEs and FTCEs. The DCE manages student placement and success in all FTCEs. In addition, the DCE's primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with the program's Clinical Partners (contracted clinical facilities, clinical education faculty). The DCE selects and evaluates clinical education sites and facilitates ongoing development of clinical education sites and clinical education faculty.

The DCE is responsible for coordinating and managing the efforts of the academic program and clinical education sites in the education and preparation of student physical therapists through:

1. Communication between PNWU and affiliated clinical education sites
2. Clinical education program planning, implementation, and assessment
3. Clinical site development
4. Clinical faculty development

### Administrative Responsibilities include:

- Assist PD with CAPTE compliance and Annual Accreditation Report (AAR) relative to the program's preparation and implementation of the clinical education curriculum, experiences, and activities, on and off campus.
- Create relationships with external stakeholders to secure adequate clinical sites and clinical instructors (CIs) via contractual agreements; select clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice.
- Develop and oversee policies and procedures related to clinical education; maintains Clinical Education Handbook; provides consistency with related sections of the Faculty and Student Handbooks; educate students (clinical seminar classes), clinical education and academic faculty about clinical education requirements and standards to ensure compliance.
- Prepare and provide appropriate full-time clinical site slots and timely clinical placement procedures, necessary student immunization requirements, related site-specific clinical requirements, and clinical database information.
- Foster communication and development of CIs at clinical sites and provide support and guidance to ensure student learning and progression.
- Monitor, evaluate and refine the DPT curriculum in collaboration with other DPT core faculty; participate in Curriculum and Outcomes Committees; plan and oversee Clinical Focus Groups; collect and evaluate Clinical Performance Instrument (CPI) reports and post-clinical student and CI surveys.
- Work closely with PNWU's Simulation Center Coordinator and Interprofessional Education faculty to develop ICEs according to the education standards of practice for physical therapy.
- Evaluate student performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum; facilitate quality learning experiences for students during clinical education.
- Maintain active membership of the Northwest Clinical Education Consortium and participate each year in the Education Leadership Conference

## Resources - Information Resources

### General Contact Information

Please refer to the current [Student Catalog](#) or the [PNWU Policies Library](#) for all student-related policies and the PNWU Student Handbook on the [PNWU webpage](#) for university procedures. The [PNWU.edu](#) website is a resource for all the latest news, University calendar, forms, directory, and links to other important information. The current SOPT Student Handbook on the [PNWU webpage](#) is a compilation of procedures and guidelines that provide the framework of expectations for academic performance, conduct, behavior, and professionalism as a Doctor of Physical Therapy student at PNWU.

Office	Email	Phone
Assessment	<a href="mailto:assessment@pnwu.edu">assessment@pnwu.edu</a>	509.249.7997
<a href="#">DPT program</a>	<a href="mailto:dpt@pnwu.edu">dpt@pnwu.edu</a>	509.249.7725
Disability Services	<a href="mailto:ods@pnwu.edu">ods@pnwu.edu</a>	509.249.7724
Enrollment Services	<a href="mailto:info@pnwu.edu">info@pnwu.edu</a>	509.249.7888
Academic Records	<a href="mailto:registrar@pnwu.edu">registrar@pnwu.edu</a>	509.249.7818
<a href="#">Admission</a>	<a href="mailto:admission@pnwu.edu">admission@pnwu.edu</a>	509.249.7888
<a href="#">Financial Aid</a>	<a href="mailto:finaid@pnwu.edu">finaid@pnwu.edu</a>	509.249.7889
<a href="#">Facilities</a>	<a href="mailto:facilities@pnwu.edu">facilities@pnwu.edu</a>	509.249.7780
Human Resources	<a href="mailto:hr@pnwu.edu">hr@pnwu.edu</a>	509.249.7810
Immunizations	<a href="mailto:immunizations@pnwu.edu">immunizations@pnwu.edu</a>	
Campus Health Nurse	<a href="mailto:nurse@pnwu.edu">nurse@pnwu.edu</a>	509.249.7903
<a href="#">Library</a>	<a href="mailto:library@pnwu.edu">library@pnwu.edu</a>	509.249.7745
<a href="#">Office of Scholarly Activity</a>	<a href="mailto:osa@pnwu.edu">osa@pnwu.edu</a>	509.249.7859
<a href="#">President's Office</a>	<a href="mailto:president@pnwu.edu">president@pnwu.edu</a>	509.249.7720
<a href="#">Security</a>	<a href="mailto:security@pnwu.edu">security@pnwu.edu</a>	
	Security Office	509.249.7727
	Campus Security Phone 24/7	509.823.3346
<a href="#">Student Affairs</a>	<a href="mailto:studentaffairs@pnwu.edu">studentaffairs@pnwu.edu</a>	509.249.7724
<a href="#">Technology Services</a>	<a href="mailto:help@pnwu.edu">help@pnwu.edu</a>	509.249.7777
<a href="#">Title IX Coordinator</a>	<a href="mailto:rkmetz@pnwu.edu">rkmetz@pnwu.edu</a>	509.249.7916

See the PNWU SOPT [Faculty and Staff](#) website for current program faculty email information.

#### SOPT Program Director:

Dr. Peggy Trueblood, PT, PhD  
[ptrueblood@pnwu.edu](mailto:ptrueblood@pnwu.edu)  
559.240.1997

#### SOPT Director of Clinical Education:

Dr. Amanda Adamson, PT, DPT, OCS, CAPP-Pelvic  
[aadamson@pnwu.edu](mailto:aadamson@pnwu.edu)  
509.249.7925

#### SOPT Administrative Assistant for Clinical Education:

Areli Valencia  
[avalencia@pnwu.edu](mailto:avalencia@pnwu.edu)  
509.249.7925

# Appendix A: Negotiated Learning Contract



## Negotiated Learning Contract Memorandum of Agreement

Date: xx/xx/xxxx

"I (state student name) have reviewed PHTH (state appropriate course #) syllabus/profile (attached) and read/understood the following expectations for my clinical experience:

By completion of this clinical experience on \_\_\_\_\_, I will:

1. x
2. x
3. x
4. x
5. x

I agree to abide by the policies and procedures and agreed upon expected performance standards as stated in the above listed materials. I understand that if I do not achieve these expectations by the date stated, it may result in delay of graduation from and/or dismissal of the DPT Program."

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
CI Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
CCCE Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCE Signature

\_\_\_\_\_  
PD Signature



# Appendix B: Student Request for Change in Clinical Placement Form



## Student Request for Change in Clinical Placement

**Date Submitted:** xx/xx/xxxx

**Student Name:** insert first and last name

**Clinical experience/course (select one):**      PHTH 600      PHTH 700      PHTH 790

**Clinical Education Site Information Currently Placed at for this course:**

insert clinic name

address

city, state, zip

setting type

I am requesting a change for the above full-time clinical experience and understand the change may impact the relationship PNWU DPT Program has with the current clinical education site. Further, my request will be considered fairly, on an individual basis, but may not be granted.

In summary, my reasons for the change include the following reason(s):

- 1) x
- 2) x
- 3) x

Respond to the following:

- 1) What opportunities are provided at another facility that you will not receive at the current site?
- 2) What 3 educational objectives will you accomplish at the new facility that you will not be able to accomplish at the current facility
- 3) How does the change to another facility affect your long-term practice goals?
- 4) How does the change to another facility affect your clinical education setting type requirements to graduate on time?

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

DCE decision/action regarding student placement request after consult with faculty: Approve or Deny  
Comments:

# Appendix C: ICE Clinic Performance Rubric and Benchmarks

## Final ICE Clinic Performance Rubric

Student Name : \_\_\_\_\_

Performance Criteria 1 through 4				
	Performance Criteria	Numerical Rating Score	Grade Equivalent	Benchmark PHTH ____
Safety	1		0	x
Prof Behavior	2		0	x
Communication	3		0	x
Patient Centered Care	4		0	x

Comments :

Benchmark Score PHTH 543	Benchmark Score PHTH 644	Benchmark Score PHTH 645	Benchmark Score PHTH 646
3	3	4	5
3	3	4	5
3	3	4	5
3	3	4	5

Performance Criteria 5 through 10				
	Performance Criteria	Numerical Rating Score	Grade Equivalent	Benchmark PHTH ____
Clinical Reasoning	5		0	x
Examination	6		0	x
Assessment	7		0	x
Plan of care	8		0	x
Procedural Interventions	9		0	x
Documentation	10		0	x

Comments :

Benchmark Score PHTH 543	Benchmark Score PHTH 644	Benchmark Score PHTH 645	Benchmark Score PHTH 646
2	2	3	4
2	2	3	4
1	2	3	4
1	2	3	4
2	2	3	4
2	3	3	4

Performance Criteria 11 through 12				
	Performance Criteria	Numerical Rating Score	Grade Equivalent	Benchmark PHTH ____
Billing/Insurance	11		0	x
Delegation/Supervision	12		0	x

Comments :

Benchmark Score PHTH 543	Benchmark Score PHTH 644	Benchmark Score PHTH 645	Benchmark Score PHTH 646
1	3	3	4
2	3	3	4

	1 to 4	5 to 10	11 to 12
Section weight for course	60	30	10
Weighted Score =	0	0	0
Section Grade =	0	0	0

Each criteria's grade equivalent above must be greater than 80% by final

Total ICE Clinic Weighted Score/Grade=	0
--	---

	Weight by Section		
	1 to 4	5 to 10	11 to 12
PHTH 543	60	30	10
PHTH 644	50	40	10
PHTH 645	40	50	10
PHTH 746	30	60	10

### Grading Key

Independence (meets quality, consistency, efficiency)	Simple Conditions	0%	25%	50%	75%	100%	101%+
	New/Complex Conditions		0%	0%	25-50%	50-75%	100%
Overall cues from supervising PT/necessary feedback		100% or less	75% or less	50% or less	25% or less	0%	0%
Numerical Rating Score		1	2	3	4	5	6
Rating Descriptions Compared to CPI		Beginning Performance	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	Beyond Entry Level

# Appendix D: Integrated & Full-Time Clinical Experience Benchmarks Graphic Overview

Numerical Rating Score	1	2	3	4	5	6
Rating Description	Beginning Performance	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	Beyond Entry-Level
Benchmark PTH 543						
Benchmark PTH 600						
Benchmark PTH 644						
Benchmark PTH 645						
Benchmark PTH 700						
Benchmark PTH 746						
Benchmark PTH 790						

# Appendix E: In-Service Assessment Form



**Pacific Northwest  
University** of Health Sciences

## In-Service Assessment Form

**CI Instructions:** Please use this form to provide feedback to the student and PNWU on the in-service presentation provided by the student. The student should return the completed form (if by paper) to PNWU. The student will also turn in any PowerPoints or handouts used during the presentation. The student must receive at least 70% on this assignment in order to successfully complete the clinical experience.

**Student Name:** \_\_\_\_\_

**Presentation Title/Topic:** \_\_\_\_\_

### Grading scale:

- 100: Criteria met, excellent
- 90: Criteria met but slight improvements could be made, good
- 80: Moderate improvements could be made, fair
- 65: Significant improvements could be made, poor
- 0: Insufficient effort/did not complete

### The student...

### Circle One...

1. Provided a presentation relevant to this clinical/hospital setting	Yes	No	(if No, automatic 65% overall grade for assignment)		
2. Stated a purpose and had goals/objectives for the presentation	100	90	80	65	0
3. Had a mode of delivery that was easy to listen to and actively engaged the audience	100	90	80	65	0
4. Incorporated at least 3 current (last 10 years) research articles applicable to the presentation topic	Yes	No	(if No, automatic 65% overall grade for assignment)		
5. Remained organized and was easy to follow during the presentation	100	90	80	65	0
6. Used effective method(s) to evaluate audience learning	100	90	80	65	0
7. Used professional level writing including but not limited to appropriate spelling, grammar, and punctuation throughout the presentation	100	90	80	65	0
<b>Add the 5 applicable points for total points:</b>					
<b>Take total points in the above row and divide by 500 to get decimal:</b>					
<b>Take decimal in above row x 100 to get overall percent grade (or assign automatic 65%):</b>					
<b>Comments from CI:</b>					

**CI Signature completing form:** \_\_\_\_\_

Thank you for your feedback!