

DPT Student Clinical Education Handbook Class of 2021

**University of Kansas Medical Center
Department of Physical Therapy & Rehabilitation Science**

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PHYSICAL THERAPY PROGRAM: CLINICAL EDUCATION

Mission Statement

The Doctor of Physical Therapy program at the University of Kansas Medical Center continually strives to develop caring physical therapists who exemplify the highest level of clinical expertise and knowledge, and are prepared to enrich the dignity and quality of the human experience by optimizing movement and maximizing functional potential.

Values Statement

Leadership. KUMC DPT faculty and students are recognized leaders in the profession through a high level of engagement on the campus, within the university, the profession and the community and state that we serve.

Social Responsibility. KUMC DPT faculty and students continually strive to model the highest standard of ethics, aspire to cultural competency, and advocate for all members of society.

Patient-centered, compassionate. KUMC DPT faculty and students are committed participation in interprofessional collaboration to provide the highest quality, safest patient care.

Innovation. KUMC DPT faculty and students are committed to lifelong learning that supports personal and organizational improvement, to be an effective change agents, and to translation of emerging evidence to clinical practice.

Knowledgeable/expertise. KUMC DPT faculty and students are recognized for highly competent and knowledgeable professionals positioned to make substantial contribution in research, education, and clinical practice.

Clinical Education Definitions

Director of Clinical Education (DCE): Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.

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

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

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

STANDARDS OF PERFORMANCE AND PROFESSIONAL EXPECTATIONS

Minimum Required Skills of Physical Therapist Graduates at Entry-Level

The KUMC DPT program bases its program goals and student expected competencies on the APTA document, Minimum Required Skills of Physical Therapist Graduates at Entry-Level (APTA 2005). This document can be accessed at:

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Education/MinReqSkillsPTGrad.pdf

Code of Ethics

Ethical behavior for physical therapist is defined by the APTA. Students are accountable for ethical practice and behavior. The principles for ethical practice of physical therapy can be accessed at: http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf

Medicare Reimbursement for Student Services

Patient care provided by students is not reimbursable for patients with Medicare Part B. This regulation only applies to outpatient services. Student minutes can count for patients with Medicare Part A in skilled nursing facilities and inpatient settings where the supervising therapist will determine if the individual student needs to be supervised in the line of sight but at minimum must be direct supervision as defined by the APTA. Regulation is specific to type of clinical setting. The APTA has suggested strategies for providing student physical therapist adherence to Medicare regulation during clinical education: <http://www.apta.org/Payment/Medicare/Supervision/>

Student Supervision Guidelines

It is the position of the APTA that student physical therapists, when participating as part of a physical therapist professional education curriculum and when acting in accordance with APTA policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist who is responsible for patient management. Direct supervision means the physical therapist is immediately available for direction and supervision (http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Terminology/Supervision.pdf). The physical therapist will have direct contact with the patient during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient in a 24-hour period. Students are also required to abide by any policies of reimbursement sources and state practice acts.

In order to promote a broader understanding of interprofessional care and the roles and services of various health care providers, students will be supervised by a primary physical therapist, but may be assigned to observe and follow other providers during the course of integrated clinical experiences, scheduled during the first and second year of the didactic curriculum.

GUIDELINES FOR CLINICAL EDUCATION

OVERVIEW OF THE CLINICAL EDUCATION PROCESS

Clinical education is divided into two distinct sections: integrated clinical experiences and full-time clinical experiences (rotations). The entire clinical education program is an essential part of the physical therapist education program. Clinical education not only allows the student to practice and apply concepts and skills learned in the classroom to the real world setting, it also allows the student to expand their didactic knowledge, develop necessary communication and interpersonal skills, develop good work habits, develop clinical competencies and identify role models. Obtaining a wide variety of experiences fosters the development of a well-rounded, versatile physical therapist and allows the student to assess their future goals and needs. The clinical education program is designed to prepare the graduate for entry-level, generalist practice. While some full-time clinical rotations may offer specialized experiences beyond entry-level, general practice that is representative geographically is the priority in full-time clinical experience assignments.

Integrated Clinical Experiences:

Integrated Clinical experiences are individual courses within the curriculum. Academic and Clinical Course Coordinators are responsible for assigning clinical sites, managing supervision and evaluation, and assessing student performance in the class. Students will rotate through designated sites as determined by the course coordinators.

Full-time Clinical Experiences:

The DCE is responsible for scheduling and assigning students to full-time clinical experiences. The DCE is responsible for all full-time clinical rotation assignments for each fall and spring semesters. Students are given opportunities to share information with the DCE regarding their interests and preferences for

locations and types of facilities for each semester of full-time clinical experiences. Clinical assignments are based on multiple factors including the availability of placements and most likely will involve out of town travel. In keeping with the goal of generalist practice, there is a requirement that at all students must successfully complete at least 9 weeks in an inpatient setting and 9 weeks in a general or orthopedic outpatient setting.

The Department of Physical Therapy and Rehabilitation Science currently has contractual arrangements with nearly 300 facilities and practices within the United States and in foreign countries. Students are sent only to those facilities in which an affiliation agreement exists. The active list of clinical education sites is available on Typhon, the current student tracking system.

Student accessible files containing facility information is located on the CSIF website, the student tracking system and the Class Folder on Blackboard. Students are encouraged to utilize information in developing their preferences and rationale for requesting placement at a particular facility. Feedback from students who are currently in the program and have already been assigned to particular facilities is a great source of informal assessment of the opportunities available. The DCE can also provide valuable insight into the clinical sites you may wish to consider.

Additional information regarding clinical education is available in the Clinical Education materials provided to students before each clinical education rotation and is also located on the department website: <http://www.kumc.edu/school-of-health-professions/physical-therapy-and-rehabilitation-science/doctor-of-physical-therapy/clinical-education.html>.

Schedule and Time Lines

Clinical education is an essential part of the preparation of physical therapists. The DPT curriculum provides clinical education in a variety of practical settings through integrated clinical experiences during the first two years of the curriculum and full-time clinical rotations during the last year of the curriculum. Students are expected to attend sites in the major areas of physical therapy practice.

First Year

- Integrated Clinical Experience I –semester 2 (fall, first year)
- Integrated Clinical Experience II – semester 3/4 (spring of first year or summer between first and second year)

Second Year

- Integrated Clinical Experience III– semester 5 (fall, second year)
- Integrated Clinical Experience IV – semester 6 (spring, second year)

Third Year

- Full-time Clinical Experience I-II: (9-12 weeks) beginning and extending through the fall semester
- Full-time Clinical Experience III-IV: (9-12 weeks): offered during the final spring semester. The length of full-time clinical experiences is based on site availability and preference.

There is limited availability of modified timelines under special circumstances such as international travel or modified interprofessional education opportunities. This must be arranged in advance through the DCE.

Site Requirements

A primary goal of the clinical education curriculum is to build competency in generalist physical therapist practice that is representative of practice geographically and across the lifespan. To achieve this goal, students participate in integrated clinical experiences in different settings; inpatient acute, inpatient skilled and outpatient settings during the first two years of the curriculum before beginning full-time clinical experiences. Sites for integrated clinical experiences are limited to specific partnering facilities in the Kansas City metropolitan area.

Sites for full-time clinical experiences are located throughout the United States. In addition, there are international sites available during full-time clinical rotations in central America, Europe, Africa and Asia. The current listing of international clinical sites is available in the class folder on Blackboard. Full-time clinical rotation assignments are made, on the basis of program requirements, student's educational needs and availability of appropriate sites.

Full-time clinical rotations are available in acute, sub-acute, and rehabilitation hospitals, ambulatory care centers, private practices, nursing homes, inpatient and outpatient pediatric facilities, occupation medicine, home health, school districts, child development centers, and some specialty areas such as golf performance, hippotherapy, burn units, women's health, oncology or neurology.

Full-time clinical experiences are assigned at least 6 to 12 months in advance. Students are assigned by the DCE to clinical sites in the summer semester each calendar year. Matching is based on site availability, student preference and compatibility considerations.

At no point in time should a student contact a full-time clinical rotation site to arrange a full-time clinical rotation or ICE placement. This will result in the student not being allowed to do a full-time clinical rotation or ICE placement at the contacted site and could result in disciplinary action.

Formal written agreement

Before any students are assigned to any clinical placements at a specific facility, a legal written agreement must be completed. Formal written agreements exist for all facilities participating in clinical education.

Site selection

The department makes an effort to select, develop and maintain quality clinical sites. The sites that provide integrated clinical experiences, while limited, have an ongoing close relationship with our department. These sites are pre-selected by the department to match the curricular goals of integrated learning experiences. Students are assigned by groups for rotation through the different facilities by the course coordinator. Student requests for group assignment or rotation placements are not allowed.

Many of the program's full-time clinical rotation sites are located throughout Kansas. It is often more fiscally opportune for students to stay in-state and as a state institution, we strive to place student in area clinics to be an active contributor in meeting the needs of our state. Sites are selected based on the following criteria:

1. Compatibility of the academic program and clinical education site philosophy.
2. Commitment to equal opportunity.
3. Clinical site physical therapy services are provided in an ethical and legal manner.
4. Clinical site administrative support of clinical education is demonstrated.
5. Clinical education experiences are planned to meet objectives of the program, clinical site/instructor and individual student.
6. The site offers a stimulating environment appropriate to the learning needs of students including an adequate number of qualified Clinical Instructors needed to meet student needs.
7. Clinical Instructor(s) demonstrates clinical competence, professional conduct, and effective instructional, supervisory, communication, interpersonal and performance evaluation skills. Clinical Instructors should be active in professional activities.
8. The site demonstrates a willingness to offer clinical experiences on an ongoing routine basis.

The DCE may consider developing additional sites at the request of students, only if the proposed site provides an exceptional learning experience that meets the ongoing educational needs of the program. Areas of development currently include certain specialty practices, inpatient sub-acute rehabilitation and acute care hospitals. They **do not** include general outpatient clinics. The areas of development may change over the course of the time students are in the program, so students inquiring about new site

development will need to contact the DCE. New clinical contracts **will not** be developed for purposes of the students wanting to travel, stay near friends or family, or to procure post-graduation employment.

Clinical sites may initiate contact with the DCE to inquire about becoming an affiliating site. Students interested in a new site may contact the facility to gather information about the willingness to accept students from a new contract and contact information. Students then forward this information to the DCE. At this point, further communication is assumed by the DCE and the potential of formulating a long term clinical education relationship is determined. A clinical education initiation packet is sent containing affiliation agreement (unless use of a facility specific contract is requested), and overview of the curriculum.

Site Visits

During integrated experiences, course instructors may make periodic visits to the participating clinics while students are present.

Visits to full-time clinical rotation sites by the DCE are scheduled to occur every 2-3 years for routinely used facilities within the Kansas City metropolitan area. Routinely used sites within a 300 mile radius may be visited approximately every 3-5 years, except international sites. Sites not routinely used or outside the 300 mile radius may not receive a visit but will be screened using other communication methods. Most site visits are performed in conjunction with student placement at the facility. Site visits may be in-person or virtual (using video conferencing technology). Phone consultations may be scheduled with the student and/or clinical instructor when in-person or virtual site visits are not performed. A site may request that the DCE or other faculty members provide their staff with consultation, or a workshop/presentation.

Evaluation and Communication with Clinical Sites

Evaluation of integrated clinical experiences and sites will occur during and at the completion of each course.

Evaluation of the full-time clinical rotation site occurs both formally and informally on a regular basis through written and verbal communications with the facility and student. Information is garnered from the Clinical Site Information Form (CSIF) for learning opportunities meeting the basic site selection standards in the APTA Guidelines and Self-Assessment for Clinical Education. This information is available on the web-CPI website (https://cpi2.amsapps.com/user_session/new).

The DCE documents site visits and phone consultations as an informal means of gathering meaningful information used to develop a closer relationship with clinical sites and clinical instructors. Formal evaluation is completed online using the Student Evaluation of Clinical Instruction Evaluation. Ratings of either some good learning experiences; student program needs further development or student clinical education program is not adequately developed at this time trigger exploration by the DCE as to the reasons for such ratings from the students and if necessary, discussion with the facility.

It is suggested that the clinics complete a self-assessment using the APTA Guidelines and Self-Assessments for Clinical Education that is available on the KUMC Clinical Education Website (<http://www.kumc.edu/school-of-health-professions/physical-therapy-and-rehabilitation-science/doctor-of-physical-therapy/clinical-education.html>).

Dissemination of Student Information to Affiliating Clinics

Prior to integrated clinical experiences, the participating facilities will received the list of student's names, contact information and assigned days and times for all students. Students will be responsible for maintaining/meeting their assignments as scheduled.

Prior to the full-time clinical experience, a letter indicating student's name, composite and contact information is provided to the site where a student is assigned. A working resume and the student's individual goals will also be sent by the student at least one month prior to the each full-time clinical experience start date. The Clinical Education Handbook containing clinical education policies and all evaluation forms is available online to each student and clinical instructor. It is student's responsibility to

share this information with their clinical instructor and to inquire about the specific site requirements including clinical instructor work schedule, site requirements and dress code. Each student will maintain electronic documents that are sent to clinical instructor.

Student Competency Assurance

It is essential that students are demonstrating reasonable progress in their clinical skills during the course of the first two years in the curriculum. Integrated clinical experiences require meeting the expectations and the completion of assignments in each course as part of assessment designed to meet course objectives as they are listed in the course syllabi.

Students must also show reasonable progress during the course of their full-time clinical experiences. Prior to the beginning of the first full-time clinical rotation, academic instructors must contact the DCE to identify students who are not demonstrating appropriate clinical competence. A remedial plan would be put in place by the academic instructor. The DCE should be informed of the plan, and notified when the student has successfully completed the remediation. Depending on the time the remediation is complete, the student will be able to attend the planned full-time clinical experience or the clinical rotation will be reassigned by the DCE.

Clinical Experience Descriptions

PTRS 720: Integrated Clinical Experience I (1 credit hour)

A series of weekly supervised clinical experiences and seminar sessions that provide preliminary opportunities for the application of didactic coursework in the clinical environment. Emphasis is placed on the development of professionalism, interpersonal and interprofessional communication, and problem solving skills in the clinical setting, as well as basic physical therapy skills introduced in coursework. Prerequisite: Successful completion of semester 1 of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve a beginner level of performance in most aspects of patient and practice management in an inpatient setting.

PTRS 730: Integrated Clinical Experience II (1 credit hour)

A series of weekly supervised clinical experiences and seminar sessions that provide opportunities for the application of didactic coursework in the clinical environment. In addition to basic physical therapy skills and procedures introduced in classes, emphasis is placed on the development of professional, teamwork, and leadership skills in the clinical setting. Prerequisite: Successful completion of semesters 1 and 2 of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve a beginner or advanced beginner level of performance in most aspects of patient and practice management in an inpatient setting.

PTRS 830: Integrated Clinical Experience III (2 credit hours)

A series of weekly supervised clinical experiences and seminar sessions that provide opportunities for the application of didactic coursework in the clinical environment. In addition to physical therapy skills and procedures introduced in classes, emphasis is placed on the development of personal risk management skills, understanding the roles of the physical therapist, and interprofessional collaboration in the clinical setting. Prerequisite: Successful completion of semesters 1-4 of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve advanced beginner or intermediate level of performance in most aspects of patient and practice management in selected settings.

PTRS 840: Integrated Clinical Experience IV (2 credit hours)

A series of weekly supervised clinical experiences and seminar sessions that provide opportunities for the application of didactic coursework in the clinical environment. In addition to physical therapy skills and procedures introduced in classes, emphasis is placed on the development of customer service skills, understanding physical therapy practice in different settings, information management, and interprofessional practice skills in the clinical setting. Prerequisite: Successful completion of semesters 1-5 of the DPT curriculum or permission of instructor. The student should be able to integrate skills

learned in didactic curriculum to achieve an intermediate level of performance in most aspects of patient and practice management in selected settings.

PTRS 920 Full-Time Clinical Experience I (6-8 credit hours)

Nine to twelve weeks of full-time clinical experience. During the clinical rotation, the student will have the opportunity to develop the patient care skills needed for successful practice as a physical therapist. The student will work under the supervision of an experienced physical therapist in clinical settings affiliated with the program. Prerequisite: Successful completion of the first 7 semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve advanced intermediate level performance using the web-CPI in all aspects of patient and practice management in selected settings including inpatient, outpatient or a setting of student's interest.

PTRS 921 Full-Time Clinical Experience II (6-8 credit hours)

Nine to twelve weeks of full-time clinical experience. During the clinical rotation, the student will have the opportunity to develop the patient care skills needed for successful practice as a physical therapist. The student will work under the supervision of an experienced physical therapist in clinical settings affiliated with the program. Prerequisite: Successful completion of the first 7 semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve half way between advanced intermediate and entry level performance using the web-CPI in all aspects of patient and practice management in selected settings including inpatient, outpatient or a setting of student's interest

PTRS 922 Full-Time Clinical Experience III (6-8 credit hours)

Nine to twelve weeks of full-time clinical experience. During the clinical rotation, the student will have the opportunity to develop the patient care skills needed for successful practice as a physical therapist. The student will work under the supervision of an experienced physical therapist in clinical settings affiliated with the program. Prerequisite: Successful completion of the first 7 semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve entry level performance using the web-CPI in all aspects of patient and practice management in selected settings including inpatient, outpatient or a setting of student's interest.

PTRS 923 Full-Time Clinical Experience IV (2-6 credit hours)

Three to nine weeks of full-time clinical experience. During the clinical rotation, the student will have the opportunity to develop the patient care skills needed for successful practice as a physical therapist. The student will work under the supervision of an experienced physical therapist in clinical settings affiliated with the program. Prerequisite: Successful completion of the first 7 semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve entry level performance using the web-CPI in all aspects of patient and practice management in selected settings including inpatient, outpatient or a setting of student's interest. .

PTRS 924 Specialized Clinical Experience (2-6 credit hours)

Three to nine weeks of clinical experience. During the clinical rotation, the student will have the opportunity to have exposure to a different health care system such as an international clinical experience, or a specialized area of physical therapy practice. This course is also used as a bridge between the fall and spring semester for 12 week full-time clinical experiences for maintaining the appropriately distributed credit hours. The student will be under the supervision of an experienced physical therapist in clinical settings affiliated with the program. Prerequisite: Successful completion of the first 7 semesters of the DPT curriculum **and** permission of instructor. Students are expected to follow the course requirements as outlined in the syllabus. For specialized practice or international placements, students develop their own specific learning objectives and provide an annotated bibliography supporting their learning objectives and any applicable performance rubrics. Upon completion, the student will prepare and/or deliver a scholarly paper or presentation.

STUDENT RESPONSIBILITIES

The student's role and level of function is stated in the individual course syllabi. Students are expected to take responsibility for their own learning and demonstrate professionalism at all times. It is the student's responsibility to inform the course instructor during integrated clinical experiences or the DCE during full-time clinical experiences as soon as a problem related to clinical learning is identified.

Expectations

Integrated Clinical Experiences

1. Complete all necessary documents including HIPAA training, criminal background check, drug screen, health information (immunizations, TB test) CPR training and signed confidentiality policy as directed by the course coordinator.
2. Use the student tracking system (Typhon) to manage required documents and assignments. The Typhon system is utilized for all integrated clinical experiences and full-time clinical experiences, and requires payment of a one-time user access fee. Students are responsible for paying this one-time fee prior to beginning ICE I.
3. Comply with the policies and procedures of the clinical site and the Department of Physical Therapy and Rehabilitation Science.
4. Fulfill all requests, duties and assignments made by the course coordinator and/or clinical supervisor.
5. Provide honest and constructive feedback to the clinical site and the course coordinator.
6. Timely attendance and active participation in all integrated clinical experience sessions.
7. Promptly reschedule make up time for any absences.
8. Adhere to the profession's *Code of Ethics* and comply with Guides for Professional Conduct and Professional Behaviors.

Full-Time Clinical Rotations:

The students are required to abide by the requirements of the contract and follow the Department Clinical Policies and Procedures.

1. Contact the site at least 4-6 weeks in advance to learn the specific requirements of the assigned site.
2. Provide all necessary documents (i.e., health information, criminal background checks or drug-screens) to assigned site, either prior to their arrival or upon arrival of the first day.
3. Assume the cost associated with the clinical education experiences including travel, transportation and housing.
4. Students must enroll in the appropriate clinical education course prior to the first day of the clinical rotation.
5. Review the required documents with Clinical Instructors within the 1st two days of their full-time clinical experience.
6. Comply with the policies and procedures of the clinical site and the Department of Physical Therapy and Rehabilitation Science.
7. Fulfill all duties and assignments made by the clinical instructor and Director of Clinical Education within the time limit specified.
8. For web-based postings (such as discussion boards or web-CPI), patient identifiers will be removed and discussion will remain in the educational context.
9. Provide honest and constructive feedback to the clinical site and Director of Clinical Education.
10. Adhere to the profession's *Code of Ethics* and comply with Guides for Professional Conduct and Generic Abilities.
11. Reschedule make up time for any absences.
12. Write a letter of appreciation to the appropriate individuals (e. g. clinical instructor, department supervisor, clinical site administrator) for the educational opportunities provided.
13. Students are to work through their DCE for clinical assignments and **are not** to contact established affiliating sites to gain a clinical placement. Such action will result in potential disciplinary action and/or loss of the negotiated placement.

Travel and Expense Expectations

Due to the requirements of clinical practice in rural Kansas and in a variety of settings that are not always available in local region, students are expected to travel outside the metropolitan area. Students must understand the additional responsibilities and obligations that are required during clinical education. These responsibilities include provision for reliable transportation, living expenses (housing, meals, etc.) and other potential expenses like meeting the dress code or site compliance requirements like additional background checks or drug screening. Financial aid planning should include an expense budget for clinical education. The estimated cost may vary significantly from student to student, and site to site. Students are responsible for their own transportation and living arrangements related to full-time clinical rotations unless otherwise supported by the clinical facility.

Clinical Experience Objectives

Each clinical education course has course objectives that are part of the course syllabus. Students are expected to create individualized learning objectives compatible with their learning needs and the experiences offered at the clinical site. In addition, the clinical site may also have specific objectives they have developed. Learning experiences for students at the clinical site are developed to address all of the possible relevant learning objectives.

RULES AND REGULATIONS

Dress Code

The student is required to adhere to the dress code of the facility. For integrated clinical experiences, the student will receive dress code requirements of the facility in which they are assigned prior to the first day they are in the clinic.

In making contact with the facility prior to each full-time clinical experience, the student should ask about the attire requirements. The student should wear their KUMC student nametag/identification visibly unless prohibited by the facility.

Attendance and Absences

As part of the professional education process for physical therapist students, prompt, regular attendance is expected during clinical education. Students must arrive at all clinical experiences on time allowing for adequate preparation in order to start the day on time. The student must adhere to the clinic time schedule at all times. Excused absences must be arranged in advance with the course coordinator for integrated clinical experience and the clinical instructor at the clinical facility for full-time clinical experiences. During integrated clinical experiences, students will be expected to arrange make up time for any sessions missed.

During full-time clinical rotations, the student may be permitted one (8 hour day) excused absence per rotation for out of town travel between clinical sites over 550 miles apart. In the event of other excused absences, the student and the clinical instructor will make arrangements for additional hours either by extended day or weekend hours. It is at the discretion of the clinical site whether this is acceptable. Students are strongly discouraged from absences during a clinical rotation, including time off for job interviews.

In general, a student may be allowed up to 3 days of excused absence per semester for unanticipated absences including sick days, immediate family funeral leave, or facility closure. **Vacation time or interview time is NOT considered excused absence.** The excused absence time may need to be made up if the student requires the clinical time to meet performance expectations. It is standard that students attempt to make up any time missed. More than 2 absences on any given clinical rotation will require permission from the DCE. Students must also contact the DCE in a timely manner for more than 3 absences over the semester.

Unexcused absences occur when the student has either failed to notify his/her clinical supervisor/instructor of illness or failed to obtain permission from the supervisor/CI prior to the absence. Any unexcused absence must be reported to the DCE by the student and SCCE/CI immediately. More

than one unexcused absence during a semester may result in a hearing before the academic faculty, at which time possible dismissal from the program may be considered.

In the event of illness, the student must notify the Clinical Instructor as soon as possible. If an illness or excused absences necessitates more than one day away from the clinical site, it is the responsibility of the student to notify the DCE as to the nature of the illness. If a student is absent for 3 consecutive clinical days due to illness, he/she upon returning must provide written assurance from a physician that he/she is capable of returning to assigned duties. A copy must be furnished to the student's clinical supervisor/instructor and to the DCE. It is at the discretion of the DCE in concert with the SCCE/CI as to how the missed clinical experience will be made up. In the case of prolonged absence, the clinical rotation may be ended and the student will receive an incomplete for the class. A leave of absence may be sought by the student and will follow the School of Health Professions policy and procedures. Remediation may be allowed depending on the circumstances.

In the event of inclement weather, best judgment by the student for travel to/from the clinical site will need to be exercised. If the student's judgment is to delay or cancel travel for the clinical day, then the student will need to contact their clinical instructor as soon as possible for notification of plans and rationale. The student will also need to notify the DCE in a timely manner.

Excessive absence may be grounds for failure of a clinical education course. The course instructor/coordinator or Director of Clinical Education may modify the attendance policy at any time throughout the semester as long as the students are notified in writing of the change.

If the student is unavoidably tardy, he/she should notify the clinical facility by telephone of the reason for the lateness. Even tardiness of a few minutes should be reported to the acting clinical instructor immediately upon arrival. The student must also report the tardiness to the DCE within 24 hours. The SCCE or clinical instructor must report more than one episode of tardiness or leaving the facility early to the DCE for action by the academic faculty. Repeated tardiness or leaving the facility early will not be tolerated and may result in a hearing before the academic faculty and may result in dismissal from the program.

Holidays

Since full-time clinical education functions in a real world environment, students will follow the clinical instructor's schedule around the standard holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day). If the CI works on the holiday and expects the student to be present, then the student will follow the CI's schedule. The CI is usually given a make-up day off during the week for working the holiday. If CI does not work the holiday or does not expect the student to be present on holiday, then the student will have the holiday off. The student may follow another clinician on the CI makeup day.

Religious Accommodations

Information regarding religious accommodations policy can be found at the following website: <https://policy.ku.edu/kumc/kumc-religious-accommodations-policy>. For students on full-time clinical rotations, the policy states: Students on clinical rotations may request an absence to observe a religious holiday from the appropriate Associate Dean and must also inform the director or coordinator responsible for placing the student. Details of the absence will be worked out directly between the student and their director/coordinator on an individual basis, following approval of the request by the Associate Dean. Modifications to schedules (including breaks for prayer), will be supported as long as these requests do not fundamentally alter the requirements of the clinical rotation, require substantial program modification, or pose safety risks to patients. Allotted non-work days may need to be used to allow for schedule adjustments or to make up missed time which results from religious holidays or other religious-related absences. Students should make such requests for accommodation as soon as possible after the student's clinical rotation schedule is known or, at the latest, at the beginning of a course or clerkship.

A student may request to be excused from participating in specific health care and/or research procedures or other educational experiences where such care or experiences presents a conflict with the student's religious beliefs. At least 30 days prior to the start of the semester or rotation involving the specific health care, procedures, or experiences for which the exclusion is sought, or as soon as the conflict is known if within 30 days, the student must submit a request for an accommodation with the appropriate Associate Dean and provide notice to their faculty chair. The request must include the specific aspects of care from which the student seeks to be excused and the reasons for making the request. The Associate Dean will discuss the request with the involved faculty to determine whether an exclusion or alternative educational arrangement can be provided without eliminating or fundamentally altering academic requirements or technical standards.

Restrictions during Full-Time Clinical Experiences

If you are unable to fully participate in the assigned full-time clinical experience either before and/or during the clinical rotation, you will need a physician's order specifying the nature of the restriction. If known prior to the start date of the clinical rotation, it must be disclosed to the DCE. The student will work with the DCE and possibly the SCCE, and CI to formulate a reasonable alternative for meeting the clinical education course requirements. If accommodations are not available, an incomplete grade is assigned and time will be repeated in a different facility that is able to provide accommodations.

Student Liability Insurance

The University provides professional liability insurance (malpractice insurance) for all *enrolled* students during clinical education. Enrollment in a clinical education course is required to be onsite at the assigned clinical site.

Criminal Background Checks

Criminal background checks are required by most facilities providing clinical education. The student will complete a criminal background check through the Dean's Office that includes: GSA Excluded Parties Testing System, Police/Criminal Background Check, Department of Health and Senior Services Employee Disqualification List and US Department of Human and Health Services List of Excluded Individuals/Entities. Students should have these completed before beginning the clinical education program. Students are responsible for the fees incurred. In some instances, facilities require additional criminal background checks of students in addition to the ones already completed for enrollment. Students assigned to those facilities will have to provide this information at their expense. The student should carry a copy of the required criminal background check(s) with them to the clinical facility as he/she may be requested to provide it to the facility for their records.

The student should notify the Department Chair or Program Director if an adverse criminal background check exists. If there are adverse findings from the criminal background check, the DCE will contact the clinical site in advance and notify them of the adverse finding. It will be at the discretion of the clinical site as to whether they will accept the student for placement. Adverse findings may negatively impact the ability to place students in clinical facilities, which may in turn impact the student's ability to progress through the clinical curriculum and/or graduate. It should also be noted that depending on the nature of the adverse finding, the student might be able to successfully graduate but may not be eligible for licensure.

The student will be responsible for the cost of any additional criminal background checks or other site based regulations such as drug testing. The student is responsible for notifying the SHP office and Department Chair or Program Director if there is any newly reported criminal action(s) since the admission check.

Health Insurance

Students are required to provide their own health insurance. The student should carry a copy with them to the clinical facility as he/she may be requested to provide it to the facility for their records.

Immunizations

To comply with OSHA requirements, students are required to have immunizations or serology reports completed prior to beginning the first integrated clinical experience including:

- Measles, mumps, rubella (MMR),
- Tetanus/ diphtheria/pertussis (Tdap) – within past 10 years
- Varicella (chicken pox) series or previous illness
- Hepatitis B series (or waiver)

Students are required to have an initial two step TB screening (PPD) that is updated annually. A student who was immunized against TB or received treatment for TB and has a positive TB test needs to have a chest x-ray done to demonstrate that there is no evidence of active TB.

Seasonal flu shots are also required

The University provides students access to needed immunizations and screening in the Student Health Center with the expense to be borne by the student. Proof of the above is required by all clinical facilities and must be completed prior to the first integrated clinical experience and must remain current for all remaining clinical experiences. For those involved in international travel, additional immunizations may be required as determined by the International Travel office. The student should carry a copy of their health records with them to the clinical facility as he/she may be requested to provide it to the facility for their records.

A physician's physical examination is also required by the student health office. Forms for all of the above are available on the KUMC student health center website (<http://www.kumc.edu/student-services/student-health-services/health-requirements-for-continuing-students.html>).

CPR

The student is required to maintain a current American Heart Association Healthcare Provider Basic Life Support CPR card throughout all clinical education courses. Other lay person training programs cannot substitute for this requirement. The student should carry a copy with them to the clinical facility as it may be requested by the facility for their records.

Drug Screening

Drug screening is required by a number of clinical sites including those used for integrated clinical experiences. The student must pass a drug screen prior to beginning the first integrated clinical experience. Students are encouraged to ask about these tests and to obtain information on avoiding ingesting anything that could cause a false positive result on a drug test. Full-time clinical experience sites may require an additional drug screen to be completed within a certain time frame prior to beginning their clinical rotation. The screening will be completed by the facility's guidelines and may be at the student's expense. If a drug screen is positive, the SHP policy (<http://www.kumc.edu/school-of-health-professions/student-handbook.html#alcohol>) will be followed and the student may be dismissed from the program. Cost for additional drug screening required by full-time clinical sites may be borne by the student. Check with the DCE regarding current individual facility policy.

Potential Health Risks

Clinical practice poses potential for exposure to hazardous materials, infectious agents, and personal injury. Prior to beginning the first integrated clinical experience, the student must be trained in standards for preventing transmission of blood borne and other infectious agents and must also successfully pass training in injury prevention and safe body mechanics modules on the EHS TLC training website. A student must complete any additional training required by the clinical site.

It is the student's responsibility to seek all the information needed to comply with the clinical site's policies including infection control, use/storage/labeling of hazardous materials, fire and emergency procedures, security, and incident reporting of personal or patient injury. A list will be provided online for specific integrated clinical experiences.

Exposure or Workplace Injury Plan

In the event of an exposure to an infectious agent or hazardous material or injury at the clinical site, the student should seek treatment through the site's employee health department if available. Otherwise, treatment should be sought by a nearby qualified physician or urgent care center. The student must follow site protocol for injury or exposure reporting and must promptly notify the SCCE, CI, and DCE. Treatment may be at the student's expense.

Patient Incident or Injury

Students are to immediately report all incidents or accidents involving patient/clients to their clinical instructors and DCE. The Clinical Instructor should report the occurrence as required by facility policy and procedures. The Site Coordinator of Clinical Education or CI should contact the DCE to notify him/her of such incidents/accidents and discuss measures being taken. Students are advised to speak to no one other than the SCCE, CI and DCE regarding any incident or accident in which they were involved or which they witnessed during their full-time clinical rotation. All matters regarding such occurrences are to be processed according to facility policy and procedures.

Statement on Disability

Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at Student Counseling & Educational Support Services by calling 913-588-6580 or visiting G116 Student Center. To schedule an appointment, you can go to the following website for more information: <http://www.kumc.edu/student-services/counseling-and-educational-support-services/schedule-an-appointment.html>.

Students in clinical education who, because of a disability, believes they may need accommodations in order to complete course requirements are encouraged to contact Cynthia Ukoko, cukoko@kumc.edu, in the Academic Accommodations Services Office (G020 Dykes), 913-945-7035, as soon as possible to better ensure that such accommodations can be implemented in a timely fashion. Online appointments may also be made at <https://medconsult.kumc.edu>. Reasonable accommodation will be provided in accordance with the University of Kansas Medical Center's Americans with Disability Act compliance policy.

For online information about academic accommodations, please go to www.kumc.edu/accommodations.

Accommodation for Disability

The Department of Physical Therapy and Rehabilitation Science does not discriminate against any student on the basis of disabling conditions. Any student with functional limitations should consult with academic and clinical faculty to determine mutually acceptable compensatory learning methods and activities that are equivalent substitutions for established performance standards. It is the student's responsibility to self-identify. Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at the Student Counseling & Educational Support Services by calling 913-588-6580. Any student in who needs an accommodation because of a disability in order to complete the course requirements should contact the instructor or the Academic Accommodation Services Office 913-945-7035 as soon as possible. If the student does not self-identify prior to beginning the integrated clinical experience or full-time clinical experience and problems arise, the student may be removed from the facility, experience a delay in the progression of the curriculum or potentially fail the clinical education course.

Patient Rights

The student is obligated to obtain informed patient consent. The student must disclose his/her status as a student and provide the patient with the name of the supervising therapist. A patient has the right to refuse treatment by the student without effects on services.

Institutional Property

All institutional (clinical site) resources are considered proprietary. The student may not remove or copy resources or materials from the clinical institution without consent of the clinical director.

HIPAA Compliance

The student is required to complete training for awareness and compliance with the patient privacy regulations of the Health Insurance and Portability and Accountability Act prior to beginning the first integrated clinical experience and is a part of the student's annual compliance core training. An annual retraining is required thereafter. The student should carry a copy of the HIPAA certificate with them to the clinical facility as he/she may be requested to provide it to the facility for their records. The student is required to strictly adhere to standards. The student must protect patient confidentiality and is not to discuss the patient/patient condition outside the clinical setting. Patients may be discussed with classmates and faculty for educational purposes only. All patient and clinical site identifiers must be removed. The confidentiality policy for KUMC fellows, residents and students in the appendix (Exhibit A) will need to be signed and returned to the ICE course instructor upon receipt of this handbook and prior to the first integrated clinical experience.

Professional Behavior:

Any behavior exhibited by the student deemed inappropriate by the ICE course instructor, DCE, clinical instructor or the SCCE will result in failure of the clinical education course in which the behavior is being displayed. Repeated or multiple issues with professionalism during a full-time clinical rotations may also result in course failure, probation or dismissal from the program.

Reporting Incidents

An incident out of the ordinary involving or witnessed by the student should be immediately reported to the CI and the appropriate facility incident report should be filled out. The DCE should be contacted of the incident within 24 hours.

Statement of Student Responsibility:

It is the responsibility of each student enrolled in this course to monitor grades and progress. Clinical education courses are graded on a Satisfactory/Unsatisfactory grade, and as such, will not affect your grade point average. Unsatisfactory grades will affect the progression through the curriculum.

Receiving a satisfactory grade in a clinical education course is necessary to continue in the program. Students who receive an unsatisfactory grade may have the opportunity to retake a clinical course **one time**. On full-time clinical experiences if a student feels that he/she is not doing satisfactory work prior to or at mid-term, the student is responsible for contacting the DCE to design a plan for improvement. Likewise, the clinical instructor should contact the DCE when performance is not within the expected range before or at midterm. The DCE will work with the clinical instructor and/or the student to develop a plan for improvement. Unsatisfactory clinical coursework may interrupt the student's ability to proceed within the curriculum or graduate. The student will need to enroll in, repeat and successfully complete the pertinent course to remain in the program and/or graduate. More than one clinical education course failure will likely result in dismissal from the program.

INTEGRATED CLINICAL EDUCATION COURSE COORDINATOR/INSTRUCTOR RESPONSIBILITIES

The course coordinator will:

1. Assign and coordinate all eligible students to integrated clinical experience sites.
2. Orient students to the course expectations and guidelines and the required policies and procedures including any pertinent reference information.
3. Prior to ICE experience, insure student completion of appropriate compliance information (CBC, drug screen, health requirements and student handbook signature page).
4. Check for registration of student in ICE course enrollment.
5. Maintain open communication with clinical coordinators, supervisor and students during each integrated clinical education course.
6. Organize and manage seminars associated with each integrated clinical education course.
7. Evaluate material submitted by students for fulfillment of the requirements of the clinical education course.
8. Evaluate preceptor assessment of student performance during ICE to assign grade and determine if remediation is needed.

9. If challenges, conflicts or problems arise during the student's integrated clinical education course, the course coordinator will maintain contact with the relevant person(s) and guide the conflict resolution process with the goal of achieving successful resolution.
10. Evaluate remediation needs and provide a plan of approach including remediation for experiences students who are eligible for reassignment.

DCE RESPONSIBILITIES

The Director of Clinical Education (DCE) is dedicated to facilitating successful completion of each full-time clinical education course of each student by fulfilling the following criteria:

1. Assure that written legal contracts between the University and all clinical sites are in place and updated as needed. A current signed affiliation agreement must be on file before assigning and sending a student to a clinical site.
2. Assign all eligible students to full-time clinical experiences.
3. Orient students to the purpose and process of clinical education, and the policies and procedures required.
4. Check for registration of students in full-time clinical education courses.
5. Maintain open communication with each clinical instructor and/or SCCE by any method deemed appropriate before, during and after assigned full-time clinical rotations.
6. Maintain reference information describing each clinical education site and its policies, procedures and resources.
7. Develop new clinical education experiences that meet the criteria and guidelines established by the department.
8. Provide pertinent course information to clinical instructors and students.
9. Evaluate material submitted by students for fulfillment of the requirements of the full-time clinical education course.
10. Evaluate the CI(s) assessment of each student's performance and determine the course grade in compliance with the stated criteria.
11. If challenges, conflicts or problems arise during the student's full-time clinical rotation, upon notification the DCE will maintain contact with the relevant person(s) with the goal of achieving successful resolution. The DCE serves as a resource to both students and clinicians to assist with resolution of issues that are identified during the experience and to provide advisement as necessary in collaboration with the clinical instructor and the student.
12. If deemed appropriate, terminate the student from the full-time clinical rotation.
13. Arrange remediation experiences for students who are eligible for reassignment.
14. Provide affirmative feedback to clinical sites for providing clinical education experiences for the program's students.
15. Assess clinical education needs of the clinical instructors and clinical site.
16. Conduct or coordinate clinical education opportunities to facilitate development of the skills of clinical instructors.

Full-Time Clinical Experience Assignments

To assist students in planning, it is requested that each clinical site complete a Clinical Site Information Form (CSIF) that provides information pertinent to clinical education. Students may also review feedback from previous students/graduates or seek information from the DCE. Some facilities also have specific criteria or objectives for clinical education that may also be useful in determining facility expectations. The DCE will inform students where this information may be obtained during the clinical education planning meeting. Students will have an opportunity to research available options and identify their preferences. The DCE will be available to discuss the process and answer questions about student needs or specific facilities of interest during the clinical education planning meeting where student requests for clinical placement information is disseminated. ***At NO time during the selection and assignment process, are students to make contact with clinical sites.*** Students will rank order of their preferences (the number as requested by the DCE) and submit their information to the DCE on or before the specified deadline. Please note that it is in the student's best interest to choose from available sites when selecting placement sites rather than hoping to be placed at a new site that may not transpire or for which a current contract does not exist.

The SCCE will be sent clinical preference forms requesting clinical placements March of each year. Information received back from clinical sites will be recorded in the database.

Assignments will be done by one of two methods at the discretion of the DCE:

1. Computer database matching method using a randomized computer match
2. Lottery method using by first reducing competition by assignment to uncontested slots and then randomly matching names from the pool of the remaining students requiring clinical assignment.

The DCE will review the assignments for alternative placements if it is deemed to be in the best interest of the students and/or program. Every reasonable effort will be made to share the rationale for reassignments with the student. Students will receive notification of their upcoming assignments and be given an opportunity to discuss any concerns with the DCE.

SCCEs are provided with finalized clinical placement information for the upcoming calendar year including filled and released time slots, updated clinical education policies and other relevant clinical education program information annually during the summer semester. Once assignments are made, the only changes that will be allowed for students are for unexpected circumstances of hardship. The student may petition the DCE after the assignment has been made. The DCE will consider on an individual basis, if the assignment creates a hardship. The DCE may consult with other faculty members if needed to determine the extent of the hardship. If hardship is determined, the student and DCE will work together to find another assignment that will allow the student to meet clinical education requirements. If the DCE decides a hardship is not present, the student must attend the assigned site or risk failing the course.

If a site becomes unavailable during a planned clinical rotation, the student will individually consult with the DCE who will make every reasonable effort to secure an equitable learning alternative. Records of site cancellations are kept for review.

CLINICAL FACILITY RESPONSIBILITIES AND PRIVILEGES

SCCE Responsibilities

The SCCE is committed to facilitating successful student experiences by abiding by the following policies:

1. Describe the philosophy of the clinical site and provide consistent student expectations.
2. Prior to student placement, review the contractual agreement between the academic institution and clinical site to assure that these agreements are current.
3. Submit current information of the clinical site and CI staff to DCE.
4. Keep confidential student records with personal information including evaluations secured.
5. Provide student orientation including safety, emergency, security procedures, department policies and "unwritten" policies that may impact student performance or evaluation.
6. Communicate with DCE to serve as an objective mediator between CI and student if necessary.
7. Provide consultation regarding learning experiences to the clinical instructor.
8. Assist in planning and problem solving with the CI/student team in a positive manner.
9. Communicate with the DCE regarding coordinating student assignments, maintaining a student schedule, clinical education planning and evaluation, and CI development.
10. Encourage feedback from students, CI(s), DCE and other interested colleagues.
11. Evaluate the resources and needs of CI(s) and facility.
12. Manage the comprehensive clinical education program.
13. Supervise the educational planning, clinical experiences and evaluation of the CI and student.

CI Responsibilities

The role of the clinical instructor (CI) is multifaceted since the CI has multiple roles within their facility. As a CI, the focus is on teaching and facilitating the learning experience for each individual student in order to meet learning objectives.

The CI is committed to facilitating the student's successful completion of the full-time clinical experience by abiding by the following policies:

1. Structure the clinical experience to offer the best opportunity for the student to build on theoretical concepts and practical clinical skills.
2. Provide formal and timely student evaluation at midterm and the completion of each full-time clinical experience. Review the student evaluation with the student.
3. Understand the clinical education policies and procedures of KUMC including the procedures for student attendance, addressing deficit practice behaviors, full-time clinical experience termination, and/or student conflict.
4. Communicate with the DCE when student has been advised of unsatisfactory performance, unsatisfactory progress, or when a remediation plan has been initiated.
5. Provide appropriate level of supervision of students that allows evaluation of student's skills, knowledge and attitudes. Provide timely formal and informal feedback.
6. Arrange for alternative student supervision and/or learning experiences in light of CI absence.
7. Work with the SCCE to provide student orientation of institution and departmental policies including any written and unwritten policies that impact student evaluation.
8. Maintain current, evidence-based practice.
9. Model professionalism, and maintain a professional relationship with the student.

Clinical Faculty Privileges

SCCE's, and CI's are considered Volunteer Clinical Faculty. The DCE and/or faculty members are available to provide seminars and in-services on clinical education at clinical sites. Academic faculty members are available to consult with clinical faculty on clinical research, clinical education, or clinical projects. Clinical faculty members are invited to campus sponsored seminars, and continuing education courses sponsored by KUMC-Department of Physical Therapy and Rehabilitation Science. Limited assistance may be available for clinical faculty to attend the APTA sponsored Credentialed Clinical Instructor Program course. Access to online library materials is available through the student during any clinical experiences and access can be granted by contacting the DCE.

Student Confidentiality

The University of Kansas affords all of its students their full rights as required by the Family Educational Rights and Privacy Act. This law was enacted to protect the privacy of students and to provide for the right to inspect and review education records which are directly related to a student and which are maintained by the University or by a party acting for the University including the clinical education site. The University may disclose personally identifiable information from the education records without the consent of the student to an outside contractor such as a clinical site who is a party acting for the institution and is performing a service which the institution would otherwise have to perform for itself. They are not permitted to disclose that information to others without the written consent of the student and that the information is to be used only for the purpose(s) intended. A student may request amendment of the content of an education record on the grounds that the record is inaccurate, misleading, or otherwise in violation of the privacy of the student.

EVALUATION OF THE CLINICAL EXPERIENCE

Evaluation Tools

Integrated Clinical Experiences will use different sources of information as listed in the syllabus to assess student performance.

The APTA web-based Physical Therapist Clinical Performance Instrument (web-CPI) is the official evaluation instrument used to evaluate student performance and professional development during full-time clinical experiences.

The student will use student driven goals and objectives, and the web-CPI to self-assess their performance of different components of their clinical experience. The students will also complete an

online Student Assessment of Clinical Site and Clinical Instruction to evaluate the performance and student satisfaction with the clinical site and the clinical instruction in meeting the individual student's needs. The evaluation will be sent to the CI and/or SCCE following the completion of the full-time clinical rotation.

Information collected on and from each facility is reviewed annually by the DCE.

Student Performance Expectations

Integrated Clinical Experiences

Expectations of student performance are provided in the syllabus of each integrated clinical education course. Satisfactory completion of course assignments, self-assessments, clinical feedback and performance rubrics/check sheets provide the standards for measurement of performance.

Full-time Clinical Experiences

Students are expected to reach the performance expectations outlined in the syllabus for each full-time clinical education course. CIs are expected to provide narrative comments to support unusually high or low ratings on all applicable performance indicators. CIs are encouraged to consult with the DCE for assistance in rating the student's performance as needed. A written midterm assessment is required. The DCE will contact each student via e-mail and each clinical instructor with the method previously indicated when students send in web-CPI pairing information (direct or through the web-CPI) during the week of midterm.

Completion and timely submission of the student's midterm and final evaluation by the clinical instructor and student is expected. All evaluation material must be completed and returned to the DCE electronically, via fax, by mail, or in person by the student within one week after the completion of a full-time clinical experience or sooner if otherwise communicated by the DCE. When the evaluation materials are received, the DCE will review the content to assess whether performance standards were met. If clarification is required, the DCE will consult with the CI, SCCE and/or student for supplemental information.

Student Self-Assessment

During specified integrated clinical experiences, student self-assessment and/or reflection will be a requirement of the course according to course guidelines.

Students will complete a self-assessment of performance during full-time clinical experiences (PTRS 920-923) on the web-CPI. Student will also assess their individual student goals and objectives generated for each full-time clinical experience. A well-written objective should contain a performance statement that is written in behavioral and measurable terms describing what a learner will do. It contains a condition statement that indicates any restrictions or limitations under which the learner will perform. Lastly, it contains a criterion statement describing when or how the learner will do the task. The student goals and objectives should be reviewed with the clinical instructor at the onset of the full-time clinical rotation and refined as needed with periodic review during the full-time clinical experience.

Grading

Grading is based on a pass/fail basis and is the sole responsibility of the Course Coordinator of the integrated clinical experience courses or the DCE for full-time clinical experiences. Satisfactory completion is based on the specific criteria outlined in the syllabus for each clinical education experience.

Clinical Remediation Policy

If successful completion of any integrated clinical experience or clinical education course is not attained during the normal clinical time frame, student may be terminated, placed on probationary status, given one opportunity to repeat the clinical experience course or extend the current clinical education course, depending on individual situation as evaluated by the ICE course coordinator or DCE in conjunction with feedback from the program director and/or program chair. If student performance is unsatisfactory, the course coordinator or DCE will contact the student to gain the student's perspective of extenuating circumstances. Assessment of the circumstances will determine if the student is given a failing grade or

an incomplete grade. The student will need to meet with the course coordinator or DCE to discuss and develop a plan for to address remediation necessary to attain a passing grade. Incomplete clinical coursework may interrupt the student's ability to proceed within the curriculum or graduation.

In certain cases not related to student performance, such as family death, illness and maternity leave, an incomplete grade may be assigned and the student will be allowed to extend or repeat their full-time clinical experience.

CONFLICT RESOLUTION

Student Grievance during Clinical Experiences

If a clinical problem or conflict arises from the student's perspective (supervision, professionalism, academic preparation), the student should take the following steps:

- First discuss the problem immediately with supervising clinical instructor and if the situation warrants it, inform the course coordinator and/or DCE.
- If the situation is not improved, notify the DCE and SCCE of the facility for assistance in resolving the problem.
- If the situation is still not improved, notify the course coordinator or DCE immediately. Alternative strategies for resolving the problem may be implemented; a telephone conversation and/or onsite visit may be arrangement.

Students are also suggested to file a confidential report to course coordinator or DCE if situation is not resolved on time and at a satisfactory level. Students are encouraged to discuss ethical issues on discussion board in professional de-identified manner and seek peer and faculty advice.

If the conflict/situation is egregious in nature (sexual harassment, violence, illegal activity), the DCE should be contacted immediately for consultation on how student should proceed.

Clinical Instructor Grievance Procedure

Formal advisement between the CI and course coordinator or DCE is warranted if student conduct in any way disrupts safety or services to patients or relationships at the clinical education site. The student may also initiate advisement with the DCE.

1. If a clinical problem arises from the clinical instructor's or patient's perspective, the CI should immediately discuss the problem with the student and formulate a plan for resolution. If the situation is not improved, the CI should either contact the SCCE of the facility, or the course coordinator or DCE to discuss alternatives in resolving the problem, depending on the nature of the problem. Before the course coordinator or DCE becomes involved, a resolution attempt must be made between the student and CI to address identified issues.
2. The CI and student must document the nature and disposition of the problem and provide this documentation to the course coordinator or DCE.
3. The course coordinator or DCE will provide written confirmation of the documented problem and the course of action.
4. The course coordinator and DCE's role is to serve as a mediator between the student and the CI insuring the best interests of the public safety, the student, the clinical education site, the university, and the profession is met.
5. An onsite visit may be arranged with the CI, student and SCCE. The course coordinator or DCE, the student, the CI, and will share perceptions, define the problem, and document a corrective action plan.
6. The course coordinator or DCE will make a determination whether the student can be successful with continuation of the clinical education course. The student will be removed from the site if the problem appears irresolvable or detrimental to patient safety, the student's learning or clinical site business. The student will be reassigned for completion of the remaining duration of the clinical rotation or the entirety of the clinical rotation at the discretion of the course coordinator or DCE.
7. An action plan will be devised outlining specific behavioral expectation, time frames, and evaluation process. The action plan will be signed by the student, CI, and course coordinator or DCE.

8. The course coordinator or DCE will communicate with the student and CI at the completion date specified in the action plan.
9. At the completion date, student performance may result in 1) resolution of the problem with successful completion of the full-time clinical rotation, 2) partial resolution of the problem with full or partial remediation required, or 3) unsuccessful resolution of the problem with “unsatisfactory” grade of the full-time clinical rotation and full remediation or dismissal from the program.

Clinical Site Grievance

The SCCE and/or the CI may find it necessary to file a grievance with the program. This may be necessary if issues are not student-specific but involve issues with general academic preparedness, communication with academic faculty and/or DCE, or clinical education policies. The SCCE and/or the CI should document the specific problem and forward the document to the DCE. All documentation will be shared with the Program Director and Chair of the DPT program and will be forwarded to appropriate faculty. The program will provide the SCCE and/or CI a written response documenting the planned course of action.

Termination of Clinical Education Experience due to Student Performance

In the event that a student’s conduct or performance in any way disrupts services to patients or relationships in the clinical education site, the CI may dismiss the student; or the course coordinator or DCE may immediately terminate the student’s placement. Areas of conduct are not limited to technical skills or academic preparation but also include commitment to learning, effective interpersonal skills, effective communication skills, effective use of time and resources, acceptance of feedback with adjustment in targeted behavior, professionalism, problem solving, and stress management.

The following examples may be grounds for immediate termination. The list of examples is provided for clarification but is not an exhaustive list of all unprofessional behaviors that may warrant termination:

- Student does not exercise sound judgment placing a patient at risk for injury.
- Student behavior undermines the positive relationship between the university and the clinical site.
- Student performance jeopardizes relationships between employees at the clinical site.
- Student fails to adhere to department, program, or university policies and procedures.
- Student uses poor professional judgment leading to unsafe or inadequate patient care or has unethical conduct.
- Student fails to remediate unacceptable behavior that has been addressed.
- Student misrepresents level of competency or practices beyond abilities.
- Student has unreasonable absences or tardiness.
- Student dates a patient currently undergoing any form of treatment at the clinical site.
- Student dates a staff member employed at the clinical site.
- Student deceives the CI or clinical staff.
- Student informs the patient or family of personal disagreement with an aspect of care.

If the student is dismissed from the clinical education site or if the full-time clinical experience is terminated

- The student will be given an “unsatisfactory” for the full-time clinical experience.
 - The student may not return to the site for a future clinical full-time clinical experience.
 - The student or agents of the student may not interact or contact the clinical site, its staff, or patients.
 - The student must formally meet with the course coordinator or DCE to outline a remediation plan.
- Students may be granted the opportunity to re-enroll in a clinical education course in which they have received an “unsatisfactory” one additional time. Students who do not successfully complete the course the second time will be dismissed from the program.

CLINICAL EDUCATION PROGRAM AND FACULTY EVALUATION

Procedures are in place for communication and documentation of the quality of clinical education.

Student Evaluation of the Clinical Experience

Students will have the opportunity to evaluate the clinical instruction, course coordinator and clinical experience of each integrated clinical experience course following the completion of the course.

At the end or immediately upon completion of the full-time clinical rotation, the student must complete an assessment of their clinical experience and clinical instruction. Any student rating of an experience that is poor or needing improvement prompts the DCE to follow up with contact with the student and/or facility. Students are encouraged to contact the DCE at any time to discuss any concerns about a clinical site or clinical instructor

The DCE is available to the student to discuss the full-time clinical experience with the student. Student feedback will be documented.

Evaluation of the DCE

Students will complete an evaluation of the clinical education process and of the DCE at the completion of their final full-time clinical rotation which is usually done during the exit interview. Information gathered will be used for clinical education program development and faculty development.

Evaluation of the Clinical Curriculum

The clinical education curriculum will be evaluated through graduate interviews, graduate surveys, and advisory committee meetings among program stakeholders including clinical faculty. Student feedback is elicited through communication activities with students in the third year of the program.

CONFIDENTIALITY POLICY KUMC FELLOWS, RESIDENTS, STUDENTS

Patients are entitled to confidentiality with regard to their medical and personal information. The right to confidentiality of medical information is protected by state law and now by federal privacy regulations known as the Health Insurance Portability and Accountability Act ("HIPAA"). Those regulations specify substantial penalties for breach of patient confidentiality.

1. All patient medical and personal information is confidential information regardless of my educational or Clinical setting(s) and must be held in strict confidence. This confidential information must not become casual conversation anywhere in or out of a hospital, Clinic or any other venue. Information may only be shared with health care providers, supervising faculty, hospital or Clinic employees, and students involved in the care or services to the patient or involved in approved research projects who have a valid need to know the information.

2. Under strict circumstances, upon receipt of a properly executed medical authorization by the patient or a subpoena, medical information may be released to the requesting party. Inquiries regarding the appropriateness of the authorization or subpoena should be directed to the medical records department, the Hospital's counsel of the University's Office of Legal Counsel at 913-588-7281, depending upon the situation.

3. Hospital Information System's user codes/passwords are confidential. Only the individual to whom the code/password is issued should know the code. No one may attempt to obtain access through the computer system to information to which he/she is not authorized to view or receive. If you are aware that another individual knows your code/password, it is your responsibility to request a new user code/password.

4. If a violation of this policy occurs or is suspected, immediately report this information to your supervising faculty.

5. Violations of this policy will result in disciplinary action up to and including termination from the program. Intentional misuse of protected health information could also subject an individual to civil and criminal penalties.

I, _____, acknowledge receipt of this Confidentiality Policy. I have read the policy and agree to abide by its terms and requirements throughout my education/training at K.U. Medical Center and as part of my participation in patient care activities.

Signature _____

Date received and reviewed _____

Student Acknowledgement (Proof of Notification) of PTRS Student Handbook

My signature below denotes the following:

- I have read the information provided by the Department of Physical Therapy and Rehabilitation Science, University of Kansas Medical Center, in the department's "Student Handbook – Class of 2021"
- I agree to abide by the guidelines presented in said document.
- I agree to abide by the APTA Code of Ethics and Guide for Professional Conduct.
- I agree to notify my faculty liaison (in writing) of changes that may affect my ability to comply with guidelines in this document.

Student's Name (please print legibly)

Date

Student's Signature

Submit to Robert Bagley. This signed page will be kept on file in the Physical Therapy and Rehabilitation Science office.