



**DPT STUDENT CLINICAL  
EDUCATION HANDBOOK**

**CLASS OF 2025**

**Learning is experience. Everything else is just information.**

**Albert Einstein**

# TABLE OF CONTENTS

<b>PHYSICAL THERAPY PROGRAM: CLINICAL EDUCATION</b>	<b>4</b>
Department Mission Statement	4
Values Statement	4
Clinical Education Definitions	4
Director of Clinical Education (DCE)	4
Site Coordinator of Clinical Education (SCCE)	4
Clinical Instructor (CI)	4
Preceptor	4
<b>STANDARDS OF PERFORMANCE AND PROFESSIONAL EXPECTATIONS</b>	<b>5</b>
Minimum Required Skills of Physical Therapist Graduates at Entry-Level	5
Code of Ethics	5
Medicare Reimbursement for Student Services	5
Student Supervision Guidelines	5
<b>GUIDELINES FOR CLINICAL EDUCATION</b>	<b>5</b>
Overview of The Clinical Education Process	5
Clinical Education Within the Curriculum	5
Integrated Clinical Experiences (ICE)	6
Full-time Clinical Experiences (CE)	6
Schedule and Time Lines	6
First Year	6
Second Year	6
Third Year	7
Site Requirements	7
Formal Written Agreement	7
Site Selection	7
Site Visits	8
Evaluation and Communication	9
Dissemination of Student Information	9
Clinical Competency Assurance	9
Clinical Experience Descriptions	10
PTRS 720: Integrated Clinical Experience I	10
PTRS 730: Integrated Clinical Experience II	10
PTRS 830: Integrated Clinical Experience III	10
PTRS 840: Integrated Clinical Experience IV	10
PTRS 920: Full-Time Clinical Experience I	11
PTRS 921: Full-Time Clinical Experience II	11
PTRS 922: Full-Time Clinical Experience III	11
PTRS 923: Full-Time Clinical Experience IV	11
PTRS 924 Specialized Clinical Experience	11
<b>STUDENT RESPONSIBILITIES</b>	<b>12</b>
Expectations	12

.Integrated Clinical Experiences:	12
.Full-Time Clinical Experiences:	12

.Travel and Expense Expectations.	13
.Clinical Experience Objectives.	13
.Rules and Regulations.	13
.Dress Code.	13
.Attendance and Absences.	14
.Holidays.	15
.Religious Accommodations.	15
.Student Liability Insurance.	16
.Criminal Background Checks.	16
.Health Insurance.	16
.Immunizations.	17
.CPR.	17
.Drug Screening.	17
.Potential Health Risks.	18
.Exposure or Workplace Injury Plan.	18
.Patient Incidents or Injury.	18
.Restrictions During Full-Time Clinical Experiences .....	18
.Statement on Disability.	19
.Accommodation for Disability.	19
.Patient Rights.	19
.Professional Behavior.	19
.Institutional Property.	20
.HIPAA Compliance.	20
.Reporting Incidents.	20
.Statement of Student Responsibility.	20
<b>INTEGRATED CLINICAL EDUCATION COURSE COORDINATOR</b>	<b>21</b>
.Roles and Expectations.	21
<b>DIRECTOR OF CLINICAL EDUCATION (DCE) RESPONSIBILITIES</b>	<b>21</b>
.Roles and Expectations.	21
.Full-Time Clinical Experience Assignments.	22
<b>CLINICAL SITE ASSIGNMENTS</b>	<b>23</b>
.Site Coordinator of Clinical Education (SCCE) Roles and Expectations.	23
.Clinical Instructor (CI) Roles and Expectations.	23
.Clinical Faculty Privileges.	24
.Student Confidentiality.	24
<b>EVALUATION OF THE CLINICAL EXPERIENCE</b>	<b>25</b>
.Evaluation Tools.	25
.Student Performance Expectations.	25
.Integrated Clinical Experiences.	25
.Full-time Clinical Experiences.	25
.Student Self-Assessment.	25
.Grading.	26
.Clinical Remediation Policy.	26



Student Grievance During Clinical Experiences	26
Clinical Instructor Grievance	27
Clinical Site Grievance	27
Termination of Clinical Education Experience due to Student Performance	28
<b>CLINICAL EDUCATION PROGRAM AND FACULTY EVALUATION</b>	<b>29</b>
Student Evaluation of the Clinical Experience	29
Evaluation of the DCE	29
Evaluation of the Clinical Curriculum	29
<b>CONFIDENTIALITY POLICY</b>	<b>30</b>

## ACRONYM INDEX

DCE	Director of Clinical Education
CI	Clinical Instructor
FTCE	Full Time Clinical Experience
ICE	Integrate Clinical Experience
SCCE	Site Coordinator of Clinical Education
PTRSA	Physical Therapy, Rehabilitation Science and Athletic Training
T	
KUMC	Kansas University Medical Center
SHP	School of Health Professions (University of Kansas)

## STANDARDS OF PERFORMANCE AND PROFESSIONAL EXPECTATIONS

### Department Mission Statement

The mission of the Department of Physical Therapy, Rehabilitation Science, and Athletic Training is to achieve excellence and leadership in education, research, and healthcare through a collaborative, innovative, and evidence-based approach, while integrating diversity, equity, and inclusion.

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 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)** – The 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 full-time clinical education experiences. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor

## STANDARDS OF PERFORMANCE AND PROFESSIONAL EXPECTATIONS

must be a licensed physical therapist with a minimum of one year of full-time post licensure clinical experience.

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

### 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 documents: Minimum Required Skills of Physical Therapist Graduates at Entry-Level (APTA 2005) and Code of Ethics which defines ethical behavior and standards for accountability for ethical practice and behavior, as well as the PTRS Department Technical Standards. The documents can be accessed at: [APTA Minimum Required Skills \(PT\)](#), [APTA Code of Ethics \(PT\)](#) and [Technical Standards](#).

### 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 adherence to Medicare regulations during clinical education: [APTA Medicare Payment](#)

### 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 during full-time clinical experiences. Direct supervision means the physical therapist is immediately available for direction and supervision [APTA Levels of Supervision](#). 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.

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 clinical experiences.

## GUIDELINES FOR CLINICAL EDUCATION



## STANDARDS OF PERFORMANCE AND PROFESSIONAL EXPECTATIONS

### Overview of The Clinical Education Process

**Clinical Education Within the Curriculum** - Clinical education is divided into two distinct sections: integrated clinical experiences (ICE) and full-time clinical experiences (FTCE), sometimes referred to as clinical 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 overall clinical education program assignments.

**Integrated Clinical Experiences (ICE)** - Integrated Clinical experiences are didactic individual courses within the curriculum that contain clinical and classroom components. 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. ICE course time does not count towards clinical education hours.

**Full-Time Clinical Experiences** - The DCE is responsible for scheduling and assigning students to all full-time clinical experiences. 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. With the goal of generalist practice, all students must successfully complete at least 9 weeks in an inpatient setting and 9 weeks in a general or orthopedic outpatient setting. Full time clinical experience time counts towards the CAPTE required clinical education hours.

The Department of Physical Therapy Rehabilitation Science, and Athletic Training 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 the current clinical education tracking system.

Student accessible files containing facility information is located on the clinical education management system (EXXAT) and the Class Folder on Blackboard. Students are encouraged to utilize information in developing their preferences and rationale for requesting placement at a specific facility. Feedback from students who are currently in the program and have already been assigned to specific 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 [PTRSAT Department website](#).

## Schedule and Timelines

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 summerbetween 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 – (9-12wks) offered during the fall semester of the third year (semester 8)  
Full-time Clinical Experience III-IV: (9-12wks): offered during the final spring semester (semester 9)

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

The 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 (ICE) in different settings; inpatient acute and/or skilled and outpatient settings during the first two years of the didactic 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 South and Central America, Europe, Africa, Australia, and Asia. The current listing of international opportunities is available in the class folder on Blackboard and in EXXAT. Full-time clinical rotation assignments are made based on program requirements, student's educational needs, and availability of appropriate sites. If the site has changes to their information, they can make changes directly in EXXAT or contact the KUMC clinical education administrative assistant with the changes to ensure records are current. The site can request changes to their account by emailing [Donna Phelps](#).

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 care women's health, oncology, or neurology. Full-time clinical experiences are typically 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 clinical site to arrange a full-time clinical rotation or an 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 may 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 full time clinical education and clinical ICE settings.

## Site Selection

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

We strive to place students in clinics that meet the mission of our program. 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 (CIs) needed to meet student needs.
7. Clinical Instructors demonstrate 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. Areas of clinical site 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 only be established** to meet the program's mission and goals. Students wanting to travel, stay near friends or family, or to procure post-graduation employment will not be considered. Exceptions may be made for extenuating circumstances.

Clinical sites may contact 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 and enter a new contract and for 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. Clinical education program initiation information 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 typically scheduled to occur at least every 2-3 years for routinely used facilities. Routinely used sites within a 300-mile radius may be visited approximately every 3-5 years. 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. 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

Evaluation of clinical education program sites will occur during and at the completion of each course. Evaluation is ongoing and occurs formally and informally on a regular basis through written and verbal communications with the facility and student. Information is kept in the current clinical education management system (EXXAT) for learning opportunities meeting the basic site selection standards and the APTA Guidelines and Self-Assessment for Clinical Education.

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 by students online using the Student Evaluations of Clinical Experience and Clinical Instruction. Ratings of either student program needs further development or student clinical education program is not adequately developed at this time triggers 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 clinical sites complete a self-assessment using the APTA Guidelines and Self-Assessments for Clinical Education that is available on the DPT Program's [Clinical Education webpage](#).

## Dissemination of Student Information

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

Prior to the full-time clinical rotation, a placement letter indicating student's name, picture and contact information is provided to the assigned site. Access to course documents and pertinent student records are granted by the student through electronic database at least one

month prior to each FTCE rotation start date when the student sends their letter of introduction along with the student's working CV/resume and the individual goals.

The current Clinical Education Handbook is available online to each student in electronic database and learning management system. For the clinical instructor, the handbook can be found in the electronic database (EXXAT) and the clinical education website. It is the student's responsibility to share this information with their CI 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 prior to beginning full-time clinical experiences.

## Clinical Competency Assurance

It is essential that students are demonstrating reasonable progress in their clinical skills during the first two years in the curriculum. Successful completion of all didactic courses including skills-based lab courses is required for continuance through the curriculum. Academic instructors contact respective ICE coordinators to identify students who are not demonstrating the appropriate clinical competence for monitoring if student is currently engaged in ICE or for planning of future ICE courses. A student success/ plan would be put in place by the academic instructor. The ICE program requires meeting the expectations and completion of assignments in each course as part of assessment designed to meet course objectives as they are listed in the course syllabi.

Before the first FTCE rotation begins, academic instructors must contact the DCE to identify students who are not demonstrating appropriate clinical competence. A student success/learning 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 plan. Depending on the time the remediation is completed, the student may be able to attend the planned full-time clinical experience, or the clinical rotation will be reassigned by the DCE. Students must also show reasonable progress during their full-time clinical rotations as listed in the course syllabi.

## Clinical Education Descriptions

**PTRS 720: Integrated Clinical Experience I.** (1 credit hour) - A series of supervised clinical and/or community based 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 into the clinical environment.*

**PTRS 730: Integrated Clinical Experience II.** (1 credit hour) - A series of

supervised clinical or community based 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 professionalism, teamwork, and leadership skills in the clinical setting.

***Prerequisite:*** Successful completion of semesters one and two of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum into the clinical environment.

**PTRS 830: Integrated Clinical Experience III.** (2 credit hours) - A series of supervised clinical or community based 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 into the clinical environment.

**PTRS 840: Integrated Clinical Experience IV.** (2 credit hours) - A series of supervised clinical or community based 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 into the clinical environment.*

**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 seven semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve the expected level of performance outlined in the syllabus using the APTA Clinical Performance Instrument (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 seven semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum, achieve the expected level of performance outlined in the syllabus using the CPI evaluation tool 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 seven semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve the expected level of performance outlined in the syllabus using the 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 seven semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve the expected level of performance outlined in the syllabus using the 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.** (1-6 credit hours) - One and a half 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 seven 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. For specialized practice placements, the students may be required to 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 or for adapted domestic clinical experience, it will be designed to meet the specialized requirements of an analogous course in a DPT dual degree programs.*

## STUDENT RESPONSIBILITIES

The student's role and level of expected function is stated in each individual course syllabus. Students are always expected to take responsibility for their own learning and demonstrate professionalism. 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. The students must abide by the requirements of the clinical affiliation agreement and follow the Department Clinical Policies and Procedures.

### 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 to manage required documents and assignments. Currently, the EXXAT system is utilized for all clinical experiences and requires payment of a one-time user access fee. The PTRSAT Department pays for all registered students.
3. Comply with the policies and procedures of the clinical site and the Department of Physical Therapy, Rehabilitation Science and Athletic Training.
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 Experiences:**

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 (health information, criminal background checks, drug screens) to assigned site, either prior to arrival or upon arrival on 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 first two days of the full-time clinical experience.
6. Comply with the policies and procedures of the clinical site and the Department of Physical Therapy, Rehabilitation Science and Athletic Training.
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 CPI), patient and clinical site identifiers will be removed, and discussion will remain in the educational context.
9. Provide honest and constructive feedback to the clinical site, clinical instructor, 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 loss of the negotiated placement and/or potential disciplinary action.

## **Travel and Expense Expectations**

To meet the program's mission, students may be expected to travel for full-time clinical experience placements. 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, (meeting the dress code, site compliance requirements, etc.). Students will be in the clinical setting full-time for an average of 40 hours per week. 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, and routinely review and update individualized measurable 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 the possible relevant learning objectives.

## **Rules and Regulations**

**Dress Code** - The student is required to adhere to the dress code of the facility. In contacting the facility prior to any types of clinical experience, the student should ask about the attire requirements. The student should wear their KUMC student identification name tag visibly unless prohibited by the facility.

**Attendance and Absences** - As part of the professional education process for physical therapist students, prompt, regular full-time attendance is expected during clinical education. Students must arrive at all clinical experiences on time, allowing for adequate preparation to start the day. The student must always adhere to the clinic time schedule. It is expected that the student completes 40 hours per week on average. To be considered an excused absence, requests for planned absences such as doctor appointments must be arranged and approved in advance with the course coordinator for ICE and CI at the clinical facility for full-time clinical experiences excused. Students are expected to arrange make up time for any sessions or days missed for planned absences. If not approved, the absence will be considered unexcused.

In the event of excused absences, the student and the clinical instructor will arrange additional hours either by extended clinic time (hours or days) or weekend hours. It is at the discretion of the clinical site whether this is acceptable. Students are strongly discouraged from anticipated or planned 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 (per 18 weeks of FTCE time) for **unanticipated** absences including sick days, funeral leave, facility closure and/or other unanticipated absences. **Vacation time or interview time is NOT considered an unanticipated nor excused absence.** Generally, the excused absence time from unanticipated absences do not need to be made up unless the student requires the clinical time to meet performance expectations. More than 2 absences on any given clinical rotation will require permission from the DCE. Students must also contact the DCE promptly for more than three absences for 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. Unexcused absences during a semester may result in a failure of the course (unsatisfactory grade).

In the event of illness, the student must notify the CI 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, the student upon returning must provide written assurance from a physician that they can return to assigned duties. If the student has missed 4 or more days over the course of the semester in full time clinicals due to illness, documentation from the physician will be required. 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. An incomplete for a fall semester class may impact the student's ability to take the board examination in the spring semester and graduate on time, and an incomplete for the spring semester may impact the student's ability to graduate on time. A

leave of absence may be sought by the student and will follow the School of Health Professions policy and procedures. Completion, reassignment, or remediation may be allowed depending on the circumstances. In the event of significant extenuating circumstances, the student may be placed on mandatory leave as per the University's [Safety Intervention and Mandatory Leave policy](#).

In the event of inclement weather during full-time clinical rotations, 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 CI as soon as possible for notification of plans and rationale. The student will also need to notify the DCE in a timely manner.

In the event of KUMC campus closure for inclement weather, integrated clinical experiences will be cancelled for the day. It is still the responsibility of the student to notify the clinical site and follow the same procedure for reporting student absences.

During full-time clinical rotations, the student may be permitted one (8-hour day) excused absence per rotation for travel between clinical sites over 550 miles apart.

For those students who qualify and sign up to take the board exam in April, they will be granted the day of the board exam off. Taking the board exam during a FTCE should not interfere with the student's clinical learning and performance.

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 if the students are notified in writing of the change.

If the student is unavoidably tardy, the student 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 or preceptor 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 ICE coordinator or DCE for action decided by the academic faculty. Repeated tardiness or leaving the facility early will not be tolerated and may result in dismissal from the program.

**Holidays** - Students are granted standard holidays off (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day) separately from excused absences. Since full-time clinical education functions in a real-world environment, students will follow the clinical instructor's schedule around holidays. If the CI works on days around the holiday and expects the student to be present, then the student will follow the CI's schedule. The CI is usually given make-up time off during the preceding or following week for working the holiday. The student may follow or be under the supervision of another licensed physical therapist any time the CI is absent. For students on 12-week rotations, New Year Day and Christmas Day will be granted off but counted in the non-clinical time built into the flexible schedule and are NOT to be added days off.

**Religious Accommodations** - Information regarding the [Religious Accommodations](#)

[Policy](#) can be found on the KUMC website. 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-workdays 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 clinical education experience.

A student may request to be excused from participating in specific healthcare 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 department 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.

**Student Liability Insurance** - The University provides professional liability insurance (malpractice insurance) for all enrolled students during clinical education experiences. Enrollment in a clinical education course is required for the insurance policy to be in effect and for the student to be onsite at the assigned clinical facility.

**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 must complete their background check before beginning integrated clinical experiences. 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. If the process is not followed, it may delay ICE of full-time clinical placements. The student should carry a copy of the required criminal background check(s) with them to the clinical facility as it may be requested by the facility for their records.

The student must contact the DCE prior to rotation in the event of any additional fees are required for the rotation. Fees may be charged for additional site requirements such as criminal background checks, site-specific software licensing or other site-based regulations



such as drug testing. If proper notification is made with DCE prior to testing; additional fees may be paid by the program. If the student does not go through the DCE, they may be subject to assuming the added cost. The student is responsible for notifying the SHP office and Department Chair or Director of Academics of Academics if there is any newly reported criminal action(s) since the initial background check done upon admission into the program.

The student should notify the Department Chair, Director of Academics or DCE if an adverse criminal backgroundcheck exists. The School of Health Professions policy will be followed [Background Checks and Drug Screening for Students](#). If there are adverse findings from the criminal background check, that have not been reported by the student, the DCE will contact the student for further clarification and/or discussion. The DCE is required to contact the clinical site in advance and notifythem of the adverse finding. It will be at the discretion of the clinical site as to whether they will acceptthe 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.

**Health Insurance** - Students are required to provide their own health insurance. The student should carry proof of coverage with them to the clinical facility as proof may be requested for facility 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)

Annual seasonal flu shots (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 COVID-19 vaccine may be required by some clinical facilities for ICE and/or FTCEs.

Students may not decline an assignment due to being unvaccinated unless specific accommodations have been requested and granted pursuant to the Students with Disabilities Policies and Procedures Manual [Students with Disabilities Policies and Procedures Manual](#) or the Religious Accommodations Process [Vaccine Exemption Request](#). If a third-party site requires students be vaccinated to participate in a clinical or programmatic activity, unvaccinated students would be precluded from participating and thus may delay the student's progress through the curriculum.



For students in the residential program, the University provides students access to needed immunizations and screening in the Student Health Center with the expense to be borne by the student. For students in the hybrid program, students can have access to student health if they pay an extra fee. Proof of the above is required by all clinical facilities and must be completed prior to the first ICE course and must remain current for all remaining CE experiences. For those involved in international travel, additional immunizations may be required as determined by the [Office of International Programs](#). The student should carry a copy of their health records with them to the clinical facility as it may be requested by the facility for their records.

A physician's physical examination is also required by Student Health Services. [Student Health Forms](#) for all the above immunizations are available on Student Health Services website.

**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 many clinical sites including those used for integrated clinical experiences. The student must pass a drug screen upon entry into the program and 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 eligible for payment by the program. If a drug screen is positive, the SHP KUMC [alcohol and drug use policy](#) will be followed and the student may be dismissed from the program. For prescription medication use that yields a positive test result, documentation of medical certification for use will be required. The prescription drug use will be subject to all applicable laws and clinical site policies and may prohibit the student's participation in clinical education courses. The student must contact the course coordinator for the initial integrated clinical experience, as this may affect ICE placement. The student must contact the DCE prior to rotation in the event of any additional fees are required for drug screening. Fees may be charged for additional site requirements as addressed on page 16-17. If proper notification is made with the DCE; additional fees may be paid by the program. Currently known additional requirements are kept in the clinical site information in EXXAT but students may 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 online university orientation and compliance 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.

**Exposure or Workplace Injury Plan.** - In the event of 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. Emergency services and treatment will likely be at the student's expense.

**Patient Incidents or Injury.** - Students are to immediately report all incidents or accidents involving patient/clients to their clinical instructors and DCE. The CI 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 of the occurrence of 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 the clinical facility's policy and procedures.

**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 rotation, you must contact the DCE. You will need a physician's order specifying the nature of the restriction. If known prior to the start date of the ICE course or full-time clinical rotation, it must be disclosed to the DCE so accommodations can be sought prior to the beginning of the clinical rotation. If not disclosed, clinical sites are not obligated to provide accommodations. Temporary accommodations greater than 2 weeks will be arranged through the Academic Accommodations Services Office by contacting via email: [ada-kumc@kumc.edu](mailto:ada-kumc@kumc.edu), or calling 913-945-7035. Students will need to contact the Academic Accommodations Services Office to decide on arrangements to be made. The DCE will work with the SCCE and/or CI and the student to formulate a reasonable alternative for meeting the clinical education course requirements. If accommodations are not available, an incomplete grade is assigned and remaining clinical time/rotation may be repeated in a different facility that can provide accommodations.

## Statement on Disability

It is the student's responsibility to self-identify need for learning assistance. Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at the [Counseling and Educational Support Services](#) or by calling 913-588-6580. To schedule an appointment online, you can visit the [Counseling and Educational Support Services](#) website or call the clinic directly. More information about location, services, hours, staff, screening and policy is available on their website.

Students in clinical education who, because of a disability, believe they may need

accommodations to complete course requirements are encouraged to contact the Academic Accommodations Services Office via email: [ada-kumc@kumc.edu](mailto:ada-kumc@kumc.edu), or calling 913-945-7035. It is encouraged to make contact as soon as possible to better ensure that such accommodations can be implemented in a timely fashion.

Online appointments may also be made at [Student Health Services](#). Reasonable accommodation will be provided in accordance with the University of Kansas Medical Center's Americans with Disability Act compliance policy. Please go to the [Academic Accommodation Services](#) webpage for online information about academic accommodation.

## Accommodation for Disability

The University of Kansas Medical Center is committed to a culture of inclusion and equal access for students with disabilities. Any student who believes they may need an academic accommodation due to a disability should contact the Office of Academic Accommodation Services (AAS) to request reasonable accommodations. Students will be required to complete a [New Application for Academic Accommodations](#). A member of AAS will work with you to explore your options. Contact Academic Accommodation Services by email at [ada-kumc@kumc.edu](mailto:ada-kumc@kumc.edu), by phone at 913-945-7035, or visit the office located in Dykes Library 1040. For online information about academic accommodations, please [visit the accommodations page](#).

Any student who believes they need an accommodation because of a disability to complete the course requirements should also contact the DCE who will facilitate the process of finding a clinical site who can provide the requested accommodations. 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. Please note that accommodation needs must be disclosed well in advance to the clinical rotation as clinical sites are not obligated to provide accommodations.

## Patient Rights

The student is obligated to obtain informed patient consent. The student must disclose student status 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.

## Professional Behavior

Any behavior exhibited by the student deemed inappropriate by the ICE course instructor, DCE, clinical instructor and/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 any full-time clinical rotation may also result in course failure, probation, or dismissal from the program.

## 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 (HIPAA) 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) must be signed and returned to the ICE course instructor upon receipt of this handbook and prior to the first integrated clinical experience.

## Reporting Incidents

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

For an incident that involves staff, the clinical instructor and/or preceptor, the student should contact the DCE and/or ICE coordinator for a confidential debriefing to develop a course of action for the best interest of the student.

## Statement of Student Responsibility

It is the responsibility of each student enrolled in clinical education courses to monitor progress, performance, and grades. Clinical education courses are graded on a Satisfactory/Unsatisfactory grade, and as such, will not affect the student's 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 **onetime**. 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

## Roles and Expectations

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 remediation plan.

# DIRECTOR OF CLINICAL EDUCATION (DCE) RESPONSIBILITIES

## Roles and Expectations

The 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. Evaluate student development needs and develop a student success/remediation plan coordinating academic faculty involvement as needed prior to arranging remedial clinical 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 sites.
  16. Conduct or coordinate clinical education opportunities to facilitate development of the skills of clinical instructors.
  17. Perform annual clinical education program evaluation.

## 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 contact clinical sites for procuring clinical assignments.*** Students will rank the 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 for which a current affiliation agreement does not exist.

The SCCE will be sent clinical preference forms requesting clinical placements for the upcoming calendar year in 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 reviews 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 reassignment 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 SITE ASSIGNMENTS

### Site Coordinator of Clinical Education (SCCE) Roles and Expectations

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 and/or clinical education coordinator.
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 site's comprehensive clinical education program.
13. Supervise the educational planning, clinical experiences and evaluation of the CI and student.
14. Update facility information as needed or annually at a minimum.

## **Clinical Instructor (CI) Roles and Expectations**

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 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.
6. Provide timely formal and informal feedback.
7. Arrange for alternative student supervision and/or learning experiences considering CI absence/time off.
8. Work with the SCCE to provide student orientation of institution and departmental policies including any written and unwritten policies that impact student evaluation.
9. Maintain current, evidence-based practice.
10. Model professionalism and maintain a professional relationship with the student.

## **Clinical Faculty Privileges**

SCCEs, and CIs 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 onclinical experiences and access can be granted by contacting the DCE.

## **Student Confidentiality**

The University of Kansas affords all its students their full rights as required by the Family Educational Rights and Privacy Act (FERPA). 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 various sources of information as listed in the syllabus to assess student performance. The APTA Physical Therapist Clinical Performance Instrument (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 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 their 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 after the completion of the full-time clinical rotation. Information collected on and from each facility is reviewed annually by the DCE. Evaluation of student assignments (projects and in-services) are provided in electronic student tracking system.

### **Student Performance Expectations**

**Integrated Clinical Experiences** - Expectations of student performance is 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 when students send the CPI pairing information prior to the week of midterm with the method previously indicated.

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 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) using the CPI. Students will also assess their individual student goals and objectives generated for each full-time clinical experience. A well-written objective should be written in SMART format and contain a performance statement 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 education rotation and refined as needed with periodic review (weekly suggested) during the full-time clinical education experience.

## **Grading**

Grading is based on a pass/fail basis and is the sole responsibility of the Course Coordinator of the ICE 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 time frame, the 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 Director of Academics and/or program leadership. 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 to address deficits 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:

1. First discuss the problem immediately with supervising CI and if the situation warrants, inform the course coordinator and/or DCE.
2. If the situation is not improved in a reasonable amount of time, notify the DCE and SCCE of the facility for assistance in resolving the problem.
3. If the situation is still not improved, notify the course coordinator or DCE immediately. Alternative strategies for resolving the problem may be implemented; virtual conversation and/or onsite visit may be arranged.
4. If the issue remains unresolved or is serious, the DCE may include PTRS Leadership in discussions with the student in developing a course of action and methods of assessment.

It is recommended that the student file a confidential report to the course coordinator or DCE if situation is not resolved on time and at a satisfactory level. 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

Formal advisement between the CI, course coordinator and/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.

If a clinical problem or conflict arises from the CI's perspective the instructor should take the following steps:

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, 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 ensuring 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 determine 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, and course coordinator or DCE. The action plan may be shared with the CI if deemed necessary.
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:
  - a. Resolution of the problem with successful completion of the full-time clinical rotation.
  - b. Partial resolution of the problem with full or partial remediation required.
  - c. Unsuccessful resolution of the problem with "unsatisfactory" grade of the full-time clinical education 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 or Department Chair. All documentation will be shared with the Associate PT 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**

If 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, clinical staff or DCE/ICE course coordinator.
- 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 ICE course coordinator or DCE to outline a remediation plan if the student is not dismissed from the program.
- Students may be granted the opportunity to re-enroll in a clinical education course in which they have received an "unsatisfactory" one 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 education rotation, the student must complete an assessment of their full-time 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 CI. 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 education rotation which is usually done before or during the exit interview. Information gathered will be used for full-time clinical experience 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.

## UNIVERSITY OF KANSAS – SCHOOL OF HEALTH PROFESSIONS

### STUDENT STATEMENT OF CONFIDENTIALITY

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 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 the educational or clinical setting, and must be held in strict confidence. This confidential information must not become casual conversation anywhere in or out of a clinical facility or other health care site. Information may be shared only with health care providers, supervising faculty, hospital or clinic employees, and students involved in providing 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 from the patient, or upon receipt of a subpoena, medical information may be released to a requesting party. Inquiries regarding the appropriateness of an authorization or subpoena should be directed to the clinical facility’s legal or medical records department.
3. Clinical facility information system 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 that he or 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 the violation 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 (Student), \_\_\_\_\_, acknowledge receipt of this Statement of Confidentiality. I have read the policy and agree to abide by its terms and requirements during my clinical learning experience and other clinical training assignments.

Student’s Signature:

Date:

**Please use [this link](https://redcap.kumc.edu/surveys/?s=9TTJDC84AH) to sign the confidentiality statement.**

(<https://redcap.kumc.edu/surveys/?s=9TTJDC84AH>)