



School of
Health Professions

Department of Physical Therapy

Doctor of Physical Therapy Clinical Education Handbook 2023-2024

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University of North Texas Health Science Center (UNTHSC)

Department of Physical Therapy

The following handbook has been compiled to help familiarize students and clinical education faculty with the curriculum, responsibilities of involved parties, expectations, and resources available to assist in planning and implementing clinical education experiences. The clinical education team is dedicated in making this an excellent experience for everyone involved.

1.0 Introduction

1.1.0 Welcome!

The Doctor of Physical Therapy program at the University of North Texas Health Science Center (UNTHSC) is located in the School of Health Professions (SHP), which includes Physician Assistant Studies and Personalized Health and Wellbeing programs. The mission, vision, & purpose at UNTHSC are found below.

1.2.0 UNTHSC Mission, Vision, & Purpose

Our Mission: Create solutions for a healthier community.

Our Vision: One university, built on values, defining, and producing providers of the future.

Our Purpose: Transform lives to improve the lives of others.

1.3.0 Doctor of Physical Therapy Program Mission & Vision

Program Mission

Creating solutions for a healthier community by producing highly qualified entry-level Doctors of Physical Therapy, leading in education, professional services, and research activities.

Program Vision

To be a physical therapy program that is recognized nationally in education, research, and community involvement.

1.4.0 Program Goals & Expected Outcomes

Goal 1: Prepare highly qualified entry-level physical therapists.

Goal 2: Matriculate a diverse student population.

Goal 3: Graduate a physical therapist who will demonstrate entry-level knowledge in physical therapy examination skills.

Goal 4: Graduate a physical therapist who will demonstrate entry-level knowledge of physical therapy interventions.

Goal 5: Graduate a physical therapist who will demonstrate entry-level competency in overall student clinical performance.

1.5.0 Department of Physical Therapy Signature Pedagogy

Our Doctor of Physical Therapy program produces well-rounded, contemporary Physical Therapists who will be able to effectively analyze and optimize movement. The curricular framework aims to cultivate professionals who can effectively collaborate, provide holistic care, and continuously adapt and grow in response to evolving healthcare challenges. Our signature pedagogy centers around fostering adaptive

learning strategies to equip students with the responsibility of managing the well-being and whole health of individuals and communities in their professional practice. Our program features collaborative learning environments with other healthcare professionals, simulation-based practice, and enhanced technology for student preparation for clinical education, where we expect our graduates to overcome movement barriers, increase access to care, and improve the health outcomes of all patients and clients.

Information on the faculty leading our signature pedagogy, click below:

<https://www.unthsc.edu/school-of-health-professions/physical-therapy/about-our-program/>

1.6.0 Accreditation

The DPT program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). <https://www.capteonline.org/>

1.7.0 Program Highlights

- A well-rounded education in all aspects of contemporary physical therapy.
- Opportunities for exposure to rural and global health through coursework and clinical rotations.
- Faculty with board-certified clinical specializations in various areas of practice
- Interprofessional education experiences with students in other health professions programs at UNTHSC and other institutions.
- Clinical sites across the DFW area, the nation, and globally, including opportunities to train in smaller communities throughout Texas, and international clinical experiences.

2.0 Structure of the UNTHSC Clinical Education Program

2.1.0 Goals and Objectives

The UNTHSC Doctor of Physical Therapy Program includes clinical education experiences designed to serve the program's mission for graduating highly qualified entry-level Doctors of Physical Therapy students. Consequently, clinical experiences are designed to provide students with opportunities to develop a professional practice that models:

- Delivery of legal, ethical, and moral practice of physical therapy
- Safe and effective autonomous practice following contemporary regulatory requirements
- Full-spectrum of duties and responsibilities of physical therapist clinicians as represented by the patient-client management model
- All-encompassing responsibilities of the physical therapy profession related to being a member of the patient care team
- Advocate, consultant, teacher, researcher, manager, leader of contemporary reflective practice, clinical reasoning, critical thinking, and evidence-based practice
- Lifelong learning, personal, and professional development
- Professional interactions with persons across the lifespan Professional interactions with persons across the continuum of care, including wellness and prevention.
- Professional interactions with persons from different cultural and socioeconomic backgrounds.

Additionally, the goals of clinical education are for graduating students to develop clinical proficiency across the continuum of care, all clinical practice patterns, and the lifespan, including participation in clinical experiences consistent with the range of contemporary practice.

2.2.0 Expected General Educational Competencies in Clinical Education

The physical therapy professional curriculum includes clinical education experiences for each student incorporating general competencies. By the end of all clinical education experiences, students are expected to be able to practice at entry-level or above on the following:

- Learning to manage patients/clients representative of those commonly seen in practice across the lifespan and continuum of care.
- Being involved in physical therapy settings representative of those in which physical therapy is commonly practiced across the lifespan and continuum of care.
- Interacting with physical therapist role models whose practice is consistent with the program's philosophy of practice including rural area physical therapy practice.
- Having opportunities for involvement in interprofessional care teams.
- Being able to participate in the delivery of legal, ethical, and moral practice of physical therapy.
- Being immersed in a safe and effective autonomous practice following contemporary regulatory requirements.
- Performing a full spectrum of duties and responsibilities of physical therapy clinician as represented by the patient-client management model of care.
- Understanding the broader responsibilities of the physical therapy profession, including patient care team member, advocate, consultant, teacher, researcher, manager, and leader.
- Being involved in the reflective practice environment, clinical reasoning, critical thinking, evidence-based practice, and other experiences that lead to the achievement of expected student outcomes.

2.3.0 Clinical Experiences

The clinical education program includes preparatory, integrated, and terminal clinical education experiences designed to meet the program's mission and goals. Clinical experiences are designed to allow students frequent opportunities to integrate skills and expectations that encourage complexity in skills and practices. By the completion of the final semester's Internship, students will be able to consistently demonstrate entry-level competence as indicated in the patient-client management model across the lifespan and movement system.

Clinical education is designed to provide students with various supervised clinical experiences, including but not limited to the following:

- Preparatory experience focusing on professionalism, professional behaviors, and examination skills.
- Inpatient skills experience (inpatient acute care; inpatient acute rehab; skilled nursing; subacute rehab; long-term acute care)
- Outpatient Musculoskeletal Experience (OP orthopedic)
- 2 elective experiences (any above setting or pediatric, wounds, pelvic floor, cardiac, rural health, neuro rehab, home health, sports, education, research, global health, etc.)

**Exceptions to this guideline may be granted at the discretion of the clinical education team when UNTHSC is operating on emergency status.

2.4.0 Description and Schedule of Clinical Curriculum

The full-time clinical education curriculum includes thirty-four weeks of full-time clinical experiences.

Experience	Length	Program Year	Timing
Clinical Practicum I	6 weeks	Year 2	October – December of second fall semester
Clinical Practicum II	8 weeks	Year 3	July – September of third fall semester
Clinical Practicum III	8 weeks	Year 3	October – December of third fall semester
Specialized Internship	12 weeks	Year 3	January – March of third spring semester

See [Appendix C](#) (UNTHSC Course Catalog) for more detailed course descriptions for clinical education and didactic courses.

3.0 Academic & Clinical Faculty Expectations for Clinical Education

3.1.0 Role of Academic Core Faculty

To ensure continuity between didactic education and clinical education, the Core Faculty hold the following responsibilities:

- Assure that only students who meet academic and other professional expectations progress to clinical education
- Require all students to comply with bylaws, rules and regulations, and policies/procedures of the clinical site in addition to the state practice act for PT, as well as JCAHO, HIPAA, and OSHA regulations for health care workers
- Communicate any additional placement requirements of a site including, but not limited to, criminal background check, drug-testing, vaccinations, curriculum vitae/resume, schedule and attend an interview with site staff, or other procedures specific to an individual site
- Support the clinical site’s decision to dismiss students from the facility for lack of professional behavior or poor clinical performance if such dismissal is warranted due to illegal, unsafe, unprofessional, or unethical performance
- Determine expectations for professional development, skill acquisition, and clinical competence for each clinical experience
- Assess student performance during academic preparation, make recommendations for improvement, and assist in clinical site visits.

3.2.0 Role of Director of Clinical Education (DCE)

The DCE is the core faculty member primarily responsible for supervising the implementation and ongoing evaluation of the clinical education plan. The DCE is responsible for communicating with the clinical education faculty all necessary information to facilitate the planning and execution of a student’s experience at the clinical site. The DCE also assists clinical education faculty in managing any issues during a clinical experience. The DPT Program also has a Clinical Site Coordinator that assists the DCE.

3.2.1 Responsibilities of the DCE:

- Serve as a liaison between HSC and the clinical site
- Maintain current clinical education affiliation agreements and list of clinical experiences
- Assess clinical sites to ensure the quality of education provided to students
- Provide development activities for clinical education faculty, including instruction in the use of the clinical evaluation instrument
- Assures current university coverage for general and professional liability insurance

- Assigns physical therapy students to appropriate clinical sites based on an optimal match between student educational needs and clinical site availability
- Makes periodic visits or telephone calls to the clinical site and makes suitable recommendations regarding training, supervision, and overall clinical experience of the student
- Serves as a liaison to clinical education faculty to problem-solve strategies and activities to maximize the educational experience for a student
- Evaluates student achievement and progress; monitor student performance, and submit grades for clinical courses
- Notifies clinical sites of clinical development and training offerings
- Collects and summarizes clinical education program outcome data
- Provides formal feedback and recommendations to the Program Director and core faculty about curricular needs identified by trends in the data collected and summarized
- Maintains contact with Site Coordinator of Clinical Education (SCCE) or other designated individuals (Clinical Instructor (CI), facility director/manager) and provides the facility with the required information and paperwork before and during clinical affiliation
- Negotiates clinical education agreement
- Sends requests for slots to the SCCE or other designated individual during the voluntary national mail-out dates between March 1 and 15 of each year
- Assists the SCCE and the CI at the clinical site in planning student's clinical experience
- Assists students with their clinical education planning

3.3.0 Role of Clinical Education Faculty

Clinical Education Faculty members include the Site Coordinator of Clinical Education (SCCE) and Clinical Instructor (CI). Clinical education faculty members provide direct development, supervision, and mentoring to student physical therapists and may contribute to the design, implementation, and assessment of the curriculum plan, mission, and philosophy of the UNTHSC's PT Program through formal and informal feedback processes.

3.3.1 Role of Site Coordinator of Clinical Education (SCCE)

- Administer, manage, and coordinate the assignment of Clinical Instructors (CIs) to incoming physical therapy students.
- Develop the clinical education program for the clinical site, including designing and coordinating learning activities available at the clinical facility, determining the readiness of facility-based physical therapists to serve as clinical instructors, and developing the instructional skills of the clinical instructors.
- Work with the Program's clinical education team to execute a clinical affiliation agreement. The SCCE is the focal point for communication between the clinical site and the academic program, including completing and updating the clinical site information form (CSIF) and providing oversight of the student's clinical education experience.
- Act as a resource to students and clinical instructors, including addressing conflict when needed
- The SCCE of a facility may be anyone on the healthcare team (PT, PTA, OTR, SLP, etc.)

3.3.2 Role of the Clinical Instructor (CI)

- Directly supervise and instruct the student during the clinical education experience
- Alter learning experience based on the student's level of competence and developmental needs or interests

- Inform students of all pertinent policies and procedures specific to the facility to ensure compliance
- Provide students with an appropriate level of supervision to ensure patient safety and high-quality care
- Provide feedback to the program regarding trends in student performance relative to demands of contemporary professional practice.
- Implement teaching methods that are conducive to the individual student's learning needs
- Provide critical feedback to enhance the student's current level of competence
- Assess student achievement with formative and summative tools provided by the school for the experience
- Be familiar with the HSC's Program in Physical Therapy curriculum to understand the program's expectations for student performance during and upon completion of a given clinical affiliation

3.3.3 Minimum Requirements

- A licensed physical therapist in the jurisdiction in which they practice
- Minimum of one year of experience in clinical practice
- Possess clinical competence (determined by the SCCE or clinic supervisor) in the area of practice in which they will be providing clinical instruction
- Express interest in working with physical therapy students and pursuing learning experiences to develop knowledge and skills in clinical teaching

3.3.4 Preferred Qualifications

- APTA CI credentialing or
- Texas Consortium (or other state Consortium) CI credentialing
- ABPTS clinical specialist certification

3.3.5 Rights and Privileges of Clinical Education Faculty

- Mentorship - The DPT program at the UNTHSC supports the development of clinical education faculty members' role as teachers and student mentors in the clinical setting. The DCE and other core faculty members are available to serve as consultants for clinical education faculty as needed. The clinical education faculty or core faculty may also provide individual training/mentorship during an interaction with DPT students during an affiliation to assist a clinical instructor and student in creating a successful learning experience.
- Collaboration - The DPT Program supports clinical education faculty professional development with potential opportunities to engage in collaborative projects, such as clinically relevant research and publication/dissemination of case studies, posters, and articles.
- Continuing Education Credits - The DPT program offers continuing education courses, many of which are free or discounted for active CIs. Some states, including Texas, recognize the mentorship of student physical therapists as professional development. These jurisdictions may accept documentation from the program in physical therapy to fulfill continuing education requirements necessary for license renewal. Please refer to your state's practice act for details. Each CI is responsible for understanding their jurisdiction's requirements. If you need assistance obtaining a certificate, please get in touch with Mary Tejada, the Clinical Site Coordinator, for documentation at mary.tejada@unthsc.edu.
- Gibson H. Lewis Library Access - Upon request, the DPT program will offer library privileges allowing clinical education faculty to access all databases, including e-databases, e-journals, and

e-texts. To obtain access, a clinical instructor must accept at least one student each year and comply with all rules and security training as dictated by library personnel. For access, please get in touch with Mary Tejada, the Clinical Site Coordinator, at mary.tejada@unthsc.edu.

4.0 Student Responsibilities in Clinical Education

4.1.0 Student Financial Responsibility

The student is responsible for covering all costs associated with clinical education experiences. Assistance with financial management is available through institutional resources.

4.2.0 Prerequisite Requirements

In general, for a student to enter into any clinical experience, they must demonstrate the following:

- Successful completion of all previous course work with a passing grade or permission from DCE, DAE, and Chair for those with special circumstances
- Current registration
 - If the student has a “registration hold” the student will not be allowed to participate in clinical education experiences.
- Student health insurance (see DPT student handbook)
- Professional comportment as deemed appropriate by the faculty
- Demonstration of safe, legal, and ethical performance
- Attendance at all scheduled Clinical Education preparation meetings
- Successful completion of HIPAA training (available on Canvas during Semester 1)
- Training in Blood-Borne pathogens/Standard Precautions/Body Substance Isolation

4.2.0 Immunization Requirements

- Proof of current CPR certification and required immunizations (<https://www.unthsc.edu/students/student-health/immunization-requirements/>)
 - The student must maintain their current status and provide proof to the program and the clinical site upon request.
 - Students are asked to complete a HIPAA release form so UNTHSC DPT clinical education team can verify immunization records.
 - Though required immunizations vary, typical requirements include: Hepatitis B, Tdap, Varicella, and MMR.
 - Flu shots are required seasonally.
 - Many acute and inpatient facilities also require COVID-19 Vaccination
 - The student is responsible for obtaining and submitting exemptions as they see fit.
 - Students must maintain updated records through the HSC system, Medicaat and UNTHSC DPT through Exxat.
 - When possible, students will be notified ahead of time of special requirements specific to their clinical site.
 - Students should notify the DCE if they are unable to comply with these requirements.
 - TB tests must be completed annually and remain current through the end of the clinical rotation.

- The student is responsible for all costs associated with maintaining current cardiopulmonary resuscitation (CPR) and immunizations.
- CPR certification by the American Heart Association BLS for Healthcare Providers is the most widely accepted. CPR certification must remain current throughout the entire duration of the clinical rotation.

4.3.0 Background Check and Drug/Alcohol Screening Requirements

- Criminal background check
 - If requested by the clinical site, students must obtain a copy of their background check. Some sites may also require a more current background check. For help obtaining a new background check, please contact The Office of Care and Civility at OCC@unthsc.edu. You will need to provide your student ID number in the e-mail.
- Drug/Alcohol Screening
 - Drug screening will be conducted through Certiphi Screening twice during the program
 - All screenings must be completed through the Certiphi system set up through the school unless the DCE gives explicit written permission.
 - A clear drug screen is required for progression to the clinic
 - It is the student's responsibility to complete all drug screens promptly
 - The student is responsible for all costs related to drug screening
 - Students will note that many facilities have adopted a "Zero Tolerance" policy on substance abuse in the workplace. Therefore, any positive screening results may have severe consequences for the student.

Many facilities may require criminal background checks/drug screens within a specified time of beginning the affiliation. If the student is required to complete additional background or drug screens for a clinical site, the student is responsible for all associated costs.

The student may be required to supply the DCE or Clinical Coordinator with a copy of their background check, immunizations, CPR card, and other documentation so that an attestation can be signed on their behalf. If a facility requests copies of the student's information, the student must supply all documentation directly to their clinical rotation facility.

Students are responsible for maintaining their documentation and uploading all necessary documentation into the online portal (Exxat). Students must maintain their original documentation and provide a copy to the HSC if requested.

Students will be responsible for completing any clinical time lost due to incomplete requirements. The CI and DCE must approve the timing of the make-up requirements.

All information gathered during drug/alcohol screening and criminal background checks is governed by HIPAA and FERPA and is strictly confidential. This information is to remain between the facility and the University and may not be revealed to any other party without written permission from the student. UNTHSC personnel with knowledge of students or other individuals infected with a communicable disease such as HIV or hepatitis may not reveal that information to others as provided by law or regulation. This policy aims to provide environments conducive to delivering quality health care, academic instruction, and research while protecting personnel and individuals.

Refer to the HSC policy on HIPAA:

https://www.unthsc.edu/research/wp-content/uploads/sites/21/HIPAA_Policy.pdf

4.4.0 Student Clinical Rotation Expectations

On each clinical experience, students are expected to:

- Uphold the legal and ethical standards of the profession and the jurisdiction of their clinical site
- Uphold all policies and procedures governing the delivery of physical therapy services
- Uphold standards of the profession, including Core Values, Professional Behaviors, Code of Ethics, and Standards of Practice.
- Adhere to all facility requirements for dress code. Students may be dismissed from the experience for non-compliance.
- Adhere to all facility policies/procedures. (It is the responsibility of the student to request policies/procedural manuals if it is not provided during orientation)
- Integrate and apply information taught within the academic curriculum
- Demonstrate professionalism in all interactions
- Demonstrate effective verbal and written communication skills
- Demonstrate measurable progress toward clinical and professional competence
- Complete all assignments, paperwork, and documentation before the conclusion of the clinical experience
- Complete all formal and informal assignments given by clinical faculty during the clinical experience to facilitate knowledge base, clinical reasoning, and professional development.
- Engage in reflective practice evidenced by:
 - Assessing their own learning needs and developing strategies to address those needs
 - Seeking and incorporating constructive criticism/feedback into future interactions
 - Demonstrating effective use of time and available resources
 - Developing and utilizing critical thinking and problem-solving skills
 - Maintaining contact with the DCE throughout the clinical experiences
- Additional goals and expectations have been developed for each clinical rotation to assist the student in progressing towards entry-level competency and in taking on the roles and responsibilities of a physical therapist functioning in a doctoring profession. See the Syllabus for each course in [Appendix D](#).

Failure to comply with the above-stated expectations may result in the student's removal from that clinical facility and potential failure of that clinical experience.

4.4.1 Student Expectations for Mobile Device Use

Students will not respond to phone or text messages while in the clinic. The use of social media or other applications is a distraction from the clinical experience. Students should discuss the mobile device policy of the clinic with their CI, as it may be permissible to use a mobile device while on a break or for urgent situations as long as it is consistent with clinic policy. Due to patient privacy regulations, pictures (or any other patient's confidential information) MAY NOT be taken or transmitted via cellular picture phones or similar devices. Students who do not adhere to this policy will be removed from the clinical site immediately if the site requests that student's removal.

4.5.0 Student Attendance Expectations for Clinical Experiences

Students are expected to follow the schedule of their clinical instructor(s) during clinical experiences.

Clinical rotation experiences can have varied schedules, including early mornings, late evenings, weekend work, and holiday coverage. Students are expected to be available at a minimum of 35 to 40 hours per week (CAPTE element 6A), with the understanding that as a student is progressing in clinical education, it is not unrealistic that documentation and standard preparatory work will necessitate > 40 hours/week. Full attendance is expected on all clinical rotations, and absence from the clinic is not permitted without consultation with the DCE and the Clinical Instructor. Unless the DCE and CI approve, all missed clinical days are expected to be made up. Students should not request time away from the clinic for any reason.

4.5.1 Unanticipated absence

If a student must miss a clinical day for illness or emergency, the student is required to:

1. Contact the clinical instructor as soon as possible and before the scheduled arrival time.
2. Contact the DCE after contacting the clinical site. 817-735-2984
3. If the DCE is unavailable, the student should contact the DAE, Dr. Mindy Brummett, at 817-735-2925 or Mindy.Brummett@unthsc.edu
4. Fill out the DPT Student Clinical Education Absence Form and return to DCE upon return to the clinic. [Appendix E](#)

* Electronic and voice messages sent to the clinical site are unacceptable. Students must speak with either the clinical instructor or the supervisor of the department or facility.

4.5.2 Planned Absence

For planned absences, including religious holidays, professional meetings, etc., both CI and DCE must approve with prior notice of at least 4 weeks.

Make-up times during clinical rotations will be at the discretion of the DCE in consultation with the SCCE and the CI at the clinical site. Planned or unanticipated absences must be documented with the DPT Student Clinical Education Absence Form ([Appendix E](#)).

If the clinic or the schedule does not permit time for making up absences, alternative learning experiences and/or outside assignments may be required. The nature of this work will be determined by the CI at the clinical site and/or the DCE. Prolonged absences may require a leave of absence from clinical education or academic experiences. In the event of a leave of absence, the student will work with their advisor, the DCE, and Program Chair to specify the terms and conditions of the leave and conditions under which the student may resume clinical education experiences. For further information please see the LOA policy in the DPT Student handbook.

4.5.3 Absence due to Inclement Weather

As a rule, clinical experiences are not canceled because of inclement weather and may not be affected by a local emergency. Even when UNTHSC is closed, students are expected to attend clinical experiences unless directed otherwise by the CI or supervisor at the site, the DCE, or the Program Chair. The student is expected to use good judgment if travel conditions between their residence and clinical education site make travel unsafe or impossible. If students suspect they cannot safely attend the clinic due to severe weather conditions, they must immediately alert the CI, the DCE, or the DAE. Absences due to weather must be made up to complete the clinical experience successfully.

4.5.4 Absence due to Holidays

The student is expected to take the same holidays that the clinical facility allows for its employees or regular full-time staff. In some settings, holiday coverage is expected. In the event of religious or personal holidays, the student follows the protocol for planned absences.

4.5.5 Attendance in Professional Conferences

As an academic institution, the University of North Texas Health Science Center at Fort Worth DPT program strongly encourages students to attend and participate in professional conferences. Please consult with the DCE to balance clinical facility needs best with student attendance in professional conferences.

4.6.0 Student and DCE Communication Expectations

Students are expected to continue to check their e-mail **daily** and respond within **two business days** unless directed otherwise during the clinical experience. Failure to respond in a timely manner may result in additional assignments as deemed necessary by the DCE.

The clinical education team maintains an “open door” policy about communication throughout a student’s tenure. While on clinical experiences, the DCE is in contact with students in various ways, including e-mail, Canvas, electronic, and telephonic communication.

Documents, including the Early Assessment of Clinical Experience, Midterm visit planning form, and Clinical Experience Planning Form, provide opportunities for students and clinical faculty to communicate with the DCE.

Students receive a midterm assessment as an on-site visit or conference call for every clinical experience. The purpose of the contact is to assess the student’s clinical progress at that facility and the student’s progress toward completing the course objectives for the experience.

4.7.0 Professional Liability Insurance

All students registered for clinical education courses in the DPT program will be covered by professional liability protection by an actuarially funded self-insurance trust administered by Accord. Students are covered by a policy of professional liability insurance or self-insurance with limits of no less than \$1,000,000 per claim and \$3,000,000 in the annual aggregate. Insurance coverage verification letters are available to students and clinical facilities upon request. This letter is located in the clinical education course in Canvas. If a student wishes to have additional coverage, they may also secure professional liability insurance if they desire through the plans offered by the American Physical Therapy Association (www.apta.org). These costs of the optional additional coverage will be at the expense of the student.

5.0 Policies and Procedures of Clinical Education: Sites

5.1.0 Assessing Clinical Site Availability

The DCE contacts clinical facilities during the APTA voluntary national mail-out dates to identify their availability to work with students on clinical rotations. Mail-out dates are between March 1 and March 15 of each year, with a requested return date of April 30. Every effort is made to confirm placements at least 1 year before the beginning of clinical rotations; however, this is not possible in all situations.

Ultimately, clinical facilities have the right and responsibility to assess their availability for clinical experiences and decline student placements, even when the placement was previously confirmed.

5.2.0 DCE Contacting Clinical Sites

The DCE is the primary point of contact with clinical sites to negotiate clinical education agreements, the assignment of students, and the ongoing information exchange between the program and the clinical site. The Clinical Site Coordinator assists the DCE with these tasks. The DCE will contact the SCCE or another designated individual. **Students who contact clinical sites without written permission from the DCE may become ineligible to complete a rotation at that site.**

5.3.0 Establishing New Clinical Sites

Occasionally students may desire clinical experiences with facilities, individual practitioners, or geographic locations not on the program's active list of clinical facilities. Requests to establish a new clinical site are limited to one request per student during their tenure as a student at UNTHSC. All inquiries should be directed to the DCE.

In these circumstances, the student will provide a written request using this [link](#), which includes the rationale for the request and contact information. The DCE will contact the site for additional information and determine if the site meets the Program's mission and philosophy. The DCE will decide whether to open the new site. New clinical sites will only be established if they meet current program needs and complete contractual paperwork promptly. Current needs include sites in rural and medically underserved areas, neurological rehabilitation, acute care, and other specialty PT practices.

If the requested site is approved and added, the DCE will determine whether the new site will be reserved for the requesting student or if it will be open to the entire class. If the requested site is offered to the requesting student, the student will be required to take that spot.

Requests should be submitted/discussed a minimum of 1 year in advance of the start of the clinical experience to allow the DCE adequate time to evaluate the quality of the potential experience and the facility's willingness to engage in contractual negotiations with UNTHSC. Clinical experiences are not finalized until a clinical affiliation agreement has been fully executed. Students are reminded that new contracts can take up to a year to be fully executed, and no student will be placed at a site without a fully executed contract. The Department of Physical Therapy reserves all rights to initiate and discontinue clinical agreements as it deems appropriate.

Under no circumstances should a student try to establish a new clinical site without following the process outlined.

5.4.0 Rural Academic/Clinical Opportunities

Another important curriculum component of the DPT program is its rural practice opportunities. The Rural and Underserved Populations course will include objectives regarding students' appreciation of demographics, economics, and structure of the health care delivery system in rural America, concentrating on the diverse population of rural Texas.

In addition, clinical affiliations have been established with rural clinical sites to prepare students for physical therapy practice in rural areas. Students are encouraged to do at least one of their clinical rotations in a rural facility.

5.5.0 Assessment of Clinical Sites

The selected clinical sites should be able to provide quality experiences that meet UNTHSC's Physical Therapy Program's mission. The DCE evaluates a facility's professional staff to ensure they function as role models who adhere to legal, ethical, and moral standards of practice. In addition, the clinical faculty must demonstrate clinical autonomy consistent with contemporary physical therapy practice.

Sites are also evaluated for depth/breadth in patient management, professional management, and practice management paradigms representing all the roles/responsibilities of physical therapists. Additionally, there is an ongoing evaluation of all sites to ensure the program adequately represents a variety of experiences.

5.5.1 Clinical Site Information Form (CSIF)

Clinical site information forms (CSIF) are located on Canvas to assist students with their clinical education planning.

The CSIF form is to be completed by all facilities with an active clinical affiliation agreement. These forms provide information regarding the population of patients/clients served, the SCCE, CIs, site-specific policies and procedures, and important contact information. The CSIF can also be a resource for estimated daily expenses, including parking, meal options, and information regarding any additional housing, transportation, or other offerings specific to that site. Students are encouraged to carefully review the CSIF of any site they are considering for a clinical rotation.

5.6.0 Clinical Affiliation Agreements

Clinical education facilities must have a fully executed clinical affiliation agreement in effect between the site and the university to be considered for student placement. An example of the clinical affiliation agreement used by The University of North Texas Health Science Center at Fort Worth will be made available upon request from the Clinical Site Coordinator. Clinical affiliation agreements specify the duties and responsibilities of all parties in the clinical education process. This includes the school, the clinical facility, and the students. All contracts specify that the student is appropriately prepared for the clinical experience. Because the clinical facility is ultimately responsible for the care rendered to patients/clients in their facility, the clinic has the right to terminate a student experience in the event of illegal, unsafe, unethical, or unprofessional behavior of the student.

5.7.0 ADA Requirements for the DCE

Due to the ADA privacy requirement, the DCE is legally prohibited from discussing any disability with the clinical site without specific authorization from the student. Thus, it is recommended that the student discuss any relevant information about their disability that may result in clinical performance, scheduling, or time management difficulties with the CI during the orientation meeting. If problems cannot be resolved, the DCE should be immediately notified. UNTHSC's Office of Disability Access may also be able to provide recommendations. <https://www.unthsc.edu/students/office-of-disability-access/oda-services>

If requested and written permission is given to the DCE, the DCE will discuss the disability and implications for the clinical site before the student arrives at the assigned facility.

5.8.0 FERPA Requirements for the DCE

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232G, grants students in institutions of higher education the right of access to their educational records except for confidential letters and statements of recommendation that the student has waived the right to inspect. Before disclosing any personally identifiable information, except directory information, the UNTHSC must obtain written consent from the student unless the disclosure is allowed by law.

The Family Educational Rights and Privacy Act considers certain information to be “directory information,” which is subject to disclosure without prior consent from the student. Directory information relating to students includes the following: the student’s name; address; telephone listing; date and place of birth; hometown; major field of study; participation in officially recognized activities and sports; classification; degrees and awards received; the most recent educational agency or institution attended by the student; and dates of attendance.

UNTHSC is committed to protecting the privacy rights of its students. The following information covers the basic privacy issues related to student records under the Family Educational Rights and Privacy Act (FERPA). Questions concerning FERPA and a copy of the policy and procedures should be directed to the Office of the Registrar. FERPA students’ rights begin on the first day of enrollment in a UNTHSC academic program. Additional information relating to FERPA can be found here: <https://www.unthsc.edu/students/registrar/ferpa/>.

5.9.0 Student Access to Care

As stated in the clinical affiliation agreement, all clinical education sites must have access to health care in the event of high-risk exposure. In the event of an exposure, students should follow the HSC Post-exposure procedure (<https://www.unthsc.edu/students/student-health/exposures>). Unless dictated by clinical facility policy, students are responsible for all costs incurred to receive care.

5.9.1 Communicable Diseases

Refer to the HSC policy related to Communicable Diseases:

https://www.unthsc.edu/administrative/wp-content/uploads/sites/23/Occupational_Acquired_Communicable_Diseases_Policy.pdf

5.10.0 Privacy and Confidentiality

All information related to a clinical site is the property of that site. If a student would like to use/present information related to patients or administrative aspects of clinic management beyond that facility, they must obtain the expressed permission of the SCCE.

Information contained within a patient’s medical record is strictly confidential and may not be released to anyone without written permission from the patient. Students have the right to access specific patient information only related to the physical therapy evaluation and treatment of that patient or screening for the appropriateness of physical therapy services.

Students are not allowed access to patients' information not on their physical therapy caseload. Discussions of patient problems or identifying the patient by name or other health information will occur with the highest confidentiality and privacy standards. Students will be aware of the environment, the potential for being overheard, and the potential for their comments to be taken out of context.

Breaches in privacy and or confidentiality may result in the immediate termination and potential failure of a clinical experience.

5.10.1 Guidelines on Use of Human Subjects in Demonstrations and Practice for Research Purposes

As per the APTA's BOD policies and procedures (BOD Y03-06-20-52), PTs and PT students should ensure that the participation of human subjects in research is voluntary, free of coercion and deception, and based on an understanding by the subjects, or their legally authorized representatives, of the nature of the research and its expected benefits and risks. PTs and PT students should ensure that data and observations obtained on human subjects who participate in research are recorded, stored, and reported in ways that protect the individual and personal identity of the subjects. Research must be compliant with the standards outlined in HIPAA regulations. All HSC faculty, staff, and students must adhere to all guidelines the North Texas Regional Institutional Review Board sets forth. Additional information can be found on the HSC [website](#).

5.11.0 Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

JCAHO accredits many clinical facilities to which students may be assigned. Students are required to have an orientation to key JCAHO regulations before the start of clinical education experiences. These include National Patient Safety Goals; organization-wide performance improvement activities; ethics, rights, and responsibilities of healthcare workers and patients; provision of care requirements that enhance positive patient outcomes; infection control processes; and security of information systems. Orientation to JCAHO regulations will occur during the program's coursework.

Please Note: Patients have the right to refuse treatment at any time, and students must respect a patient's right to refuse participation.

5.12.0 Legal Limitations/Regulations on Clinical Activities

Students should recognize the serious nature and potential liability involved with clinical education. Patients being treated by a student in a clinical facility have the right to know the level of training of the person administering treatment, the right to receive the same standard of care as provided by licensed therapists, and the right to refuse treatment administered by any health care provider. The clinical instructors are responsible for patient care and must, therefore, guide and supervise a student's activities.

5.13.0 Students and Medicare Beneficiaries

Regulations regarding student interaction with Medicare patients change frequently. Students are strongly encouraged to remain abreast of these regulatory guidelines to maximize learning opportunities. The most updated information can be found on the web at www.cms.gov

5.14.0 Complaints from Patients/Clients, Family Members, and Other Stakeholders (that Fall Outside of Due Process Within UNTHSC)

The Department Chair is responsible for handling complaints that fall outside of due process. If the Chair is unavailable or it is inappropriate for the Chair to address the complaint, the complaint will be forwarded to the Dean of the School of Health Professions.

Complaints must be submitted in writing or anonymously. As appropriate, documentation regarding the complaint and any action(s) taken will be maintained in the Chair's office or the Dean's office.

The Chair or the Dean will manage the complaint. If indicated, the Chair or Dean will respond to the maker of the complaint within three (3) weeks of receipt unless the complaint is made anonymously. The Chair or designee may consult with other University offices and personnel in addressing the complaint.

The Department of Physical Therapy values comments and complaints related to its curriculum, students, faculty, and graduates from parties outside the university. We strive to respond in a timely and appropriate manner. Comments may be directed to the Department Chair of the Department of Physical Therapy.

6.0 ASSIGNMENT OF STUDENTS TO CLINICAL FACILITIES

6.1.0 Planning for Clinical Education Experiences

Students are encouraged to meet with the DCE in the selection process to discuss progress, learning goals/objectives, and remaining curricular requirements to facilitate placement decisions. While student preferences such as travel and other personal requests are considered in the decision-making process, factors such as curricular requirements, student-learning style, strengths of an individual site, and availability in clinical sites ultimately determine placement. **Students should expect to travel up to 1.5 hours to their in-area clinical placements. Students may be required to complete at least one clinical experience outside a 90-mile radius of the Dallas-Fort Worth area and are responsible for their housing and transportation.** Proper documentation is required for circumstances where the student believes they are unable to complete experiences outside of the 90-mile radius. Students who wish to complete their clinical rotations outside of the 90-mile DFW radius should discuss their plans with the DCE and will not participate in the wish list system.

Some clinical facilities actively participate in matching interested students to the site. In these cases, students may be required to prepare curriculum vitae, attend an interview or submit other work/materials to be considered for affiliation. The program cannot guarantee student placement in these sites as the final decision rests with the clinical faculty of the facility to accept the student.

6.2.0 Considerations for Assignment of Clinical Experience

Each student will be assigned to a clinical facility, allowing that student to achieve curricular and clinical education goals. Due to changes in the clinical environment (e.g., facility staffing, patient type, changing regulations, etc.), cancellation of previously confirmed clinical assignments may occur, resulting in a new assignment that must be planned and confirmed. The DCE will inform the student of such an occurrence, and a discussion of alternative assignments will be completed before a new assignment. The DCE will work with the student to place the student; however, in the event of a cancellation within ONE month of the experience date, the student must choose from a list of available confirmed rotations provided by the DCE.

After confirmation, the student will be notified of a clinical experience assignment. Before each clinical rotation, the student will be provided with contact information for the confirmed site. It is then the student's responsibility to contact the site and manage all future interactions with that site. Any housing arrangements that must be confirmed are the responsibility of the student.

It is program policy that safety issues, red flag issues, or deficits in professional behavior are sufficient to prevent a student from progressing to clinical education experiences. These issues will be addressed with the student's faculty advisor, and the DCE must be informed of the student's status with these issues. Decisions about students' preparation, safety, and readiness to engage at each level of clinical experience are the sole responsibility of the core faculty. The DCE facilitates this decision-making process by reporting to the core faculty in faculty meetings and consultation with individual student advisors, course instructors, and the program director. Students not in good academic standing or who have received notification of course failure or dismissal from the program may not proceed to the clinic. Should a student begin a clinical rotation before notification of the failure/dismissal, the student may be pulled from the clinic. Students will not be permitted to continue on clinical rotation during the appeals process. All financial ramifications of course failure, dismissal, or clinical experience delay are the student's responsibility.

6.3.0 Assignment Process for Clinical Experiences

6.3.1 Placement for Clinical Practicum I

Based on DCE/student meetings, faculty input, and students' wish lists, the DCE will match students to appropriate clinical sites through a lottery system. The lottery number will be determined by drawing a number or through the Excel randomization feature. Students will receive a list of clinical sites at least two weeks available for a specific experience through the Exxat system. The list will include the type of experience offered. Students are to review the available clinical sites and prioritize their top choices. Students will be matched based on preference and lottery number.

6.3.2 Clinical Practicum II

Based on DCE/student meetings, faculty input, performance in prior affiliations, and student's wish list, the DCE will match students to appropriate clinical sites through preference ranking and a lottery system. Students will receive a list of clinical sites available for a specific experience through the Exxat system. The list will include the type of experience offered. Students are to review the available clinical sites and prioritize their top choices. Students are required to provide a list of sites to participate in the match. Students will be matched based on preference and lottery number. For CP II, those students in the bottom half of the lottery list for CP I will be assigned a number from the top half of the list, and those students from the top half of the list will be given a number from the bottom half of the list.

6.3.3 Clinical Practicum III

With input from the student, the DCE places the students at their CP III site based on previous experience and which type of experience may be needed by the student. The student's geographic and site preferences will be considered, though site availability may be limited and not allow preferences to be realized.

6.3.4 Internship Placement

During the Spring of Year 2, students will fill out an Internship Student Request Form [Appendix N](#). Students will then meet with the DCE to discuss educational goals and preferences. The DCE will assign sites based on student goals, the choice for the type of affiliation, location, and academic standing. The DCE will consult with other faculty members teaching in the area of the student's chosen specialization and obtain a ranking of those students interested in that content area. This list will be used in assigning sites as well.

6.4.0 International Internships

Special permission from the DCE, with consultation from the Chair, is required to complete an international clinical rotation. At the appropriate time in the curriculum, the DCE may ask students wishing to participate in international affiliations to submit an international Internship application ([Appendix O](#)) corresponding to the affiliation of interest. The final decision to allow a student to participate in an international experience is made collaboratively by the DCE with input from the Chair. It is based on student performance in didactic and laboratory experiences, professional behavior, and progress toward clinical education objectives. Only students in good standing will be considered, and any academic, professional, behavioral, or other concerns may disqualify a student from consideration. International affiliations require the completion of documents to secure appropriate visas and travel clearance. Completing the appropriate documentation and paying any associated fees is the student's sole responsibility.

While applying for an international rotation, students agree that they will remain at the international site amidst any changes to location, clinical instructor, or site setting. In case of a national/global crisis or national/international pandemic, where the student faces unsafe or challenging conditions, the Clinical Education Team and Department Chair will coordinate with the student to assist with organizing a safe return to the US.

International rotations can be seen as a positive experience for many students. However, some students may experience difficulty coping with cultural changes or additional factors. Before submitting an international rotation application, students should read the APTA International Service Manual for Students: A guide for students considering international service trips. <https://www.apta.org/apta-magazine/2016/11/01/making-the-most-of-international-volunteer-and-learning-opportunities>

6.5.0 Clinical Experiences Ineligibility

Students will not be placed in facilities where any actual or potential conflict of interest exists. Students will not be allowed to use current or prior places of employment as sites for clinical education affiliations. Utilizing a facility where a student previously volunteered for their clinical experience is also generally discouraged. A student will also be ineligible for clinical education at a facility where family members are employed. The student will be ineligible for clinical education, where they have a contract for future employment. The DCE will consider placements of this nature on a case-by-case basis.

6.6.0 Student Cancellation and Reassignment Process

Once clinical assignments are made, any request by the student to change their clinical rotation must be submitted in writing to both the DCE and Chair. The student must write a letter to both parties detailing why they need their rotation changed. The DCE and Chair will meet and reach a decision. Due to the nature of the relationship between the program and the clinic, the program will only change a clinical site on infrequent occurrences.

7.0 Preparation and Orientation to Clinical Experiences

7.1.0 Clinical Orientation Meetings

Before the start of each clinical experience, students will be expected to attend at least one **mandatory** orientation meeting. The orientations will review the specific clinical objectives, performance expectations, and assignments for that clinical experience. It is the responsibility of the student to notify

the DCE in the event that they are unable to attend the orientations. Failure to provide timely notification may delay starting the clinical affiliation. The facility may provide additional orientation and students are encouraged to contact their assigned facilities by phone or email at a minimum of 2 weeks in advance of the start of their assignments, but not before they receive clearance from the DCE. Students are encouraged to minimize their telephone contact with the SCCE, CI, or clerical staff at clinical facilities out of respect for the fast pace of work at most clinical sites. If students have questions about the clinical site, they are encouraged to access the CSIF on file for the site and other available resources (internet sites, and maps) before contacting clinical facilities.

7.2.0 Before a Student's Arrival at a Clinical Facility

The DCE will provide pertinent information to the clinical site no later than six weeks prior to the scheduled clinical experience. A clinical education team member will contact the clinical site after the mailing to confirm the receipt of packets and to determine any facility requirements the student must complete before starting the experience.

7.3.0 Clinical Education Packet

In addition to this Clinical Education Handbook, the clinical facility will receive the following forms and information on the student:

- Student Information Form
- Overview of Curriculum [Appendix F](#)
- Course Syllabi outlining student performance expectations [Appendix D](#)

On the first day of clinical experience, students will ensure they have access to:

- All required student evaluation instruments, which will be available on Canvas
- All the necessary health documentation (if not previously given to an appropriate person at the site)
- A copy of the clinical education handbook, which will be available on Canvas

7.4.0 Expenses, Transportation, and Housing

The student is responsible for covering all costs associated with clinical education experiences, including food, parking, uniforms, transportation, and housing at locations distant from their school address. The DCE, classmates, and/or alumni, as well as the CSIF, can provide information about what expenses may occur. Students are also responsible for the costs of any medical care accessed while participating in clinical rotations. These may include immunizations, emergency prophylaxis in case of a needle stick, or blood work to verify the presence of antibodies. The student is responsible for any financial implications of clinical experience delay or failure.

7.5.0 Student Information Form

Prior to each clinical experience, students will complete a Student Information Form. This information should include current and emergency contact information for use by the clinical site. In addition, the student will include information on previous clinical experiences to date, learning styles, and any personal information the student would like the site to know before arrival. This information will be shared with the clinical facility a minimum of two weeks before the start of the clinical experience.

7.6.0 Midterm Clinical Visit

A clinical contact, by either an on-site visit or a telephone call, or email correspondence, will be scheduled by the DCE or other faculty member to be held with the student and the CI near the mid-point of each clinical education experience. If needed, a clinical contact can also be made upon request of the DCE, CI, or student. The purpose of the clinical contact is to assess the student's clinical progress at that facility and the student's progress toward completing the entry-level skills required for graduation.

To facilitate calls and arrange site visits, the student is responsible for completing and returning a form with contact information to the DCE, excluding the Preliminary Clinical Practicum. The form is available through the corresponding clinical Canvas course.

If the on-site visit or telephone call must be rescheduled, it is the student's responsibility to provide alternative dates so the DCE can reschedule a time for that clinical contact. Once the information has been received from all students, the DCE will work with the students needing changes in their contact time.

Each student will receive at least one on-site visit at some point within their clinical education experiences unless program resources or other emergency statuses prevent an on-site visit from occurring. If an on-site visit is not scheduled for a specific clinical education experience, but the student or CI believes an on-site visit to be necessary to resolve any problems, the student or CI should contact the DCE to schedule an on-site visit.

7.7.0 Determination of Final Grade for Clinical Experiences

To receive a passing grade for each clinical experience, the student must complete all paperwork as outlined in the clinical course syllabus. Requirements will also include assignments and projects required by the facility's clinical education faculty (SCCE & CI). Students must complete any assignments the SCCE & CI assign, even if they are not indicated on the course syllabus. Clinical experience will be graded as satisfactory/unsatisfactory or pass/no pass. The assignment of grades is the sole responsibility of the DCE.

Feedback from the clinical education faculty is critical in determining the final grade. In addition, ***it is the responsibility of the student*** to collect all assessment documents completed by the clinical instructor and submit them to the DCE within ***the timeline listed in the course syllabus***. This procedure will allow adequate time for the DCE to comprehensively review all documentation and submit grades promptly.

7.8.0 Termination & Failure of Clinical Experience

Students who receive termination from a clinical experience due to inadequate performance or failure to complete requirements as outlined in the clinical education syllabus may receive a grade of "No Pass." The DCE will determine this grade with input from the clinical education faculty.

Deficient performance must be appropriately documented and communicated to the DCE. The following are examples of trends and categories that indicate termination and failure of a clinical experience:

- Unprofessional behaviors
- Poor clinical judgment
- Consistently poor skill performance despite multiple remediation attempts

- Unsafe and/or unethical practice as described by the APTA Code of Ethics and Standards of Practice (will be immediately terminated and receive a failing grade)
- Disclosure of confidential information
- Violation of policies and procedures of the facility and/or the DPT program at the UNTHSC.

DPT students receiving a “no pass” for any clinical experience must arrange an appointment with the course director (DCE). The DPT Program’s Student Performance Committee will review the student's performance. The mechanism to remedy a failing course grade will be determined by the DPT Program’s Student Performance Committee and recommended to the Chair after consulting the DCE. Students receiving a grade of “incomplete” may require remediation before the resolution of the grade.

8.0 Documents and Forms Used in Clinical Education

Required forms

8.1.0 Clinical Education Handbook

The Clinical Education Handbook (CEH) is the required text for all clinical courses. Updated information for inclusion in the CEH will be provided as appropriate and posted to the Canvas site for the clinical education courses.

8.2.0 Early Student Assessment of Clinical Education Experience Appendix G

This form is a student questionnaire regarding early exposure to the clinical education experience. The form requires completion by the student early in the clinical experience.

8.3.0 Clinical Experience Planning Form Appendix I

This form allows the student to complete a weekly log describing their clinical education goals, skills performed, self-assessment, and the following week's goals. This form helps organize student-learning objectives, engages the student in reflective practice, and improves communication between the student and CI regarding students/CI’s expectations, student performance, and outcomes. The form requires completion, by the student, with feedback from the CI and is returned to the DCE at the close of the clinical experience.

8.4.0 Professional Behaviors Assessment and Self-Assessment Appendix K

For the Preliminary Clinical Practicum, the CI and student will fill out a professional behaviors assessment. The student and CI will review the forms together and submit the completed documents to the DCE.

8.5.0 Physical Therapy Manual for the Assessment of Clinical Skills (PTMACS)

This tool requires a self-assessment by the student and an assessment by the CI. An assessment must be completed at midterm and final of each clinical experience. The PTMACS will be completed through [EXXAT](#).

8.6.0 Clinical Internship Evaluation Tool (CIET)

The CIET assessment tool for the Internship measures the student's clinical performance relative to a competent clinician. The document must be completed and turned in at both midterm and final.

8.7.0 APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Survey

Allows the student to assess the clinical facility, learning experiences, and clinical instructor. This form will be completed during the midterm and final week of the clinical knowledge and returned to the DCE. The DCE reviews the form after each rotation.

Optional and As Needed Forms

8.8.0 Weekly Planning Form Appendix H

This form allows the student to focus and organize their learning, engages the student in reflective practice, and clarifies their weekly expectations with the CI. The form requires completion by the student with feedback from the CI. This form is optional but made available for the student and CI should they need additional resources to plan and execute a successful experience.

8.9.0 Educational & Behavioral Indicators Report and Learning Agreement Appendix J

The form documents students' critical educational and behavioral trends or a single grievous occurrence. The form will assist the student's change plan and the CI's interpretation and reevaluation. In the event of a conflict with the student regarding clinical experience, the CI will initiate the Educational & Behavioral Indicators Report and Learning Agreement outlining the incident. This assessment represents a critical incident report and must be used to document a series of similar behaviors or educational deficiencies (or one central educational and/or behavioral occurrence) demonstrated by the student that has consequences of a serious nature.

If such a report is needed, the clinical instructor must contact the DCE as soon as possible for assistance. This report will be used as a form of communication and to help the student work on educational and behavioral indicators and plans for improvement. It will also provide information to the DCE and core faculty about specific instructional domains and curriculum improvements.

This report does not substitute for any required incident report in place at the clinical facility.

Students and clinical education faculty are encouraged to utilize the learning agreement to clarify expectations and facilitate communication. This is particularly encouraged if a student is not meeting the educational performance indicators of the clinical experience. In addition, the learning agreement is designed to outline learning goals the student must achieve to pass the clinical experience successfully.

8.10.0 Anecdotal Form Appendix L

This form allows clinical faculty to document poor student performance and is utilized only when necessary. It requires completion by the clinical faculty (SCCE and CI) with feedback from the student. It provides evidence of unacceptable student performance and student performance that may require additional assistance. This form is returned to the DCE and leads to frequent check-ins with the student and clinical faculty.

Appendix A: Core Values Definition & Sample Indicators

Link for Core Values for Physical Therapist and Physical Therapist Assistant:

<https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant>

Link for Professionalism in Physical Therapy: Core Values Self-Assessment [including Sample Indicators]:

<https://www.apta.org/your-practice/ethics-and-professionalism/professionalism-in-physical-therapy-core-values-self-assessment>

Appendix B: Professional Behaviors

COMMITMENT TO LEARNING	
<i>The ability to self-asses, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.</i>	
Beginning	<ul style="list-style-type: none"> • <i>Identifies problems</i> • <i>Formulates appropriate questions</i> • <i>Identifies and locates appropriate resources</i> • <i>Demonstrates positive attitude (motivation) toward learning</i> • <i>Offers own thoughts and ideas</i> • <i>Identifies need for further information</i>
Developing	<ul style="list-style-type: none"> • <i>Prioritizes information needs</i> • <i>Analyzes and subdivides large questions into components</i> • <i>Seeks out professional literature</i> • <i>Sets personal and professional goals</i> • <i>Identifies own learning needs based on previous experiences</i> • <i>Welcomes and/or seeks new learning opportunities</i>
Entry-Level	<ul style="list-style-type: none"> • <i>Applies new information and re-evaluates performance</i> • <i>Accepts that there may be more than one answer to a problem</i> • <i>Recognizes the need to and can verify solutions to problems</i> • <i>Reads articles critically and understands limits of application to professional practice</i> • <i>Researches and studies areas where knowledge base is lacking</i>
Post-Entry-Level	<ul style="list-style-type: none"> • <i>Questions conventional wisdom</i> • <i>Formulates and re-evaluates position based on available evidence</i> • <i>Demonstrates confidence in sharing new knowledge with all staff levels</i> • <i>Modifies programs and treatments based on newly learned skills and considerations</i> • <i>Acts as a mentor in area of specialty for other staff</i>
INTERPERSONAL SKILLS	
<i>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.</i>	
Beginning	<ul style="list-style-type: none"> • <i>Maintains professional demeanor in all clinical interactions</i> • <i>Demonstrates interest in patients as individuals</i> • <i>Respects cultural & personal differences of others; is non-judgmental about patients' lifestyles</i> • <i>Communicates with others in a respectful, confident manner</i> • <i>Respects personal space of patients and others</i> • <i>Maintains confidentiality in all clinical interactions</i> • <i>Demonstrates acceptance of limited knowledge and experience</i>
Developing	<ul style="list-style-type: none"> • <i>Recognizes impact of non-verbal communication and modifies accordingly</i> • <i>Assumes responsibility for mistakes, apologizes</i> • <i>Motivates others to achieve</i> • <i>Establishes trust</i> • <i>Seeks to gain knowledge and input from others</i> • <i>Respects role of support staff</i>
Entry-Level	<ul style="list-style-type: none"> • <i>Listens to patient but reflects back to original concern</i> • <i>Works effectively with challenging patients</i> • <i>Responds effectively to unexpected experiences</i>

	<ul style="list-style-type: none"> • Talks about difficult issues with sensitivity and objectivity • Delegates to others as needed • Approaches others to discuss differences in opinion • Accommodates differences in learning styles
Post-Entry-Level	<ul style="list-style-type: none"> • Recognizes role as a leader • Builds relationships with other professionals • Establishes mentor relationships

COMMUNICATION SKILLS
The ability to communicate effectively (i.e., speaking, body language, reading writing, listening) for varied audiences and purposes.

Beginning	<ul style="list-style-type: none"> • Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression • Writes legibly • Recognizes impact of non-verbal communication: maintains eye contact, listens actively
Developing	<ul style="list-style-type: none"> • Utilizes non-verbal communication to augment verbal message • Restates, reflects, and clarifies message • Collects necessary information from patient interview
Entry-Level	<ul style="list-style-type: none"> • Presents verbal or written message with logical organization and sequencing, • Modifies communication (verbal and written) to meet the needs of different audiences • Maintains open and constructive communication • Utilizes communication technology • Dictates clearly and concisely
Post-Entry-Level	<ul style="list-style-type: none"> • Demonstrates ability to write scientific research papers • Fulfills role as patient advocate • Mediates conflict • Communicates professional needs and concerns

EFFECTIVE USE OF TIME AND RESOURCES
The ability to obtain the maximum benefit from a minimum investment of time and resources.

Beginning	<ul style="list-style-type: none"> • Focus on tasks at hand without dwelling on past mistakes • Recognizes own resource limitations • Uses existing resources effectively • Uses unscheduled time efficiently • Completes assignments in a timely fashion
Developing	<ul style="list-style-type: none"> • Coordinates schedule with others • Sets up own schedule • Demonstrates flexibility • Plans ahead
Entry-Level	<ul style="list-style-type: none"> • Performs multiple tasks simultaneously and delegate when appropriate • Has ability to say "No". • Sets priorities and reorders when necessary • Considers patient's goals in context of patient, clinic, and third-party resources • Uses scheduled time with each patient efficiently

Post-Entry-Level	<ul style="list-style-type: none"> • Uses limited resources creatively • Manages meeting time effectively • Takes initiative in covering for absent staff members • Develops programs and works on projects while maintaining case loads • Follows up on projects in a timely manner • Advances professional goals while maintaining expected workload
-------------------------	--

USE OF CONSTRUCTIVE FEEDBACK
The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.

Beginning	<ul style="list-style-type: none"> • Demonstrates active listening skills • Actively seeks feedback and help • Demonstrates a positive attitude toward feedback • Critiques own performance • Maintains two-way communication
Developing	<ul style="list-style-type: none"> • Assesses own performance accurately • Utilizes feedback when establishing pre-professional goals • Provides constructive and timely feedback when establishing pre-professional goals • Develops plan of action in response to feedback
Entry-Level	<ul style="list-style-type: none"> • Seeks feedback from clients • Reconciles differences with sensitivity • Modifies feedback given to clients according to their learning styles • Considers multiple approaches when responding to feedback
Post-Entry-Level	<ul style="list-style-type: none"> • Engages in non-judgmental, constructive problem-solving discussions • Acts as conduit for feedback between multiple resources • Utilizes feedback when establishing professional goals • Utilizes self-assessment for professional growth

PROBLEM SOLVING
The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Beginning	<ul style="list-style-type: none"> • Recognizes problems • States problems clearly • Describes known solutions to problem • Identifies resources needed to develop solution • Begins to examine multiple solutions to problems
Developing	<ul style="list-style-type: none"> • Prioritizes problems • Identifies contributors to problem • Considers consequences of possible solutions • Consults with others to clarify problem
Entry-Level	<ul style="list-style-type: none"> • Implements solutions • Reassesses solutions • Evaluates outcomes • Updates solutions to problems based on current research • Accepts responsibility for implementation of solutions
Post-Entry-Level	<ul style="list-style-type: none"> • Weighs advantages • Participates in outcome studies
	<ul style="list-style-type: none"> • Contributes to formal quality assessment in work environment

	<ul style="list-style-type: none"> Seeks solutions to community health-related problems
PROFESSIONALISM <i>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</i>	
Beginning	<ul style="list-style-type: none"> Abides by APTA Code of Ethics Demonstrates awareness of state licensure regulations Abides by facility policies and procedures Projects professional image Attends professional meetings Demonstrates honesty, compassion, courage and continuous regard for all
Developing	<ul style="list-style-type: none"> Identifies appropriate professional role models Discusses societal expectations of the profession Acts on moral commitment Involves other health care professionals in decision-making Seeks informed consent from patients
Entry-Level	<ul style="list-style-type: none"> Demonstrates accountability for professional decisions Treats patients within scope of expertise Discusses role of physical therapy in health care Keeps patient as priority
Post-Entry-Level	<ul style="list-style-type: none"> Actively promotes profession Participates actively in professional organizations Attends workshops Acts in leadership role when needed Supports research
RESPONSIBILITY <i>The ability to fulfill commitments and to be accountable for actions and outcomes.</i>	
Beginning	<ul style="list-style-type: none"> Demonstrates dependability Demonstrates punctuality Follows through on commitments Recognizes own limits
Developing	<ul style="list-style-type: none"> Accepts responsibility for actions and outcomes Provides safe and secure environment for patients Offers and accepts help Completes projects without prompting
Entry-Level	<ul style="list-style-type: none"> Delegates as needed Directs patients to other health care professionals when needed Encourages patient accountability
Post-Entry-Level	<ul style="list-style-type: none"> Orients and instructs new employees/students Promotes clinical education Accepts role as team leader Facilitates responsibility for program development and modification
CRITICAL THINKING <i>The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.</i>	
Beginning	<ul style="list-style-type: none"> Raises relevant questions

	<ul style="list-style-type: none"> • Considers all available information • States the results of scientific literature • Recognizes “holes” in knowledge base • Articulates ideas
<i>Developing</i>	<ul style="list-style-type: none"> • Feels challenged to examine ideas • Critiques hypotheses and ideas • Formulates new ideas • Seeks alternative ideas • Formulates alternative hypotheses • Understands scientific method
<i>Entry-Level</i>	<ul style="list-style-type: none"> • Exhibits openness to contradictory ideas • Assesses issues raised by contradictory ideas • Justifies solutions selected • Determines effectiveness of applied solutions
<i>Post-Entry-Level</i>	<ul style="list-style-type: none"> • Distinguishes relevant from irrelevant • Distinguishes when to think intuitively vs. analytically • Demonstrates beginning intuitive thinking • Identifies complex patterns of associations • Recognizes own biases and suspends judgmental thinking • Challenges others to think critically

STRESS MANAGEMENT
The ability to identify sources of stress and to develop effective coping behaviors.

<i>Beginning</i>	<ul style="list-style-type: none"> • Recognizes own stressors or problems • Recognizes distress or problems in others • Seeks assistance as needed • Maintains professional demeanor in all situations
<i>Developing</i>	<ul style="list-style-type: none"> • Maintains balance between professional and personal life • Demonstrates appropriate affective responses to situations • Accepts constructive feedback • Establishes outlets to cope with stressors.
<i>Entry-Level</i>	<ul style="list-style-type: none"> • Tolerates inconsistencies in health care environment • Prioritizes multiple commitments • Responds calmly to urgent situations
<i>Post-Entry-Level</i>	<ul style="list-style-type: none"> • Recognizes when problems are unsolvable • Assists others in recognizing stressors • Demonstrates preventative approach to stress management • Establishes support network for self and clients • Offers solutions to the reduction of stress within the work environment

Appendix C: Physical Therapy Course Descriptions

Physical Therapy DPT Course Curriculum Description Link:

https://catalog.unthsc.edu/preview_program.php?catoid=13&poid=1076

Appendix E: DPT Student Absence Request Form

Department of Physical Therapy UNIVERSITY of NORTH TEXAS HEALTH SCIENCE CENTER at Fort Worth School of Health Professions

Student's Name	Class of	Date of Request
Date(s) of Absence	From:	To:
CIRCUMSTANCE OF ABSENCE	<input type="checkbox"/> Illness (<i>Documentation may be required if exceeds 1 day.</i>) <input type="checkbox"/> Religious Holiday (<i>See Student Policy S/UNTHSC/General -03</i>) <input type="checkbox"/> Family Issues (<i>Explain below.</i>) <input type="checkbox"/> HSC Representative to Meeting (<i>Explain below</i>) <input type="checkbox"/> Present Abstract or Poster at Meeting (<i>Explain below.</i>) <input type="checkbox"/> Other (<i>Explain below.</i>)	
<p>Please attach any documentation you have such as a doctor's note for illness to this form.</p> <p>For any absence other than unanticipated i.e. illness/family emergency, please provide the CI and DCE at least 4 weeks prior notice.</p>		

I attest that the above statements are true to the best of my knowledge:

_____ *Student Signature*

Students are required to list events that were (will be) missed during absence and obtain DCE and CI approval	
Please list in detail the affected course and event	DCE Approval (signature) and CI Approval (signature) are both required
	DCE:
	CI:
<u>Clinical Instructor and/or DCE are requested to list make-up requirements (if any)</u>	

Completed Form must be submitted to DCE



Appendix F Curriculum Sheet:

DEPARTMENT OF PHYSICAL THERAPY **Curriculum Sheet - Doctor of Physical Therapy (DPT)**

Year 1, Fall Term	Course Name	Course Number
	Gross Anatomy for the PT	DPHT 7400
	Professional Practice in PT	DPHT 7209
	Applied Anatomy & Kinesiology	DPHT 7305
	Fundamentals of Physical Therapist Examination	DPHT 7307
	Cultural & Psychosocial Issues in Physical Therapy	DPHT 7225
	Evidence-Based Practice I	DPHT 7221
	Applied Exercise Physiology	DPHT 7323

Year 1, Spring Term	Course Name	Course Number
	Neuroscience for the PT	DPHT 7300
	Pathophysiology for the PT	DPHT 7301
	Foundational Clinical Skills for PT	DPHT 7232
	Integrated Control of Movement	DPHT 7320
	Lifespan Development & Clinical Management of Geriatric Populations	DPHT 7324
	Therapeutic Exercise I	DPHT 7330

Year 1, Summer Term	Course Name	Course Number
	Clinical Pharmacology for the PT	DPHT 7202
	Therapeutic Modalities in PT	DPHT 7233
	Evidence-Based Practice II	DPHT 7333
	Applied Clinical Practice	DPHT 7133

Year 2, Fall Term	Course Name	Course Number
	Health Promotion & Wellness for the PT	DPHT 7256
	Clinical Management of the Patient with Cardiovascular & Pulmonary Conditions	DPHT 7340
	Clinical Management of the Patient with Musculoskeletal Conditions I	DPHT 7441
	Clinical Management of the Patient with Neuromuscular Conditions I	DPHT 7442
	Clinical Practicum I	DPHT 7345

Year 2, Spring Term	Course Name	Course Number
	Diagnostic Imaging for the PT	DPHT 7256
	Clinical Management of the Patient with Integumentary Conditions	DPHT 7141
	Clinical Management of the Patient with Musculoskeletal Conditions II	DPHT 7451
	Clinical Management of the Patient with Neuromuscular Conditions II	DPHT 7252
	Clinical Management of Pediatric Populations	DPHT 7215
	Differential Diagnosis for the PT	DPHT 7343
	Therapeutic Exercise II	DPHT 7250

Year 2, Summer Term	Course Name	Course Number
	Clinical Management of the Complex Patient	DPHT 7153
	Physical Therapy Considerations for Rural & Underserved Populations	DPHT 7155
	Evidence-Based Practice III	DPHT 7244
	Practice Management & Leadership in PT	DPHT 7270
	Prosthetics Orthotics & Advanced Gait	DPHT 7271

Year 3, Fall Term	Course Name	Course Number
	Clinical Practicum II	DPHT 7460
	Clinical Practicum III	DPHT 7473

Year 3, Spring Term	Course Name	Course Number
	Capstone	DPHT 7192
	Internship	DPHT 7680

Appendix G Early Assessment of Clinical Experience Form



DEPARTMENT OF PHYSICAL THERAPY
 Early Student Assessment of Clinical Education Experience

EARLY STUDENT ASSESSMENT OF CLINICAL EDUCATION EXPERIENCE

Student Name _____ Student phone _____

Facility Name _____ Clinical Instructor _____

CI phone _____ CI e-mail _____

Year CI became licensed _____ Year CI became an instructor _____
 Highest Physical Therapy Degree _____ Highest Earned Degree _____
 University attended for PT _____

CI advanced degrees or certification: (Please check all that apply)

- APTA Certified Clinical Instructor TEXAS Consortium Certified Clinical Instructor
 GCS CSCS OCS NCS ATC Other

Type of Experience: Acute Sub-Acute In-Patient Rehab Out-Patient Orthopedic
 Specialty _____

Please respond to the following statements as it relates to your clinical rotation using the drop down boxes:

		Additional Comments
I received a thorough orientation of the facility and my responsibilities as a student	Select from the drop down:	
I know where to find policies, procedures and forms needed for this clinical experience	Select from the drop down:	If you marked "Disagree" or "Strongly Disagree", did you ask?
I have access to all facility resources as needed	Select from the drop down:	If you marked "Disagree" or "Strongly Disagree," what resources do you need that you do not have?
I have been introduced to the rehabilitation team	Select from the drop down:	

I am aware of the individual(s) who will replace my CI (if CI is not available)	Select from the drop down:	If you marked "Disagree" or "Strongly Disagree", did you ask?
I am aware of my own supervisory responsibilities (of PTAs, PT technician(s), etc.)	Select from the drop down:	If you marked "Disagree" or "Strongly Disagree", did you ask?
I am aware of my caseload and workload expectations	Select from the drop down:	If you marked "Disagree" or "Strongly Disagree", did you ask?
I am aware of my responsibilities regarding evaluations/interventions	Select from the drop down:	If you marked "Disagree" or "Strongly Disagree", did you ask?
I was able to participate in the organization of my own clinical experience	Select from the drop down:	If you marked "Disagree" or "Strongly Disagree", what would you like to see included in your experience that you were unable to communicate with your CI?
The clinical experience is organized to facilitate and expand my learning	Select from the drop down:	If you marked "Disagree" or "Strongly Disagree", have you had a conversation with your CI about how to best facilitate your learning?
I am receiving the necessary feedback to facilitate and expand my learning	Select from the drop down:	If you marked "Disagree" or "Strongly Disagree", have you had a conversation with your CI about how to best facilitate your learning?
My CI established a pattern of collaboration including feedback and open lines of communication	Select from the drop down:	If you marked "Disagree" or "Strongly Disagree", have you had a conversation with your CI about communication?
I feel equipped to manage my educational responsibilities in this clinical setting	Select from the drop down:	
I feel that I need additional help and resources to be able to successfully complete this clinical experience	Select from the drop down:	If yes, what additional resources do you need to be successful?
Do you feel that you needed additional information prior to starting this clinical experience	Select from the drop down:	If yes, what additional information do you need to be successful?

Do you need a phone call from the DCE? - YES NO Student Signature/Date

Appendix H: Weekly Planning Form

(PLEASE DUPLICATE THIS FORM FOR EACH WEEK)

Instructions: This instrument should be used to focus learning, promote realistic self-appraisal, provide timely feedback, stimulate professional growth and clarify expectations on a weekly basis. The students should complete all sections marked “Student” prior to meeting with Clinical Instructor. Clinical Instructor will review and make additional comments or changes (if necessary). Use of this form is not required.

Week # _____	DATES: _____
Student: Summary of previous week: Note progress, achievements, feedback on previous goals, etc.	
Student: Identify two-three skills, behaviors, goals that I would like to work during this week	
Student: Identify methods that Clinical Instructor can assist your learning	
Clinical Instructor: Note progress, achievements, feedback on previous goals, etc., (if they are different than above)	
Clinical Instructor: Identify a method (or methods) that the student can improve during next week	
Student: Include goals for the upcoming week	

Appendix I: Clinical Experience Planning Form

NOTE TO STUDENT: The student is responsible for completing a weekly log describing his/her clinical experience. The clinical Instructor should initial the log at the end of each week. **NOTE:** A copy of this log should be provided to the DCE at midterm and at final.

STUDENT NAME _____ CLINICAL FACILITY _____

CLINICAL ROTATION _____ TYPE OF CLINICAL EXPERIENCE _____

	#of Patients Seen	Type of Patients Seen	Skills Performed	Self-Assessment of Performance	Goal(s) for Following
Week 1					
Week 2					
Week 3					
Week 4					
	#of Patients Seen	Type of Patients Seen	Skills Performed	Self-Assessment of Performance	Goal(s) for Following
Week 5					

Week 6					
Week 7					
Week 8					
Week 9					
	#of Patients Seen	Type of Patients Seen	Skills Performed	Self-Assessment of Performance	Goal(s) for Following
Week 10					
Week 11					

Week 12					
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Appendix J: Educational and Behavioral Indicators Report

Please document either a behavioral or educational trends or a single occurrence of a serious nature. Please immediately contact the DCE at: 817-735-2984 or email at: leslie.ayres@unthsc.edu. Send this completed form by email to the DCE.

Student Name _____

Clinical Instructor Name _____

Date, Time, Behavior/Educational Trend Observed	Evaluator/Observer's Interpretation
Agreement & Statement of Planned Change	Timeframe for Achievement/Reevaluation of Change

Student Signature/Date _____

Clinical Instructor Signature/Date _____

Student signature is required as the document was reviewed with the student.

Completed by program: Summary of Outcome(s)

Appendix K: Professional Behaviors - Self Assessment Form

Student: _____

Date _____

Instructions: Assess each of your abilities based on your assessment of your own performance. Circle the letter that indicates your current level of performance (B - Beginning Level, D - Developing Level, E – Entry-Level). The student is not required to be at the Post-Entry-Level at this time. For each of the professional behaviors provide at least one example of your performance in that area. You may attach additional sheets if necessary, but this is not required. Please sign and date the assessment.

1.	Commitment to Learning Examples:	B	D	E
2.	Interpersonal Skills Examples:	B	D	E
3.	Communication Skills Examples:	B	D	E
4.	Effective Use of Time and Resources Examples:	B	D	E
5.	Use of Constructive Feedback Examples:	B	D	E
6.	Problem-solving Examples:	B	D	E
7.	Professionalism Examples:	B	D	E
8.	Responsibility Examples:	B	D	E
9.	Critical Thinking Examples:	B	D	E
10.	Stress Management Examples:	B	D	E

Student: _____
(signature)

Date _____

Clinical Instructor

Signature: _____
(signature)

Self Assessment is: (circle one) Valid Not Valid

Comments:

Appendix L: Anecdotal Form

Student's Name: _____

Date: _____

Evaluator/Observer's Name: _____

Setting (Place, Persons, Atmosphere, Surroundings, etc.): _____

Student Action/Behavior: _____

Evaluator Interpretation: _____

Student's Signature _____

Evaluator Signature _____

Student's Comment _____

Appendix N: Internship Student Request Form

Name: _____

Preferred Specialty (Please mark 1st and 2nd choice):

- ❖ Sports
- ❖ Manual Therapy / Ortho
- ❖ Geriatrics
- ❖ Pediatrics (Neuro, ortho, schools, home health, other_(1st Choice)_____)
- ❖ Neuro (Stroke, TBI, SCI, other_____)
- ❖ Amputee
- ❖ Burns
- ❖ Women's Health
- ❖ Aquatics
- ❖ Wounds
- ❖ Other_____

Educational Goals for Internship (3 goals are required):

1. _____
2. _____
3. _____

Preferred Geographic Location (Please list at least 3 areas):

1. _____
2. _____
3. _____

-OR-

I am willing to go anywhere that can provide me a quality internship in the area of my preferred specialty

Specific Facilities in which I am interested (Please list no more than 3):

1. _____
2. _____
3. _____

Other information/Comments:

Appendix O: International Internship Request Form

Name_____

1. Why do you want to be considered for an international clinical experience?

2. What are your expectations for an international clinical experience?

3. What specific challenges do you think you might face during an international clinical experience?

4. What specific learning goals would you like to address through this experience?
 - 1.

 - 2.

 - 3.

 - 4.

I understand that participation in an international internship will require additional meetings and assignments in preparation for the experience. Initials _____

I understand that participation in an international internship will incur additional costs including, but not limited to, airfare, housing, food, transportation, emergency evacuation insurance, and immunizations. These costs are my responsibility.

Initials _____

Signature:

Appendix P: Certificate of Professional Liability Insurance



UNIVOFN-01

TGODSEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 4682 Fort Worth, TX-Hub International Insurance Services 3221 Collinsworth Fort Worth, TX 76107	CONTACT NAME: PHONE (A/C, No, Ext): (817) 820-8100 FAX (A/C, No): (817) 870-0310 E-MAIL ADDRESS: ftw.service@hubinternational.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Columbia Casualty Company NAIC # 31127 INSURER B: Hanover Insurance Company 22292 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED University of North Texas System 1155 Union Circle #310950 Denton, TX 76203	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			HPP4031960334	9/1/2022	9/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WHDJ070744	9/1/2022	9/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Healthcare Prof Lia			HPP4031960334	9/1/2022	9/1/2023	Each Claim 1,000,000
A	Healthcare Prof			HPP4031960334	9/1/2022	9/1/2023	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insureds included for Professional Liability Only:
 University of North Texas Health Science students (Texas College of Osteopathic medicine, community health, long term health care administration, pharmacist, physical therapist, and physician assistant).
 University of North Texas Health Science Center and its non-physician licensed providers, faculty and staff.
 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER University of North Texas System 1155 Union Circle #310950 Denton, TX 76203	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

ACORD 25 (2016/03)

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DEPARTMENT OF PHYSICAL THERAPY

DPT STUDENT ACKNOWLEDGEMENT FORM

I have read and understand all information presented in this Clinical Education Handbook. I agree to abide by all rules and guidelines.

PRINTED STUDENT NAME

STUDENT SIGNATURE

DATE

Student Consent for Clinical Educational Experiences

___ I understand that a portion of my education in The University of North Texas Health Science Center at Fort Worth (HSC Fort Worth) DPT program consists of 4 clinical rotations.

___ I understand that all expenses related to clinical education experiences are my sole responsibility.

___ I understand that during any clinical experiences I will be subject to the known and unknown risks members of my profession experience in the provision of health care. These may include exposure to people with infectious and communicable diseases, mental illnesses, and risks attendant to the work environment. I realize, however, as a student, I am not eligible for coverage under the University's nor the healthcare facility's worker's compensation insurance, and that there is no mechanism for compensation in the event I am injured during my clinical experience.

___ I will be expected to abide by whatever policies the facility has regarding risk exposure management for its employees, even though I am not considered by HSC at Fort Worth nor the facility to be an employee of the facility.

___ I will carry at all times proof of the following: 1) current CPR certification 2) current immunization records required by University and clinical site 3) background check clearance 4) negative drug screen for proof of health clearance 5) current liability insurance and 6) health insurance coverage.

___ I understand that failure to meet the above documentation criteria will delay or prevent my participation in clinical education experiences.

___ I understand that I must be registered for clinical courses for my liability insurance to cover me.

___ I understand that each facility may require additional background check or drug screen prior to the start date of each rotation and the costs are solely my responsibility.

___ I voluntarily agree to participate in clinical education experiences arranged by the HSC at Fort Worth DPT program.

I, _____ (PRINT NAME), have read the requirements for the Professional Behaviors. I have been given the opportunity to ask questions which have been adequately answered. I understand that professional behavior is just as much a part of becoming a competent physical therapist as is the theory and application of treatment.

STUDENT SIGNATURE

DATE