



Doctor of Physical Therapy

Clinical Education Handbook

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1.0 PROGRAM DESCRIPTION

Statement of Purpose of Clinical Education

The purpose of the Clinical Education component of the curriculum is to provide the learner with structured interactions with persons of varying degrees of health status and disability. The Clinical Education experiences and supplemental learning activities bridge the cognitive, affective, and psychomotor skills learned in the academic setting to real-life clinical experiences. Competent clinical educators design these interactions with progressively decreasing supervision to prepare the students for physical therapy practice as competent entry-level practitioners. The goal of the Clinical Education Handbook is to assist all stakeholders, in any Clinical Education setting, in providing the best possible clinical education experience.

Overview of the Clinical Education Experience

The Clinical Education Program comprises five phases of supervised clinical education experiences. The Program is progressive in the type and range of clinical responsibilities expected of each student and corresponds to the complexity of the didactic portion of the curriculum. Participation in any Clinical Education experience is contingent upon successful completion of the coursework and previous clinical education experiences. Students are supervised by licensed Physical Therapists, who serve as Clinical Instructors (CIs) in such settings as hospitals, long-term care facilities, home health agencies, rehabilitation facilities, pediatric clinics, sports medicine clinics, fitness centers, and outpatient facilities. During these experiences, students are also expected to participate in interprofessional experiences such as case meetings and rounds. Based on site availability and preference or specialty setting, it may be necessary for students to split their clinical education experience at two facilities or between two CIs.

Students are expected to complete one full time experience in both the inpatient (acute care, acute inpatient rehab, or skilled nursing) and outpatient settings. In order for an experience to qualify as an inpatient experience, the time spent working on the inpatient unit must average at least 50% of the total experience time.

1.1 CRITERIA FOR PROGRESSION TO CLINICAL EDUCATION

The curriculum contains practice expectations with benchmarks that must be achieved for progression in courses and the Program. These expectations are

included in the Skills List Required to be Competent for Clinical Education ([APPENDIX X](#)) developed from the Patient/Client Management Model presented in The Guide to Physical Therapist Practice.⁶

Advancement to the next academic term or the Clinical Education phase requires faculty approval based on completion and satisfactory academic progress in all coursework, and an acceptable record of professional behavior. Participation in Clinical Education is restricted to students whose academic progress is satisfactory as defined above, who have completed (in a timely manner) all records and arrangements for Clinical Education posted in the Clinical Education syllabus on Canvas and the Clinical Education Handbook, who meet the health requirements for the University and the clinical site, and who have demonstrated the personal attributes necessary for professional practice as healthcare providers.

Evidence of unsatisfactory personal and professional attributes which may include, but are not limited to, dismissal from a clinic site for violation of clinic rules, serious safety infractions, violence, abusive behavior, theft, dishonesty, falsification of documents, substance abuse, the conviction of a felony, any other behavior that could threaten the well-being of peers or clients or would lead to withdrawal of a Physical Therapy license. The Academic Progress Committee (APC) will meet prior to all Clinical Education Experiences to discuss the readiness of students to participate in Clinical Education courses. Students' grade point averages, performance on practical examinations and simulations, comprehensive examination scores, and professional behavior, via faculty input, will be considered in the decision to allow students to progress to Clinical Education.

To progress to Clinical Education, the student must be in good academic standing in the Program, have successfully passed all practical examinations, including simulations with a score of at least 80%, and have met the professional behavior expectations noted above. Good academic standing in the Program is defined as the student is not on probation and having a term and cumulative GPA of 3.0 or greater. If a student is determined not to be ready to progress to Clinical Education, the APC will consult with the core faculty and the student to develop a plan to remediate any deficiencies, prior to participation in Clinical Education.

1.2 ACADEMIC STANDARDS FOR PARTICIPATION IN CLINICAL EDUCATION

All students in the Physical Therapy Program are reviewed at the midterm and final points of each Term by the Academic Progress Committee (APC). The APC consists of the DPT Program Director, the DCE, and another DPT core faculty member. Any

issue involving a student's academic performance and/or professional behavior, in didactic or clinical courses, is reviewed by the APC. Decisions concerning any of the aforementioned issues or any other issue brought to the APC are made with all information available to the APC and are applied in an equitable manner for all students as described in the [Doctor of Physical Therapy Program Student Handbook Section 2.15](#).

To participate in any Clinical Education Experience, each student must have regular academic status as defined by the Academic Standing policy in the Seton Hill University Catalog. Regular academic status in the DPT Program means no grade below a C in any course in each Term; a Term GPA of at least 3.0; a cumulative GPA of at least 3.0.

1.3 PROFESSIONAL AND HEALTH REQUIREMENTS FOR CLINICAL EDUCATION

Clinical Education sites may require that students obtain background checks and security clearances before entering the facility. Sites may also require testing for unlawful substances or health tests and immunizations in addition to those required by the University or Program. Students are expected to comply with any additional requirements or costs in order to facilitate site placement. Clinical Education sites' policies are subject to implementation or change without notice, particularly during periods of change in ownership or leadership of those organizations.

In addition to the [University's Student Immunization and Screening Policy](#), the DPT Program mandates that each student complete the following health and professional requirements prior to arriving on campus for Term 1. Students must maintain current records throughout their tenure in the Program to participate in didactic and Clinical Education experiences. The DCE/CEC will verify that the following information was uploaded to EXXAT by each student at least six weeks prior to the first day of the clinical experience (as stated in the syllabus):

1. **Annual physical exam:** Use the Initial Physical Examination Form ([APPENDIX V](#)) upon entry into the DPT Program and the Annual Physical Examination Form ([APPENDIX W](#)) in subsequent years.

2. **Two-Step PPD:** Prior to the start of Term 1, a 2-step PPD must be completed with the second test 1-3 weeks after the first. Subsequently, a 1-Step PPD test is required annually unless otherwise required by a specific Clinical Education Site or due to personal preference or health reasons.

a. Individuals with a history of the BCG vaccine will need to provide documentation of a negative TB blood test (IGRA, Quantiferon Gold) test prior to Term 1 and annually thereafter.

b. If the student has had a prior positive test, then proof of a negative chest X-ray is required with medical clearance.

3. **Healthcare Provider CPR certification for adult/child and AED:** Must be an in-person Red Cross or American Heart Association course. This course will be offered on campus.

4. **First Aid Certification:** This course may be taken online. This course will be offered on campus.

5. **Immunizations:**

a) Tdap (Tetanus, Diphtheria, Pertussis):

- One dose of Tdap (Boostrix or Adacel) for all individuals ages 11-64 regardless of the interval since the last Td booster. Tdap (tetanus, diphtheria toxoids, and acellular pertussis should not be confused with DT or DTaP).
- Tetanus boosters are also needed if it has been greater than ten years since the Tdap was administered. Either the Tdap or Td may be used as a booster, unless specified by a clinical education site.

b) MMR (Measles/Mumps/Rubella):

- ALL STUDENTS (part-time, full-time, and/or auditing classes) born during or after 1957 MUST provide immunization dates of TWO MMR doses. The first dose must be administered after the first birthday and the second dose at least 28 days following the first dose or,
- Provide evidence of immunity (CDC) or,
- Laboratory evidence of immunity (positive immunoglobulin IgG antibody blood test to each Measles, Mumps, and Rubella) or,
- Laboratory confirmation of disease or,
- Birth before 1957 (Birth before 1957 provides only presumptive evidence for measles, mumps, and rubella. Before vaccines were available, nearly everyone was infected with measles, mumps, and rubella viruses during childhood. The majority of people born before 1957 are likely to have been infected naturally and therefore are presumed to be protected against measles, mumps, and rubella).

c) Hepatitis B: Must show evidence of completion of the series of 3 vaccinations administered over a 6-month period AND a Titer in the last six months. If the Titer is non immune, the student MUST HAVE a booster (include date).

d) Varicella (Chicken Pox):

-
- Two doses of varicella containing vaccine at least 12 weeks apart if vaccinated between 1-12 years of age and at least four weeks apart if vaccinated 13 years or older or,
 - Laboratory evidence of immunity (positive immunoglobulin (IgG) antibody blood test) or,
 - Laboratory confirmation of varicella or history of varicella diagnosed by a healthcare provider.

e) Polio series: Series of 3 vaccinations as an ADULT or Series of 4 vaccinations as a CHILD.

f) Meningococcal Vaccination (two types required) or waiver*:

1) Meningococcal Quadrivalent Vaccination

- a) One dose of the following vaccines on or after their 16th birthday. If the vaccine was received before age 16, students must have a booster (additional dose).
 - i) MenACWY-CRM (Menveo®); OR
 - ii) MenACWY-D (Menactra®); OR
 - iii) MenACWY-TT (MenQuadfi®); OR
 - iv) Submit declination on the University Waiver Form (on Exxat)

2) Meningococcal Serogroup B Vaccine

- a) ALL RESIDENT AND COMMUTER STUDENTS who are 23 years of age and younger MUST provide evidence of either of the following options:
 - i) Bexsero (MenB-4C): 2 dose series with doses given at least 1 month apart; OR
 - ii) Trumenba (MenB-FHbp: either a 2 dose series administered at least 6 months apart OR a 3 dose series administered with the second and third doses administered 1-2 and 6 months after.
 - iii) Submit declination on the University Waiver Form (on Exxat)

g) Influenza Immunizations: Recommended for all enrolled students OR required by Clinical Education Site

h) Covid-19 Vaccine and applicable Boosters or waiver*: All students enrolled in face-to-face classes and attending campus activities must be fully vaccinated against COVID-19 prior to arriving on campus for the academic year unless they have an approved Medical or Religious exemption. Students must upload a complete COVID-19 vaccination card or Waiver to Exxat by August 1st.

- Fully vaccinated is defined as having completed:

-
- Primary vaccine series PLUS 1 booster (2 doses of Pfizer-BioNTech PLUS 1 Booster); OR
 - 2 Doses of Moderna PLUS 1 booster; OR
 - 1 Dose of J&J PLUS 1 booster; OR
 - 1 Dose Bivalent COVID vaccine (Pfizer-BioNTech or Moderna)
 - Students must upload Covid-19 vaccination cards or Waiver (fully completed, signed and dated by student (Personal/Religious Exemption) OR medical provider (Medical Exemption) to Exxat by August 1st.
 - The University continues to monitor the Covid-19 situation. In the event that the University Covid-19 policy changes, the DPT program will follow any revisions to the guidelines. Refer to the [Seton Hill University Covid Dashboard](#) for the latest update on Seton Hill University's Covid-19 policies and procedures.

i) Third-Party Vaccination Requirements: If vaccination is required by a third-party entity, unvaccinated students, even those with an approved Medical or Religious exemption, may be unable to participate in activities, including but not limited to internships, clinical rotations, student teaching, study away/abroad, which may be required for graduation.

*A student may request an exemption from immunization compliance if there is a documented medical contraindication to vaccination accompanied by a health care provider's signature or if personally held or religious beliefs prohibit immunization. The student must submit either the Religious Immunization Exemption Form or the Medical Immunization Exemption Form posted on the MySHU Documents Page or available from Student Health Services to Exxat for Approval. **Students should note that it is the discretion of each Clinical Education Site as to whether or not the waiver is accepted.**

6. Proof of current health insurance.

7. Evidence of Citizenship: (Two forms required) Driver's license AND birth certificate or passport must be provided.

8. Infection Control Certification Form: ([APPENDIX N](#)) is required for all students. The Certification is updated annually, and the DCE/CEC presents certification forms for student signature. A copy of this form must be uploaded to EXXAT and maintained by the student for future Clinical Education experiences.

9. HIPAA Certification Form: ([APPENDIX O](#)) is required for all students. The Certification is updated annually, and the DCE/CEC presents certification forms for the student's signature. A copy of this form must be uploaded to EXXAT and maintained by the student for future Clinical Education experiences.

10. Evidence of Liability Insurance: Professional Liability Insurance is required for each student throughout their tenure in the Program. A blanket student liability

policy in the amount of \$3,000,000 per occurrence and \$6,000,000 general aggregate limits will be purchased for each student. Each student is billed for the liability policy through Student Accounts. The annual cost is calculated each year by the insurance provider. The student must submit a copy to each clinical site and upload the certificate to EXXAT, for each clinical education experience. The original certificate is maintained on Exxat and is available to sites upon request.

All DPT program requirements including health requirements, background checks, and drug screening must be uploaded to EXXAT and the applicable University requirements to the University's health records management system, Med+Proctor, by August 1st. The students' health documents and background checks are verified by the EXXAT Approve Team's health professionals. The documents are approved/rejected based on the DPT Program's requirements. Students receive email updates from EXXAT pertaining to whether or not the uploaded documents are approved. In addition, the Approve Program will alert students to pending expiration of required documents. Prior to each Clinical Education Experience, and throughout their tenure in the Program, each student is responsible for determining that their physical exam, CPR/first aid training, immunizations and all other requirements are up-to-date. The student is responsible for uploading any new or updated health requirements to EXXAT and maintaining copies for their personal records to be available upon DCE/CEC or Clinical Site request. An email with EXXAT access information will be sent to the CCCE/CI two months prior to the student's first day of the Clinical Experience. In addition, four to six weeks prior to the Clinical Experience, each student will email the SCCE/CI introducing themselves, stating their strengths and weaknesses, and describing their goals for the experience. The student is expected to inquire about the dress code, parking/transportation, clinic schedule, as well as meal/break room facilities. One-two weeks prior to the experience, the student will contact the SCCE/CI by phone to confirm their schedule. It is recommended that each student keep all Pre-Clinic paperwork in a portfolio (paper and/or digital) so that these materials are easily accessible at all times. Frequently, a site will require additional requirements for a student's Clinical Education Experience. *It is the duty and financial responsibility of each student to fulfill all necessary requirements for each experience.*

Failure of a student to maintain accurate and up-to-date records may result in postponement of a Clinical Education experience, removal from a clinical site, and possible failure of the Clinical Education Experience.

Some Clinical Education sites require a background check and/or drug test prior to starting the clinical experience. If a student selects a site that requires a background check and/or drug screen, it is the student's financial responsibility to have the background check or drug screen performed and upload this information to EXXAT in a timely manner.

An initial background check will be completed for each student prior to entering the DPT program. Additional background checks may be required by a Clinical

Education site. The student is responsible for the payment of, applying for and uploading the results of any additional background checks in a timely manner to prevent delays in starting the DPT program or participation in the Clinical Education Experience. The student will upload the completed background checks to their EXXAT profile. The DCE/CEC will assist students with site requirements as necessary.

Please refer to the following University policies for additional information:

[General: Student Immunization and Screening Policy:](#)

1.4 SEQUENCE OF CLINICAL EDUCATION IN THE DPT PROGRAM CURRICULUM

The Clinical Education (CE) component of the Physical Therapy Program is introduced in the second term of the student's enrollment. Each subsequent experience encompasses increased use of student skills learned in the classroom with progressive responsibility for patient care placed on the student while supervised by the Clinical Instructor (CI). The complete sequence of clinical progression is provided below.

Term 1 Fall	15-weeks didactic coursework	No CE
Term 2 Spring	15-weeks didactic coursework	CE 1, 14 weeks, part-time
Term 3 Summer	8-weeks didactic coursework	CE 2, 8 weeks, full-time
Term 4 Fall	15-weeks didactic coursework	CE 3, 14 weeks, 8hr/week, part-time
Term 5 Spring	15-weeks didactic coursework	No CE
Term 6 Summer	No didactic coursework	CE 4, 8 weeks, full-time
Term 7 Fall	15-weeks didactic coursework	No CE
Term 8 Spring	1-week didactic coursework	CE 5, 15 weeks, full-time

Student Clinical Education Schedule – DPT Curriculum

The part-time experiences (CE 1 and 3) consist of eight hours per week. Full time experiences are considered to be an average of 35 hours each week for the duration of the clinical education course (CE 2, 4, 5) unless the student has extenuating circumstances to be determined and approved by APC. At which point, the CAPTE minimum requirements for full time clinical education experiences will be followed. The clinical site establishes the working hours. Students are expected to follow the CI's work schedule. Skills learned in the preceding terms are practiced under the supervision of a CI.

CE 1 SPT 615:

This is the first Clinical Education experience within the DPT curriculum. The students participate in 14 weeks of part-time clinical experience, eight hours per week, for a total of 112 hours during Term 2. This experience will be in the acute care, skilled, or outpatient settings. The focus of this experience will be on

professionalism, patient and family communication, assessment of vital signs, patient and staff safety, patient privacy, infection control, transfer and gait training, chart review, and assessment of range of motion (ROM) and manual muscle testing (MMT).

By midterm and final, students should be rated as demonstrating professional behaviors (on the CIET) such as safety, initiative, and ethics, **“Most of the Time.”** By the end of the experience, students should be demonstrating professional communication techniques (outlined on the CIET) at least **“Sometimes.”** As this is the first clinical education experience, there is not an expectation that the student will be managing a caseload. The student should be capable of functioning with **CI guidance to supervision** in all tasks.

The appropriate rating of student performance of skills related to patient examination, evaluation, diagnosis/prognosis, and intervention for CE 1 is **“Well Below”** or **“Below”** a competent clinician on the Clinical Internship Evaluation Tool (CIET).

In addition, the student will successfully complete all skills on the CE 1 Benchmarks Checklist. Any skill unavailable for completion at the clinical site or in need of remediation will be completed with the Director of Clinical Education/Clinical Education Coordinator (DCE/CEC). The student will contact the DCE/CEC to set up a time to remediate the skill(s).

Prior to the start of CE 1, each student will have completed:

Course Number	Course Name	Credits
SPT 601	Musculoskeletal Clinical Reasoning 1	4
SPT 602	Musculoskeletal Physical Therapy Foundations 1	4
SPT 603	Musculoskeletal Physical Therapy Skills 1	4
SPT 604	Professional Responsibilities 1	3
	TOTAL CREDITS	15

Prior to the start of CE 1, SPT 615, each student will have completed all coursework described above in addition to working through the following coursework:

Course Number	Course Name	Credits
SPT 611	Neuromuscular Clinical Reasoning 2	4
SPT 612	Neuromuscular Physical Therapy Foundations 2	4
SPT 613	Neuromuscular Physical Therapy Skills 2	4

SPT 614	Professional Responsibilities 2	3
SPT 615	Clinical Education 1	2
	TOTAL CREDITS	17

CE 2 SPT 625:

This is the second Clinical Education experience and the first full-time experience within the DPT curriculum. The students participate in eight weeks of full-time clinical experience for a minimum of 280 hours during the second 8 weeks of Term 3. This experience can be in acute care, skilled, long term acute care (LTAC), home health, or outpatient settings. The focus of CE 2 is on advancing skills learned and practiced during CE 1. The student should require less supervision than CE 1 and show an increase in their caseload. The student should be more confident with their affective and psychomotor skills and be capable of functioning with CI guidance and managing up to 25% of the CI's caseload. At the start and throughout this affiliation, students should be rated as demonstrating professional behaviors such as safety, initiative, and ethics, **"Always."** By completion, students should be rated as demonstrating professional communication techniques **"Most of the Time."** The appropriate rating of student performance skills related to patient examination, evaluation, diagnosis/prognosis, and intervention should be rated **"Well Below to Below"** as compared to a competent clinician on the Clinical Internship Evaluation Tool (CIET).

In addition, the student will successfully complete all skills on the CE 2 Benchmarks Checklist. Any skill unavailable for completion at the clinical site or in need of remediation will be completed with the DCE/CEC. The student will contact the DCE to set up a time to remediate the skill(s).

Prior to the start of CE 2, SPT 625, each student will have completed all coursework described above in addition to working through the following coursework:

Course Number	Course Name	Credits
SPT 621	Cardiopulmonary Clinical Reasoning 3	3
SPT 622	Cardiopulmonary Physical Therapy Foundations 3	3
SPT 623	Cardiopulmonary Physical Therapy Skills 3	2
SPT 624	Professional Responsibilities 3	2
SPT 625	Clinical Education 2	6

	TOTAL CREDITS	16
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CE 3 SPT 635:

This is the third Clinical Education experience and the second part-time experience within the DPT curriculum. The students participate in 14 weeks of part-time clinical experience, eight hours per week, for a total of 112 hours during Term 4. This experience will be in the acute care, skilled, or outpatient settings. The focus of CE 3 will be to advance the skills learned and practiced during CE 1 and 2. At the start and throughout this affiliation, students should be rated as demonstrating professional behaviors such as safety, initiative, and ethics, **“Always.”** By completing the experience, the student should be capable of functioning with CI supervision and managing 50% of the CI’s caseload. Upon completion, students should be rated as demonstrating professional communication techniques, **“Always.”** The appropriate rating of student performance of skills related to patient examination, evaluation, diagnosis/prognosis, and intervention should be rated **“Below”** as compared to a competent clinician on the Clinical Internship Evaluation Tool (CIET).

In addition, the student will successfully complete all skills on the CE 3 Benchmarks Checklist. Any skill unavailable for completion at the clinical site or in need of remediation will be completed with the DCE. The student will contact the DCE/CEC to set up a time to remediate the skill(s).

Prior to the start of CE 3, SPT 635, each student will have completed all coursework described above in addition to working through the following coursework:

Course Number	Course Name	Credits
SPT 631	Pediatrics Clinical Reasoning 4	4
SPT 632	Pediatrics Physical Therapy Foundations 4	4
SPT 633	Pediatrics Physical Therapy Skills 4	4
SPT 634	Professional Responsibilities 4	3
SPT 635	Integrated Clinical Education 3	2
	TOTAL CREDITS	17

CE 4 SPT 655:

This is the fourth Clinical Education and second full-time experience within the DPT curriculum. The students participate in eight weeks of full-time clinical experience for a minimum of 280 hours during Term 6. This experience can be in acute care, skilled, long-term care, LTAC, home health, rehabilitation, outpatient, pediatric, sports medicine, or specialty settings. The focus of CE 4 is to advance the skills learned and practiced during CE 1, 2, and 3.

At the start and throughout this affiliation, students should be rated as demonstrating professional behaviors such as safety, initiative, and ethics, along with professional communication techniques, **"Always."** By the end of the experience, the student should be capable of functioning, with CI supervision to mentoring and be capable of maintaining 70% of a full-time physical therapist's caseload. An appropriate rating of student performance of skills related to patient examination, evaluation, diagnosis/prognosis, and intervention should be rated **"Below"** or **"At the Level"** as compared to a competent clinician on the Clinical Internship Evaluation Tool (CIET).

A student functioning with CI Supervision is able to carry out the evaluation and treatment but needs to be monitored to correct minor errors in technique or to facilitate decision making. The student is able to make the correct clinical decisions with only a few verbal cues/suggestions from the CI. The CI is not directing their decision making. If the student is requiring supervision from their CI, their clinical performance is at the **"Below"** level for patient management (examination, evaluation, diagnosis/prognosis, and intervention) on the CIET.

A student is considered **"independent"** if they are directing the evaluation and treatment and getting an effective outcome. If a student is coming to the CI for consultation about a patient's evaluation or plan of care, or clarifying a clinical decision, this is not considered **"supervision."** At this point the student's clinical performance is **"At That Level"** on the CIET and they are demonstrating the characteristics of an adult learner who is problem solving by brainstorming and interacting with their peers in the clinic. The CI should be continuing to serve as a mentor to facilitate the further development of the student's clinical decision making and clinical practice. The student should be actively seeking mentoring by their CI and other clinicians in the facility.

In addition, the student will successfully complete all skills on the CE 4 Benchmarks Checklist. Any skill unavailable for completion at the clinical site or in need of remediation will be completed with the DCE/CEC. The student will contact the DCE to set up a time to remediate the skill(s).

Prior to the start of CE 4, SPT 655, each student will have completed all coursework described above in addition to the following coursework:

Course Number	Course Name	Credits
SPT 641	Advanced Musculoskeletal Clinical Reasoning 5	4
SPT 642	Advanced Musculoskeletal Physical Therapy Foundations 5	4
SPT 643	Advanced Musculoskeletal Physical Therapy Skills 5	4
SPT 644	Professional Responsibilities 5	3
	TOTAL CREDITS	18

During CE 4, SPT 655, each student will have completed all coursework described above and concentrate solely on a full-time clinical experience.

Course Number	Course Name	Credits
SPT 655	Clinical Education 4	6
	TOTAL CREDITS	6

CE 5 SPT 675:

This is the fifth and terminal Clinical Education experience and third full-time experience within the DPT curriculum. The students participate in 15 weeks of full-time clinical experience for a minimum of 525 hours during Term 8. This experience can be in acute care, skilled, long-term care, LTAC, home health, rehabilitation, outpatient, sports medicine, or specialty settings, provided the student has completed one full-time experience in each of the acute care and outpatient settings by the completion of CE 5. This experience will focus on advancing the skills learned and practiced during CE 1, 2, 3, and 4. At the start and throughout CE 5 students should demonstrate Professional Behaviors (Safety, Initiative, Ethics, and Communication) **“Always”** on the Clinical Internship Evaluation Tool (CIET). In addition, the student should achieve ratings of **“At the Level”** or higher, as compared to a competent clinician, for examination, evaluation,

diagnosis/prognosis, and intervention skills, on the CIET. Upon completion of this experience, students should be capable of autonomous practice.

In addition, the student will successfully complete all skills on the CE 5 Benchmarks Checklist. Any skill unavailable for completion at the clinical site or in need of remediation will be completed with the DCE/CEC. The student will contact the DCE to set up a time to remediate the skill(s).

The Program's indicator for entry-level clinical performance will be the students' outcome assessment for the terminal Clinical Education course. The Program expectation will be for each student to score **"At the Level"** or higher, compared to a competent clinician, for examination, evaluation, diagnosis/prognosis, and intervention skills, on the CIET. Only clinicians who have completed the online [CIET training](#) will be permitted to assess student Clinical Education performance. The DCE will identify any students who are evaluated below the above-listed scores on the CIET mid-term evaluation and/or who have not met the rating of **"At the Level"** as compared to a competent clinician by the end of the terminal Clinical Education experience. If students are not scored at entry-level on any of the competencies on the CIET, the DCE/CEC will initiate a discussion with the student and the CI to determine the accuracy of the assessment. If the assessment is deemed accurate, the DCE/CEC and the student will initiate a learning contract to bring the student to entry-level competence in any deficient areas. The DCE/CEC will compile the grades from the terminal Clinical Education experiences and report these to the Academic Progress Committee (APC). The APC will make the final determination regarding student entry-level competence based on the available data provided by the DCE/CEC.

Prior to the start of CE 5, SPT 675, each student will have completed all coursework described above in addition to the following coursework:

Course Number	Course Name	Credits
SPT 661	Geriatrics Clinical Reasoning 6	4
SPT 662	Geriatrics Physical Therapy Foundations 6	4
SPT 663	Geriatrics Physical Therapy Skills 6	4
SPT 664	Professional Responsibilities 6	3
	TOTAL CREDITS	15

During the final term, Term 8, in the DPT program, students will complete CE 5 followed by one week of SPT 674, Professional Responsibilities 7.

Course Number	Course Name	Credits
SPT 674	Professional Responsibilities 7	2
SPT 675	Clinical Education 5	12
	TOTAL CREDITS	14

1.5 EVALUATION OF STUDENT PERFORMANCE DURING CLINICAL EDUCATION EXPERIENCES

Clinical Instructors (CIs) are encouraged to frequently provide feedback to the students and the Director of Clinical Education (DCE) and/or Clinical Education Coordinator (CEC). Clinical Education Benchmarks ([APPENDIX S](#)) have been established for each Clinical Education experience. The Benchmarks establish expectations for student performance at the Clinical Education site based on the student's prior coursework and the Skills List Required to be Competent for Clinical Education ([APPENDIX X](#)). The Benchmarks can assist in CI assessment of DPT student performance along with DPT student self-assessment. Along with the Benchmarks, each student is formally evaluated at midterm and final, of each experience, utilizing the Clinical Internship Evaluation Tool (CIET) ([APPENDIX B](#)).

Clinical Internship Evaluation Tool (CIET)

The CIET ([APPENDIX B](#)) is a physical therapist student assessment that evaluates knowledge, skills, and attitudes and incorporates multiple sources of information to make decisions about readiness to practice, as compared to a "competent clinician".

"The intended uses for the instrument are to evaluate student progress, competence, and performance in the clinical environment; to determine specific areas for remediation; and to provide information for program evaluation."⁴

The CIET is the central component of the evaluation of SHU students' clinical abilities. This tool is designed to evaluate student clinical performance in relation to entry-level competence and is to be completed by the supervising CI(s) at both the midterm and final assessment periods.

Each student and CI must complete the online CIET, complete with ratings for all 18 "Professional Behaviors" items, the 24 "Patient Management" items, narrative comments assessing the student's strengths and weaknesses, and a rating of the student as compared to a "competent clinician" on the "Global Rating of Student

Clinical Competence” scale. If a CI does not feel that the student is meeting site or Program expectations at the midterm assessment, the CI must call the DCE/clinical education team to discuss the student’s progress, the development of an action plan, and the need for proper remediation. Due to the importance of “Professional Behaviors” in the future practitioner, “Professional Behaviors” items cannot be marked “Not Observed.” Students are expected to progress steadily toward a rating of **“At the Level,”** as compared to a competent clinician throughout CE 1, 2, 3, 4, and **“At the Level”** or **“Above the Level”** for CE 5.

Formal meetings (midterm and final) between the CI and student should be held in order to discuss the CIET, the student’s strengths, weaknesses, and areas for improvement. If a site does not have internet access, the site can request to use a paper form of the CIET. Once midterm and final marks and comments are recorded, the CI(s) and student must sign the form and submit it electronically via Exxat or via email, in the case of a paper form, to the DCE/CEC.

Each student and clinical instructor must complete the self-directed [CIET training course](#) for standardization in the use of the tool. This course is only required to be completed once by both the student and CI.

Assigning Course Grade

The DCE/CEC is responsible for assigning the letter grade to the Clinical Education courses. The requirements and grading rubric for each course are listed on the course syllabus. The DCE/CEC will review the Clinical Education Benchmarks and CIET data to verify each student is performing at the appropriate level for each clinical experience. In addition, the DCE/CEC will verify that the CIET has been completed appropriately by the CI based on the student’s expected performance, that the CI ratings are consistent with the CI’s comments, and the student’s achievement of the Benchmarks. The CI’s written comments on the CIET and verbal comments during the on-site, telephone, or virtual visit are taken into consideration when assigning each grade.

Successful passage of the Clinical Education experience is also contingent upon the student’s fulfillment of the assignments, Program or site paperwork and health requirements for each Clinical Education Experience. Should a student be tardy with any clinical requirements, the student will risk cancellation or postponement of the experience, letter grade reduction, or potential failure of the Clinical Education course. All Clinical Education requirements are counted toward the course grade for each Clinical Education experience, as noted on each individual course syllabus.

The student may be referred to the Academic Progress Committee (APC) to develop a plan to remedy any insufficiencies.

Criteria for failing a Clinical Education experience include incomplete/tardy paperwork, failure to complete all criteria as stated above in [Section 2.15](#), written and/or verbal comments from the CI indicating failing performance (regardless of the criteria rating) if a student is asked to terminate the clinical experience before the scheduled end date due to unacceptable professional behavior or clinical performance, unsafe practice in the clinical setting, or any action plan that is not successfully remediated prior to the end of the clinical experience. The grading rubric for each Clinical Education experience is listed on each individual course syllabus.

Any student who does not meet the criteria for the successful passage of a Clinical Education Experience (CEE) may have their case referred to the Program's APC for review. The student will meet with the DCE/clinical education team to discuss the reason for failure and options for addressing/remediating the performance deficits. A remedial CEE may be indicated. In this case, the DCE/clinical education team will assign the student to a clinical site with a specific action plan and goals for the clinical experience. If it is a final CEE, the DCE/clinical education team will schedule the experience as soon as an appropriate clinical site can be secured. If the experience is an intermediate clinical experience, the student will need to complete the remaining coursework with their cohort and remediate the CEE after all academic and regularly scheduled final CEE are completed.

Any remediation experience may delay graduation for the student. Any costs or fees related to the extended time in the Program are at the expense of the student. If the student does not pass a remediation CEE, they will be referred to the APC, where the case will be reviewed and may result in the development of an action plan or possibly dismissal from the Program.

1.5.1 DISMISSING STUDENTS FROM A CLINICAL EDUCATION EXPERIENCE

The SCCE and Clinical Education site has the right to dismiss any student from its facility when conduct or performance does not meet standards specified by the Clinical Education site or if other clinical issues arise. A telephone call must be made to the DCE/CEC prior to the student being dismissed from the facility. The student will meet with the DCE/CEC to discuss the reason(s) for dismissal and develop an

action plan. The student's case may be referred to the APC for an action plan and grade assignment.

1.5.2 STUDENT WITHDRAWAL FROM CLINICAL EDUCATION EXPERIENCE

Students may have the need to withdraw from a Clinical Education Experience. This may arise due to a necessary medical leave of absence or extenuating life circumstances. The student's withdrawal due to these and potentially other reasons will not be considered 'Failure' for the experience. The student will meet with the DCE/CEC to develop an action plan. The student's case may be referred to the APC for review and to formulate an action plan.

1.5.3 COMMUNICATION WITH THE CLINICAL EDUCATION SITE

The DCE/CEC will communicate any changes within the Program or curriculum to the Clinical Education sites. The DPT Program will host a Program update for SCCEs and CIs prior to each Clinical Education Experience (CEE) The Program will be in-person (as possible) or virtual and recorded for SCCEs and CIs who are unable to attend. The information will be sent electronically to SCCEs/CIs and will be available on the Program Resources page on EXXAT. Additionally, any Program changes may be sent electronically or via USPS. Prior to student arrival at the Clinical Education site, the DCE/CEC will send the Clinical Education course syllabus, Clinical Education Benchmarks, [CIET online training](#), and any other records that are to be used in the evaluation of the student. The DCE/CEC will send the current Clinical Education Handbook to each active Clinical Education site annually or as the manual is updated. The Clinical Education Handbook will be available on the [SHU Doctor of Physical Therapy Program Website](#) and Program Resources page on EXXAT and may be sent electronically or via USPS.

1.5.4 COMMUNICATION WITH ACADEMIC PROGRAM FACULTY

The DCE/CEC will communicate any changes in the Clinical Education Program to the academic Program faculty as appropriate. Any information that needs to be communicated to the core faculty will be done during regular faculty meetings and be presented in a Clinical Education report at the Annual Faculty Retreat. The DCE/CEC will meet regularly with the Program Director and Program Administrative Assistant to discuss the Clinical Education Program and its relationship to the didactic curriculum.

2.0 THE ROLE OF THE DIRECTOR OF CLINICAL EDUCATION (DCE) and Clinical Education Coordinator (CEC)

The Director of Clinical Education (DCE) and the Clinical Education Coordinator (CEC) are the core faculty members who serve as liaisons between the Physical Therapy Program and the Clinical Education sites. The DCE is responsible for establishing clinical site standards, implementation, selection, and evaluation of clinical sites. In addition, the DCE implements the ongoing advancement of and communication with clinical facilities and clinical faculty for the development of the SHU DPT Clinical Education Program. The DCE develops, monitors, and refines the Clinical Education stream of the curriculum. The CEC assists the DCE in the duties described above. The DCE or CEC, along with the clinical faculty, evaluates a student's performance to determine the student's ability to integrate didactic and clinical experiences and progress within the curriculum. The DCE and CEC plan development opportunities for the clinical faculty as needed and requested.

The DCE and CEC have all Clinical Education forms available online in the Clinical Education Handbook found on the Doctor of Physical Therapy Program website, the EXXAT database, and the Canvas Clinical Education Course site.

2.1 EVALUATION AND ASSESSMENT OF THE DCE and CEC

The DCE and CEC will be evaluated annually for effectiveness and performance of duties via the core faculty, DPT Program Director, Clinical Instructors, and/or Clinical Coordinator of Clinical Education (CCCE) of each facility that hosted at least one student in the prior year, utilizing the APTA Academic Coordinator/Director of Clinical Education (ACCE/DCE) Performance Assessments ([APPENDIX Y](#)). Students will evaluate the DCE utilizing the student version of the APTA Academic Coordinator/Director of Clinical Education (ACCE/DCE) Performance Assessment (APPENDIX Y) after each full-time Clinical Education experience for the first cohort. Subsequent cohorts will evaluate the DCE only after their terminal clinical experience, SPT 675. Student evaluations of the CEC will begin with the Class of 2026 following their terminal experience.

2.2 STUDENT ORIENTATION TO THE CLINICAL EDUCATION CURRICULUM

The DCE/CEC will orient students to the Clinical Education curriculum in the Professional Responsibilities course during Term 1. Following this orientation, students must access the Clinical Education Handbook on the [DPT Program site](#) and

review all policies and procedures. The student must then sign the Student Clinical Education Acknowledgement Form ([APPENDIX A](#)), which can be found in the Professional Responsibilities Canvas course, stating that they have received the policies and understand and agree to abide by them, or consequences may follow. The student has one week to complete this assignment and is responsible for uploading the form to their EXXAT profile.

2.3 ACQUISITION OF NEW CLINICAL EDUCATION SITES

Any proposed Clinical Education site for which the SHU DPT Program does not currently have a Clinical Education Agreement will be investigated by the DCE/clinical education team via the telephone, video call, or through a site visit. The University will request an Update Site Information Form ([APPENDIX U](#)) and any other necessary information from the clinic for review. Once the initial information is obtained, and the site is deemed appropriate, the Clinical Education Agreement ([APPENDIX J](#)) is sent to the facility for signature. The Clinical Education site and its official representatives will review the agreement. The site will sign and return the Agreement electronically to the University. The DPT Program Director or Dean/Provost, in the case of a University-wide agreement, will sign the Agreement. The DCE/clinical education team or DPT Program Administrative Assistant will send the fully executed Agreement back to the site, upload a copy of the agreement to Exxat, and send a copy of the agreement to University Legal Counsel for upload to Contract Works. In the event that the facility requires its own agreement, the DCE/clinical education team and legal counsel will review it. If the Agreement is found to be appropriate, the procedure for signatures continues as stated above.

Students are not to pursue new site acquisition independent of the DCE/CEC. Only the DCE/clinical education team may solicit new sites. All contact with new sites must be made by the DCE/CEC. **Students, or those acting on a student's behalf, are prohibited from all contact with a potential new site during the acquisition process. In the event that a student violates this policy, they may lose the opportunity to utilize the site.**

Students are permitted to request new Clinical Education sites to be researched by the DCE/clinical education team. Students must complete the New Clinical Education Site Request Form ([APPENDIX C](#)) and return it to the DCE/clinical education team no later than the end of Term 3 in order to be considered for CE 4 OR by Midterm Term 5 for CE 5. ***If the DCE acquires a new site at a student's request, the student is required to select that site for the Clinical Education slot***

requested. In this case, that student must list the newly acquired site as the number one preference on their Student Clinical Education Site Wishlist ([APPENDIX Q](#)) and the site will then be removed from the random selection process.

The DCE/CEC may choose not to pursue a new Clinical Education site request at their own discretion.

The role of the DCE/CEC is to maintain Clinical Education sites that provide a variety of quality experiences for the students and achieve the objectives of the course. If a student requests a clinical site in a particular area and SHU already has a Clinical Education Agreement with another site with the same settings and in the same geographic area, the DCE/CEC may choose not to pursue the requested site. It is noted that there is no guarantee that just because a student requests a new site, the Agreement will be executed. It is also noted that if a new site is obtained per a student's request that there is no guarantee that the new site will have an open slot for that student. The situation may arise where a student requests a new site, a Clinical Education Agreement is executed, and the site becomes an active site of SHU. The site, however, may not have any openings for the student who requested the new site during their tenure in the Program.

2.4 EXXAT EDUCATION MANAGEMENT SOFTWARE

The DCE/CEC will manage the Clinical Education Program using the EXXAT Education Management Software. EXXAT will be used to keep demographic information, update the site information, manage Clinical Education Affiliation Agreements, track required Clinical Education documents, student information, student site preferences, and clinical assignments. Students will be responsible for updating the Clinical Education site information when on-site during Clinical Education Experiences, along with uploading required documents as a part of their Clinical Education course assignments. The DCE/CEC will verify student and Clinical Site data to compile reports of outcomes regarding the Clinical Education components of the curriculum.

2.5 CLINICAL EDUCATION AGREEMENT RENEWAL, AMENDMENT, & TERMINATION

The DCE/CEC acquires and maintains all Clinical Education Agreements for the Physical Therapy Program. The DPT Program maintains Agreements with an adequate number and variety of Clinical Education sites to meet the needs of the Program. The Agreements protect the rights and safety of the SHU students, DCE/CEC, core faculty, clinical faculty, and the patients served by the Clinical Education sites.

Clinical Education Agreement requirements will be tracked using the EXXAT Program. The DCE/CEC/Program Administrative Assistant will work with the Site Coordinators of Clinical Education (SCCEs) to proceed with the annual renewal of Affiliation Agreements not deemed as rolling or self-renewing.

The Agreements may be modified or amended as needed by signed written Agreements of the University and Clinical Education facility. Any such modification shall be attached to and become part of the Clinical Education Agreement. Any changes or amendments will be reviewed by the University's legal counsel prior to amending the Agreement.

An Agreement may be terminated by either party by following the procedure outlined in the facility's signed Agreement.

All site Agreements can be found on EXXAT as well as being housed in the University's ContractWorks database.

2.6 INFECTION CONTROL CERTIFICATION / HIPAA CERTIFICATION

Annually, the DCE/CEC will provide education to the students on Infection Control and the Health Insurance Portability and Accountability Act (HIPAA). The students will then sign the Infection Control Certification Form ([APPENDIX N](#)) and the HIPAA Certification Form ([APPENDIX O](#)) and upload the forms to EXXAT. Occupational Health and Safety Administration (OSHA) specific training will be provided to students on an as needed basis as required by Clinical Education Sites. The uploaded forms can be accessed by the SCCE/CI via the access instructions emailed to the SCCE/CI at least two months prior to the start of each Clinical Education experience.

2.7 Student Clinical Education Paperwork

The DCE//CEC will provide the students with the required paperwork and instructions for completion prior to beginning the Clinical Experience. Certain items are available on Canvas and EXXAT. This includes but may not be limited to the following:

1. Site Orientation Form ([APPENDIX G](#))
2. First Week Report ([APPENDIX H](#))
3. Weekly Planning Form ([APPENDIX I](#))

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4. Physical Therapist Student Evaluation of Site and Physical Therapist Student Evaluation Clinical Instruction ([APPENDIX P](#))
 5. Patient Log ([APPENDIX R](#))
 6. Clinical Education Benchmarks ([APPENDIX S](#))
 7. Timesheet & Time Off (as applicable) ([APPENDIX T](#))
 8. In-Service: outline, handouts, and/or PowerPoint slides of In-Service

Students are ultimately responsible for completing all site requirements, uploading these to EXXAT, and forwarding necessary paperwork to the clinical education site, as requested by the site, in a timely manner, according to the clinical education site's policies.

2.8 Clinical Education SITE VISITS

The DCE/CEC or other core faculty members will perform an in-person visit for each student during at least one Clinical Education experience. In addition, a phone call or virtual visit will be completed for each student around the midterm point of each experience. If the student or CI feels that an additional visit is required, the DCE/CEC will perform an additional site visit. The Clinical Education Telephone/Live Site Visit and Curricular Feedback Form ([APPENDIX L](#)) will be completed for each student during each Clinical Education Experience and stored on the DPT Program Shared Google Drive.

If the site is out of the local area, the DCE/CEC may appoint another Physical Therapist to perform an in-person site visit. The Physical Therapist may be an adjunct faculty member, a Physical Therapist who is an alum of our Program, or a DCE from another institution. The DCE/CEC will discuss the visit with the Physical Therapist as well as contact the site by telephone for details regarding the results of the site visit.

The purpose of each site visit is to assure that the student is progressing toward the established goals for the experience. Professional behaviors, the ability of each student to incorporate didactic work into the clinical experience, strengths and weaknesses, and clinical progress are discussed during each visit. The site visit also gives the University faculty a chance to acquire curricular or Program feedback. The DCE/CEC compiles this feedback utilizing The Clinical Education Telephone/Live Site Visit and Curricular Feedback Form ([APPENDIX L](#)) and communicates it to core faculty and the Program Director via the annual DPT faculty retreat.

2.9 CLINICAL SITE EVALUATION

Clinical Education Sites are evaluated through several methods. The sites are evaluated through a site visit where the DCE/CEC core faculty member or Physical Therapist appointed by the DCE/CEC performs an in-person, virtual, or telephone site visit around the midterm of the students' Clinical Education Experience. Each student completes the APTA Physical Therapy Student Evaluation of Clinical Site at final and the APTA Physical Therapy Student Evaluation of Clinical Instruction at midterm and final ([APPENDIX P](#)). These assessments provide information about the effectiveness of the CI, the environment, the variety of patients encountered, and the learning experiences and opportunities available. Furthermore, these evaluations are discussed between the student and their CI to identify concerns so that instruction may be modified to provide the best learning experiences for current and future students. The expectation is that the student will rate an effective CI as "Agree" or "Strongly Agree" on the 22 Likert Scale items of the APTA Physical Therapy Student Evaluation assessing clinical instruction. In addition, any inconsistencies or areas of improvement, along with areas of strength, will be noted by the student. The DCE/CEC will review the APTA Physical Therapy Student Evaluation looking for CI strengths and weaknesses. The DCE/CEC will use this information to discuss any concerns with the CCCE, at a given site, in order to establish an action plan for CI development, if needed.

When issues related to the site, SCCE, or CI are identified, DCE/CEC involvement may be initiated. The SCCE may be notified to assist if necessary. Plans of action may be designed to assist in the clinical faculty's professional development. Examples of professional development at the Clinical Education site includes providing additional information on SHU's DPT Program and curriculum, providing an inservice to the site, or the site may be terminated from future student placements as a last resort.

Clinical Education Sites will complete an Update Site Information Form ([APPENDIX U](#)) annually, which is incorporated into the annual Slot Request email. This allows Clinical Education sites to update the DPT Program on site contact information, staff/CI information, and credentials.

The DCE or designated support staff member will make notes of comments and information obtained from the APTA Physical Therapy Student Evaluation ([APPENDIX P](#)) and the Clinical Education Telephone/Live Site Visit and Curricular Feedback Form ([APPENDIX L](#)) during the site visit and include them in the site information on EXXAT. The DCE/CEC analyzes the information obtained from the site visits and APTA Physical Therapy Student Evaluation and runs a yearly report which is presented as a part of the Clinical Education report at the Annual Faculty Retreat.

3.0 CLINICAL EDUCATION SLOTS AND STUDENT PLACEMENT

3.1 CLINICAL EDUCATION SLOT REQUEST FORM

Annually, in March of the current year, the DCE/CEC will send a Clinical Education Slot Request Form ([APPENDIX K](#)) for the upcoming year to the SCCE of each clinical education site, participating in the March 1st Mailer, via EXXAT. The form is completed by the SCCE and returned to the DCE/CEC via Exxat. The DCE/CEC will release the sites available for each rotation during the selection process.

3.2 STUDENT CLINICAL EDUCATION SITE PREFERENCE FORM

The DCE/CEC will run a report from EXXAT (or manually upon the Exxat's dysfunction) listing available clinic sites for every clinical experience during the site selection process. Each student will submit their Student Clinical Education Site Wishlist ([APPENDIX Q](#)) listing at least 10 sites of interest, via EXXAT, by the assigned date. *If a student does not submit a Wishlist by the due date, they may be randomly assigned to a clinical education site or be placed last in their cohort.* If a student requests a new/particular site and a slot is being reserved for that student, the student will place that site as number one on the Student Clinical Education Site Wishlist. The student will also list at least 9 additional Clinical Education sites.

In the event that any confirmed Clinical Education placement is canceled by the site, the DCE/CEC will first use the student's Wishlist to find a replacement site. If none of the remaining sites on the student's Wishlist are available, the DCE/CEC will contact the student for additional preferences. The DCE/CEC will utilize sites that are available and that will meet the student's educational and Program requirements when selecting an alternate site.

The DCE/CEC will review the selections for appropriateness considering the DPT program requirements, student's previous Clinical Education experiences, future needs, and Clinical Education goals.

3.3 STUDENT ASSIGNMENT TO A CLINICAL SITE

The DPT Program provides students with information regarding all Clinical Education sites on EXXAT. Each Clinical Education Site listing on EXXAT contains information about the site compiled from the Physical Therapist Student Evaluation of Site ([APPENDIX P](#)), requirements (if shared by site), a website address (if applicable), the current Clinical Education Agreement, the Clinical Education Slot Request Form (if submitted by the site) ([APPENDIX K](#)), SCCEs and CIs (if known), and any applicable site specific documents. Students are encouraged to review the site listing of all clinical sites in which they are interested so that they may make the best-educated decision when completing the Student Clinical Education Site Wishlist. Students are expected to meet with the DCE/CEC once during Term 1 to discuss their preferences and overall Clinical Education plans, along with as needed during their tenure in the Program. Meeting with the DCE/CEC with help to ensure the students are achieving the Program's as well as their personal Clinical Education goals. Throughout each student's tenure in the Program, they are required to complete one full-time Clinical Education Experience (CEE) in an inpatient setting (acute care, inpatient rehab, or skilled nursing facility) and one full-time Clinical Education Experience in an outpatient setting. In order for an experience to qualify as an inpatient experience, the time spent working on the inpatient unit must average at least 50% of the total experience time. During the third full-time Clinical Education Experience (CE 5), the student has their choice of a clinical setting, provided the student has completed a full-time experience in both the inpatient and outpatient settings. Based on site availability and preference or specialty setting it may be necessary for students to split their clinical education experience at two facilities.

Students are also informed that they may be required to travel outside of a local 60-mile radius for at least one Clinical Education Experience. This occurs for several reasons: many students competing for local slots, numerous colleges/universities in the regional area competing for slots, and limited specialty and inpatient experiences offered locally.

Students must submit their Student Clinical Education Site Preference Form by the deadline for consideration. Once all students have entered their Student Clinical Education Site Wishlist into EXXAT, the DCE/CEC will run the 'Placement Assist' Program. Placement Assist will randomly assign students to available sites based on their wishlist unless the student has requested and been accepted by a new or specific clinical education site. If Placement Assist is not available, the DCE/CEC will manually and randomly assign student placements based on student Wishlists, via a lottery system.

Students must recognize that they may not receive their first choice, or possibly, any of their top ten preferences, therefore, it is important that students thoroughly research and select 10 sites where they are willing to complete their experience. Students are encouraged to list preferences by interest and not by geographical area. If a student does not receive any of their top 10 choices and is assigned to an alternate site, the student can meet with the DCE/CEC to discuss other possible options for clinical placement from sites that were not used and are available. Students are encouraged to not list all ten preferences in the local area as this increases the chance of not receiving any of their top 10 choices.

The DCE/CEC will review the placements again for appropriateness and confirm each student is meeting their Clinical Education requirements. The DCE/CEC clinical education team reserves the right to make changes to the site assigned by the 'Placement Assist' if deemed necessary. The DCE/CEC will confirm and may need to reconfirm CEE placements with sites by email/phone confirmation. The DCE/CEC will have ongoing communication with the CEE sites at least once per quarter leading up to the CEE, via telephone or email. Once confirmation is received for all students, the students will be alerted to their assignments 4-6 months prior to the start of the CEE (CE 2, 3, 4, and 5) via an email confirmation. Students will receive confirmation for CE 1 as soon as possible during Term 1.

To avoid potential conflicts of interest, it is preferred that a student not be assigned to a site where they:

- Have worked as a volunteer or employee

-
- Have a pre-employment contract or financial agreement (scholarship)
 - Have completed clinical experience hours in the same department for another major
 - Have a direct relative, significant other, personal contact, or friend who is employed in the Physical Therapy department

These restrictions are meant to protect all parties (the student, academic Program, clinic, and the public) from potential conflicts of interest.

Failure of a student to disclose any of the above potential conflicts of interest during the selection process could result in a cancellation of the clinical experience.

At times, a student may need to be reassigned to a new site due to site cancellation, individual student academic performance, or due to a leave of absence (medical or other). If this happens, the DCE/CEC will meet with the student to secure an alternate placement for the student in a site as close as possible to the original type, setting, and location.

3.4 Student Clinical Education Information Form

The Student Clinical Education Information Form ([APPENDIX E](#)) is posted on Canvas and is completed by the student, signed by both student and DCE/CEC, and uploaded to EXXAT along with all other Pre-Clinic Paperwork for the experience. The SCCE/CI will receive an email with access instructions for EXXAT at least two months prior to the Clinical Education experience. The student will complete all information, including demographic information, Clinical Education history, Clinical Education experience goals, emergency contact information, and confirmation of items included in their Exxat profile and compliance information.

4.0 THE ROLE OF THE SITE COORDINATOR OF CLINICAL EDUCATION (SCCE)

The Clinical Education facility will appoint a qualified person as Site Coordinator of Clinical Education (SCCE). The SCCE is a licensed professional who organizes and maintains an appropriate Clinical Education Program for students at the clinical facility. The SCCE is the point of contact for the DCE/CEC regarding the facility's Clinical Education Program. The SCCE is responsible for assisting the DCE/CEC in contract maintenance, updating and submitting appropriate paperwork to the DCE/CEC (site and clinical instructor information and annual slot requests), student placement, and assigning CIs. The SCCE has final authority over student placement within the clinical facility. The SCCE will ensure the orientation of students placed in

the facility to the necessary policies and procedures which they will be required to follow.

4.1 Clinical Education Slot Request

A Clinical Education Slot Request Form ([APPENDIX K](#)) will be sent to each SCCE for consideration and returned by the SCCE to the DCE/CEC via the EXXAT database. The dates offered will be utilized for student site selection for the Clinical Education courses. Annual Dates Request Forms will be sent to all current Clinical Education sites in March for the next clinical year. For example, 2024 dates were sent in March 2023.

4.2 UPDATED SITE INFORMATION FORM

Updated Site Information Forms ([APPENDIX V](#)) are maintained for active Clinical Education sites via EXXAT. It provides current descriptions of the demographics, services, and programs available at each Clinical Education site. The Updated Site Information Form form/site information is available to all students and faculty in the EXXAT database.

The goal of the Program is to obtain a current Updated Site Information Form from each active Clinical Education Site annually. It is the responsibility of the Clinical Site to provide the University with this information. The form may be returned to the DCE/CEC electronically (completed via EXXAT), USPS, or fax.

The DCE/CEC will request an Updated Site Information Form from the SCCE upon initial site acquisition and annually thereafter as a part of the annual slot request. A new Updated Site Information Form should be sent to the DCE/CEC in the event of any changes within the Clinical Education Site's Physical Therapy Department that would affect Clinical Education, such as staffing changes, relocation, change in owner or corporation, et cetera.

4.3 CLINICAL EDUCATION AGREEMENT MAINTENANCE

Initial Clinical Education Agreement Execution:

The SHU Clinical Education Affiliation Agreement ([APPENDIX J](#)) is sent to the facility SCCE electronically for signature. The site and its official representatives will review the agreement. The site will sign and electronically return the Agreement to the University. The DPT Program Director, or Dean in the case of a University-wide Agreement, will sign the Agreement. The fully executed Agreement will be sent back to the site. The DPT Program will maintain an electronic copy of the fully

executed Agreement on EXXAT for Program records and in the University's ContractWorks system. In the event that the facility requires its own Agreement, the DCE/CEC and legal counsel will review the Agreement and make any necessary requests for change. If the contract is found to be appropriate, the procedure for signature continues as stated above.

Clinical Education Agreement Maintenance:

The SCCE and DCE/CEC will work together to maintain a current Agreement between the University and the Clinical Education facility. If the original agreement was not rolling or self-renewing, the DCE or designated staff member will submit a request for Clinical Education Agreement renewal and obtain the necessary signatures. All current Agreements are found on EXXAT and the University's ContractWorks software.

4.4 STUDENT ORIENTATION TO THE CLINICAL EDUCATION SITE

The SCCE will coordinate orientation for students to policies, procedures, and rules of conduct applicable to the Clinical Education Site, if not on the first clinic day, within the first week of the experience. Students will complete the Clinical Education Site Orientation Form ([APPENDIX G](#)) on EXXAT during the first week of the clinical experience by the due date outlined on the course syllabus.

This orientation may include but is not limited to the following:

- Introduction of all staff and roles
- Emergency department procedures
- General departmental operations
- Student supervision assignments
- Expectations of the student
- Clinical Education goals
- HIPAA compliance
- Departmental/site policies and procedures

4.5 ASSIGNING A CLINICAL INSTRUCTOR (CI)

The SCCE will assign a CI to the student prior to the student's arrival. The SCCE will take into consideration the goals of the Clinical Education experience, treatment setting, and the experience of the Physical Therapist before assigning them as a CI. All CIs must have graduated from an accredited entry-level Physical Therapy Program, hold an active Physical Therapy license in the state in which they practice,

and have at least one year of work experience, as a PT, before supervising SHU students. The CI should demonstrate the following attributes:

- Understands contemporary clinical practice and health care delivery
- Demonstrates ethical and legal behavior and conduct according to the state and federal regulations
- Maintains regular communication with the academic institution
- Implements learning opportunities into the Clinical Education experience to meet the goals of the academic institution and the student
- Defines student performance goals and expectations
- Creates a positive learning experience for the student
- Imparts regular constructive feedback to the student
- Incorporates evidence-based medicine into their practice
- Provides the appropriate level of supervision to the student

It is preferred but not mandatory that CIs have taken the APTA Credentialed Clinical Instructor Program Level 1 and/or Level 2, have obtained a Doctor of Physical Therapy degree, and hold an advanced certification or specialty certification in their area of practice.

4.6 EVALUATION OF STUDENT PERFORMANCE

The evaluation of each student's clinical performance is primarily the responsibility of the CI. The CI must sign the CIET prior to submitting it electronically. The SCCE may comment on the performance of a student that they have observed, may review the completed CIET, and sign it prior to it being submitted online. The ultimate assignment of the Clinical Education course grade is the responsibility of the DCE/CEC. [See Section 1.3 for details.](#)

4.7 AFFILIATE FACULTY APPOINTMENT FOR THE SCCE

The SCCE may be considered for an Affiliate faculty appointment used to recognize persons who perform a service to the University without remuneration for such services. Please refer to [Section 7.4](#) for details along with the following definition from the University Policy, *Classification: Special Status Faculty*:

“Affiliate” is an honorary title that may be assigned to individuals who offer educational experiences to the students of the University on a regular basis. They have no formal contractual agreements with the University.

4.8 BENEFITS FOR CLINICAL EDUCATION FACULTY

SCCEs and CIs will have access to the Seton Hill University Reeves Memorial Library, AccessPhysiotherapy electronic book database, and the Exxat Education Management System. In addition, the Program will provide the Credential Clinical Instructor courses as well as other continuing education courses at no cost, or reduced rates for Clinical Education Faculty.

5.0 THE ROLE OF THE CLINICAL INSTRUCTOR (CI)

The Clinical Instructor (CI) is a Physical Therapist that is licensed to practice Physical Therapy in the state or states served by the clinical facility in which they provide services. The CI must have at least one year of work experience as a PT. The CI is responsible for orienting the student to policies and procedures specific to that facility, supervising the student, providing constructive feedback, and completing the evaluation of the student at midterm and final. The CI will be assigned by the SCCE prior to the student's arrival at the facility.

5.1 STUDENT ORIENTATION TO CLINICAL EDUCATION FACILITY

The Clinical Instructor (CI) participates in the student's orientation to the policies, procedures, and rules of conduct of the site as directed by the SCCE. [Please refer to section 4.4.](#)

5.2 SUPERVISION OF PHYSICAL THERAPY STUDENTS IN THE CLINICAL FACILITY

The CI is to provide direct supervision of the student while in the clinical setting. Direct supervision means that the responsible Physical Therapist is on the premises and immediately available for direction and supervision, if needed, by the student. Supervision levels will fluctuate based upon the student's academic level, previous clinical experience, facility policies, and any external requirements that the clinical site must follow, including third-party payers and Medicare.

The goal of the Program is to maintain patient safety, autonomy, respect, privacy, and dignity during each interaction. SHU students are expected to act with the same goals. With their CI, the student is expected to introduce themselves to each patient at initial contact as a "Physical Therapist Student" or "Physical Therapist Intern," as governed by each Clinical Education Site's policy. Should the patient prefer not to have care delivered by a student, it is the patient's right to refuse to be treated by the student. The patient's care will then be administered by the CI alone or by another licensed Physical Therapist at the site. It is the responsibility of the CI and student to establish how to handle these situations on a case-by-case basis.

The CI is referred to the Clinical Education course syllabus, the Clinical Education Benchmarks for the specific experience, and the [CIET online training course](#) for specific performance expectations and supervision levels as outlined on the CIET.

The CI should reference the APTA website for the position of the APTA on Student Physical Therapist and Student Physical Therapist Assistant Provision of services HOD P06-19-10-06.¹ The APTA website has information regarding Physical Therapy student supervision guidelines in different settings as well as supervision and billing guidelines for services provided under Medicare Part A and Part B.^{2,3}

5.3 CI STUDENT CONCERNS DURING CLINICAL EDUCATION EXPERIENCES

The CI and/or SCCE are required to communicate with the DCE/CEC regarding any student concerns as soon as the concern arises. Communication regarding student progress or lack of progress must occur no later than following the midterm student evaluation. Documentation of this communication is placed in the student's Clinical Education file. In the case of a student issue, the SCCE, CI, and DCE/CEC will meet together with the student to develop an action plan. The student's case may be referred to the Academic Progress Committee, if necessary.

5.4 AFFILIATE FACULTY APPOINTMENT FOR THE CI

The CI may be considered for an Affiliate faculty appointment used to recognize persons who perform a service to the University without remuneration for such services. Please refer to [Section 7.4](#) for details along with the following definition from the University Policy, *Classification: Special Status Faculty*:

“Affiliate” is an honorary title that may be assigned to individuals who offer educational experiences to the students of the University on a regular basis. They have no formal contractual agreements with the University.

5.5 BENEFITS FOR CLINICAL EDUCATION FACULTY

Please refer to [section 4.8](#) above.

6.0 THE ROLE OF THE STUDENT

The student is officially enrolled in the graduate Doctor of Physical Therapy Program at Seton Hill University. The student is an adult learner who is responsible for their own learning and is able to benefit from constructive feedback provided by the Clinical Instructor and Academic Faculty. The student is responsible for ongoing

self-assessment, setting goals for their own development, reaching out to clinical and academic faculty when assistance or clarification is needed, and clearly communicating their learning objectives before and during the clinical experience to maximize their educational experience.

6.1 CURRICULAR CLINICAL EDUCATION ORIENTATION

Students will be oriented to the Clinical Education curriculum throughout the Professional Responsibilities courses. Following the orientation during Term 1, students must access the [Clinical Education Handbook](#) on the [Clinical Education](#) section of the Program webpage and review all policies and procedures. The student must then sign the Clinical Education Handbook Acknowledgement Form (APPENDIX A) stating that they have read the policies and understand and agree to abide by them, or consequences may follow. The student has one week to complete this assignment. The student uploads this form to the Compliance section of EXXAT. Please refer to Section [2.2 STUDENT ORIENTATION TO THE CLINICAL EDUCATION CURRICULUM](#).

6.2 STUDENT CLINICAL EDUCATION SITE PREFERENCE FORM

Please refer to [Section 3.2 STUDENT CLINICAL EDUCATION SITE PREFERENCE FORM](#).

6.3 STUDENT ATTENDANCE DURING CLINICAL EDUCATION

Clinical Education experiences range from part-time (CE 1 and 3) 8 hours per week to full-time (CE 2, 4, and 5) minimum of 35-hour/week experiences. Students are expected to follow their CIs' schedules. Punctuality to Clinical Experiences is expected of all students. Tardiness will not be tolerated. Students with a history of excessive tardiness (two times or more times per Clinical Education Experience) will be referred to the Academic Progress Committee (APC). In the event of an unexpected occurrence that results in tardiness/absence, the student must notify the CI by the CI's preferred communication method (email, text message, phone call, etc), as soon as the tardiness/absence is known. If the student will be tardy, the student must also provide an expected arrival time as a part of notification. If absent, the student should include the next day that they will be present in the clinic, as a part of their communication with their CI. In addition, the student must

contact the DCE/clinical education team by email if they will not be in the clinic on a regularly scheduled day due to an unusual situation (e.g., inclement weather or clinic power failure) or personal situation (illness, transportation, or family issue).

Students who have contagious conditions are expected to protect clients, peers, and others from exposure to those conditions. Students should not attend Clinical Education with a contagious condition. Students must be free of fever, vomiting, diarrhea for 24 hours, without the use of medication, in order to return to Clinical Education.

In alignment with the CDC and Pennsylvania Department of Health, students who test positive for COVID-19 should stay home and isolate themselves from others until they have been fever-free for at least 24 hours (without using fever-reducing medication) and experience overall improvement in their symptoms. This recommendation addresses the period of greatest infectiousness and highest viral load for most people, which is typically in the first few days of illness when symptoms and fever are worst. After leaving the stay-at-home period, students should mask for an additional 5 days to lower the risk of COVID-19 transmission and contact their CI for approval to return to clinical education.

Finally, the student must log any absence in EXXAT in the Time Off section ([APPENDIX T](#)). Students will be required to make up any missed Clinical Education time. If the period of assignment at a given facility cannot be prolonged, an additional Clinical Education assignment may be made at the discretion of the DCE/CEC in order to provide the student the opportunity to make up missed time.

Students should arrive early and prepared to the Clinical Education site and remain for the time scheduled or until dismissed by the SCCE or CI. If it is necessary to remain at the clinical facility after hours to complete patient care or other responsibilities, the student will be expected to do this. Students are to log their clinic time daily in the Time Sheets section of EXXAT ([APPENDIX T](#)). There are no excused absences during CE 1, 2, 3, or 4, unless due to emergent or extreme circumstances. *Personal/family vacations or appointments that can be made at alternative times do not qualify as emergent circumstances.* A student can apply for an exemption from the APC, in writing. The application for exemption must include the following in order to be considered by APC: the date of the absence, the reason for the absence, and must be signed and dated by the student. The APC will have the final decision on whether or not the missed time will need to be made up.

Students may be excused for up to a total of 2 days of clinical education time for the following reasons: attendance at the APTA Combined Sections Meeting during CE 1 or CE 5 or for employment or residency interviews during CE 5.

CI approval is required for any missed clinical time. Additionally, the CI has the final decision as to whether or not the student may miss a clinic day. In the case of attendance to CSM or job/residency interviews, students must have CI approval and record these absences on the Time Off Log, noting the reason for the absence as "CSM" or "Interview."

Official cancellations of classes or campus closing announcements are broadcasted on local news outlets and the University Alert System. Clinical Education cancellations are announced BY THE CLINICAL FACILITY and are NOT dependent on campus closings. Clinical Education time missed because of OFFICIAL CLOSING OF THE CLINIC is subject to "makeup" at the discretion of the DCE in consultation with the Clinical Instructor.

The faculty will make every effort to follow the announced course and class schedule. However, changes will occasionally be necessary to accommodate the schedules of visiting faculty or guest speakers and other emergencies, including weather and other unpredictable situations. Students may be expected to attend a Saturday or other unscheduled session within a Term for special topics presented by current faculty or invited resource persons. Because changes in Clinical Education dates and/or requirements can occur at any time, occasional class sessions not on the original schedule may be necessary. Curricular integrity will be given priority over individual inconvenience with occasional schedule changes. Students who are experiencing temporary life crises secondary to personal illness or other emergency situations may have the option to take a leave of absence from the Program and be re-admitted at a later date. The Academic Progress Committee and/or Program Director should be consulted for this procedure.

The clinical hours (not travel time or cultural experiences) during a Service-Learning experience that occur during a Clinical Education experience will count toward Clinical Education hours.

6.4 Extracurricular Activities / Intercollegiate Athletic Participation

Preparation for and participation in classes and Clinical Education are expected of all students. Students are responsible for arranging their lives to permit full participation in the educational experience. The accommodation commonly offered

to undergraduate student-athletes may be extended to graduate students upon request. *Students will be excused from clinic time for games but not to attend practices.* Students should discuss their game and clinic schedule with the DCE/CEC prior to the start of the clinical education experience to assure that the minimum required hours can be met to successfully complete the clinical education experience per requirements of The Program.

Employment, volunteering, and extracurricular activities are recognized as important life activities, but these must not interfere with academic and clinical responsibilities or performance. Information pertaining to students' participation in athletics can be obtained in the NCAA Manual and the Seton Hill Compliance Manual.

<https://ncaapublications.com/p-4674-2023-2024-ncaa-division-ii-manual.aspx>

https://athletics.setonhill.edu/documents/2023/10/18/SA_Handbook__updated_1.19.24.pdf

Please refer to Section 1.16 Extracurricular Activities in the DPT Student Handbook.

6.5 PROFESSIONAL STANDARDS OF CONDUCT

Professional standards of conduct are to be maintained by students during all Clinical Education experiences. Students are required to follow the APTA Code of Ethics ([APPENDIX M](#)) and abide by all rules and regulations at their assigned Clinical Education site.

Professional behaviors are a significant component of the curriculum's Clinical Education stream. Professional infractions such as not turning in assignments by the due date or submitting incomplete assignments/paperwork will be addressed through official emails from the DCE/CEC and may require remediation activities. The DCE/CEC may bring the infraction to the APC for recommendations and an action plan if necessary.

Please refer to Section [5.2 SUPERVISION OF PHYSICAL THERAPY STUDENTS IN THE CLINICAL FACILITY](#).

6.6 DRESS CODE FOR CLINICAL EDUCATION EXPERIENCES

The dress code for Clinical Education Sites is “business casual” unless otherwise specified by an individual clinical site. Students are expected to follow the dress codes outlined by each clinical site. Site-specific information, if available, can be found on each site’s EXXAT page and is available to students during the site selection and assignment process. Students should confirm the dress code with the SCCE/CI in their introduction email to the site. It is the student’s responsibility to learn and follow their site’s dress code. SHU students are expected to present themselves in a professional manner during Clinical Education. Name tags, including the “student” designation, are mandatory in clinical settings and are to be worn above waist level. Regardless of the day or setting, the following guidelines apply to student appearance:

Hygiene

Offensive body odor or strong perfumes can cause discomfort for patients and other staff members. Therefore, it is best for patients if the student refrains from using perfumes, cologne, or scented body washes/lotions when in the clinic setting.

Hair

Hair and attire must not obstruct one’s face, contaminate sterile items, or otherwise interfere with patient safety and comfort. Hair should be pulled back in clinical areas or other areas where it may pose a safety concern.

Nails

Nails should be kept short and clean and not extend beyond the tip of the finger. Acrylic nails are not advised as they may provide the risk of injury to the patient/client, result in difficulty performing examination and treatment tasks by the student, and can harbor more bacteria than natural nails.⁷ Clinical sites often prohibit acrylic nails.

Clothing

Must include socks or hose, dress slacks (no jeans or denim of any color), dress shirt with sleeves, and shoes with enclosed heels and toes. Shirts should have a collar and should not include any writing across the front or back. Sleeveless, tank, or cap sleeve tops are not appropriate clinic attire. Sleeves are to come midway down the biceps. Cleavage and midriff skin should be covered and stay covered at all times. Therefore, tops that can be tucked in are the best choices. If you raise your hands above your head and any skin shows, the attire is not appropriate. If you bend forward or over to tie a shoe, etc., and any skin shows, it is not appropriate clinic attire. Pants should come to within one inch of the floor while

wearing low heeled shoes and must not drag on the floor. Pants should not have frayed areas or holes. Large pockets (as on cargo pants) can become a safety concern and catch on clinic equipment; therefore, they are not appropriate clinical attire. Clinic shoes should be comfortable, clean, and in good repair, have enclosed heels and toes, have non-skid soles, not make offensive noise, and be easy to don and doff.

Jewelry and Accessories

Jewelry should be kept to a minimum and convey a professional image. Hand jewelry must be removed when gloves are worn during the performance of sterile procedures and during hand washing. Long necklaces are not recommended. A watch with a sweep second hand and/or stopwatch function is required for the clinic. Stud ear piercings are acceptable unless prohibited by a clinical site. Larger earrings are not permitted as some patients may tug at them and damage the wearer's ear lobe despite quick-release catches.

Additional Considerations

Stethoscopes worn around the neck may become "handles" for confused or combative patients. When worn in the pocket, stethoscopes tend to catch on traction bars, parallel bars, doorknobs, and other items with consequent jarring to movement and tearing of the pocket. Students are strongly encouraged to have a stethoscope available; however, please be aware of these hazards.

Some clinic settings may require students to have a personally fitted facemask for wear during contact with clients infected with or suspected of having tuberculosis or other respiratory diseases. Facial hair is incompatible with these devices. Students will follow the facility policy regarding fit testing for this type of mask. Also, beards and facial hair make it more difficult for the individuals who are hearing-impaired to read lips.

Any deviation from this dress code, or that of the specific clinical site, may result in dismissal from the clinic for the remainder of the workday or removal from the site if the behavior continues. Any time lost due to these circumstances must be made up at the clinic's convenience. Any repeated offenses of the dress code policy may be referred to the Academic Progress Committee for discussion and an action plan.

6.7 TRAVEL AND LIVING EXPENSES

Students are responsible for locating and funding their own living expenses (room, board, etc.) during their Clinical Education experiences. Some sites may provide

students with a housing list or a contact person with whom housing can be arranged. If available, some sites may provide meals or meals at a discounted price in their cafeterias. All travel and living expenses information may be obtained from the clinic file in EXXAT, if available, and confirmed by contacting the facility once the student is assigned to the site.

Students may be required to travel out of the local area during clinical assignments. The student may work with the DCE/CEC and SCCE to make living arrangements, but this is ultimately the student's responsibility.

6.8 PRE-CLINIC PAPERWORK

The student is responsible for completing the required paperwork by the due date assigned by the DCE/clinical education team and as listed in the syllabus for each Clinical Education course. The student is responsible for uploading a readable copy of each of the following items to EXXAT for each clinical placement.

1. Pre-Clinic Paperwork Inclusion Check-off Form (APPENDIX D)
2. Student Clinical Education Information Form (APPENDIX E) and supporting documentation.
3. Clinical Education Site Requirements Form (APPENDIX F)
4. Student Letter to Facility (see sample guidelines on Canvas)
5. Current Student Resume (see sample guidelines on Canvas)
6. Professional and Health Requirements for Clinical Education listed in Section 2.3

Please refer to section [2.7 Student Clinical Education Paperwork](#).

Please refer to [1.3 PROFESSIONAL AND HEALTH REQUIREMENTS FOR CLINICAL EDUCATION](#).

Prior to the first Clinical Education experience, each student must complete the [web-based CIET training](#). Students are required to read the site listing on EXXAT for the site they are assigned to. In addition, students are encouraged to read the Clinical Education Agreement and State Practice Act for their assigned site.

6.9 CLINICAL EDUCATION PAPERWORK

Prior to the start of the Clinical Education experience, students are notified of all their clinic assignment paperwork. This is to be completed well before the final day of clinic and returned to the DCE/CEC by the dates outlined in each Clinical Education course syllabus.

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1. Site Orientation Form: (APPENDIX G) The completed form must be submitted following Week 1 of the Clinical Education experience as outlined on the course syllabus. This form can be found on Exxat. If the student will not have access to the internet while on rotation, it is the student's responsibility to obtain a hard copy and scan/upload the form to Canvas by the due date. This form is completed by the student and CI/SCCE to ensure the student receives a thorough site orientation and understands the department's policies and procedures, which they are expected to follow during the Clinical Education experience.
 2. First Week Report: (APPENDIX H) The completed report must be uploaded following the first week by the due date outlined on the course syllabus. This form can be found on Exxat. If the student will not have access to the internet while on rotation, it is the student's responsibility to obtain a hard copy and scan/upload the form to Canvas by the due date. The student completes this form to provide the DCE/clinical education team with CI information and to ensure the student received an orientation to the facility. The First Week report also illustrates the goals established by the student for the Clinical Education Experience.
 3. Bi-Weekly Planning Form: (APPENDIX I) The form will be completed on Exxat every other week by the student along with input from the CI and signed and dated by both parties, by the due date outlined on the course syllabus.
 4. Patient Log: (APPENDIX R) This form, found on EXXAT, will help the student keep track of the types and ages of the patients seen over their five clinical experiences in order to demonstrate care of the depth and breadth of patients receiving physical therapy services. In addition, this form is a summary of the student's ability to perform within each of the categories of tests and measures. During a clinical experience, the student will record the specific tests and measures along with the types of interventions performed. This record should illustrate the level of independence the student has demonstrated following each experience within each category. Furthermore, this form summarizes the extent to which the student has performed the categories of the interventions. The Patient Log should be fully completed on a weekly basis, by the student, for the set number of logs as outlined on the course syllabus.
 5. APTA Physical Therapist Student Evaluation: Clinical Site and Clinical Instruction: (APPENDIX Q)
 6. CIET Self-Evaluation and CIET CI Evaluation of Student: (APPENDIX B) The student must complete the online CIET self-assessment, including a STRENGTH, WEAKNESS, and LEARNING OPPORTUNITY for each rated

criterion, during all Clinical Education experiences. The CIET is to be discussed in a formal meeting with the student's CI and SCCE, if applicable, prior to electronically signing the document. The CIET is completed on EXXAT.

7. Clinical Education Benchmarks: (APPENDIX S): The student, along with the CI, must complete this list of essential skills, rating the student's performance on each criterion at midterm and final assessments. The Clinical Education Benchmarks are utilized during all Clinical Education experiences and are found on Canvas.
8. A Timesheet (APPENDIX T) must be completed daily on EXXAT.
9. An in-service/project of doctoral-level work is required of students for all Clinical Education experiences. A copy of the in-service PowerPoint or project of the topic, including reference list, will be submitted to the DCE by the dates outlined in each Clinical Education course syllabus. A student cannot present the same in-service during any Clinical Education experience more than one time. This includes student research projects.

All Clinical Education paperwork must be completed and submitted to the DCE/CEC on or before the Post-Clinic Paperwork due date outlined on the syllabus, or an "incomplete" grade will be given. Should the student not complete all clinical assignments by the due date, the student's Clinical Education course grade may be lowered up to one letter grade. If a student does not complete all clinical assignments by the second date request, the student will be referred to the Academic Progress Committee and may risk failing the Clinical Education experience.

6.10 HEALTHCARE DURING CLINICAL EDUCATION EXPERIENCES

Students are required to carry health insurance coverage while enrolled in the SHU DPT Program. Acquisition and payment for this coverage is the student's responsibility. Should a student have questions about acquiring coverage, they should consult the DCE/CEC for guidance. If a student fails to maintain health insurance coverage while enrolled in the DPT Program, their Clinical Education Experience will be postponed until proof of health insurance coverage is verified. Postponement or cancellation of a clinical experience may result in delaying graduation. The student will be responsible for all costs due to such delay.

During participation in scheduled Clinical Education activities, the student will receive emergency first aid on the same basis as regular employees in the event of an accident or sudden illness. The student will be responsible for all expenses incurred by such care. Students shall not be covered by any of the employee

benefit programs of the Clinical Education facility, which includes worker's compensation benefits.

6.11 STUDENT CLINICAL EDUCATION GOALS

Each student is responsible for clearly communicating their learning objectives before and during the clinical experience. This will be initially achieved through the student's introduction email to the site. This can also be achieved through student communication with the CI during the site orientation process and throughout the educational experience. Each student must take the initiative and responsibility for their learning in the Clinical Education environment.

Each Clinical Education experience is an individual course and has its own syllabus. All courses have individual requirements and assignments associated with the course. At times, the Clinical Education site and/or CI will have additional requirements for the student. The Program's Clinical Education goals and expectations can be found in each Clinical Education course syllabus. Students are required to complete all assignments, whether assigned by the Program or the Clinical Education site. Each course syllabus is posted on the Clinical Education Canvas site, and it is sent to the SCCE/CI prior to each student's Clinical Education Experience.

6.12 SUBSTANCE ABUSE

Students are prohibited from reporting to Clinical Education sites while using alcoholic beverages or illegal drugs. The legal use of medications or drugs prescribed by a licensed practitioner is permitted, provided that such use is not prohibited by the Clinical Site, does not adversely affect the student's performance, or endanger the health and/or safety of others. A student who refuses to comply with substance abuse and illicit drug policies will be referred to the APC and may be subject to dismissal from the DPT Program. Please refer to the [SHU Health and Safety: Alcohol and Other Drugs Policy](#).

6.13 PREGNANCY

Immediately upon medical confirmation, a student must report a pregnancy to the DCE/CEC. This is to protect the student from activities or materials that may have an undesirable effect on the birthing parent and/or baby. A medical authorization to continue one's education during pregnancy must be completed by the student's

physician, submitted to the DCE/CEC, and uploaded to EXXAT under the Compliance section, Physical Examination.

6.14 STUDENT CONCERNS DURING CLINICAL EDUCATION EXPERIENCES

The DCE/CEC is the primary contact person for students experiencing a problem while on a Clinical Education experience. Students must report any concerns to the DCE/CEC immediately. The CEC can be contacted in the office during regular office hours or via email. The DCE will share their cell phone number with the students should they need to contact the DCE after normal office hours or on weekends. The DCE and student will establish whether or not the student will need the DCE's presence or support to discuss the concern or if they are able to handle the concern independently.

If it is established that the DCE needs to schedule a meeting, the DCE will contact the SCCE and/or CI to arrange for a meeting. In the event the DCE is not available, another core faculty member will attend the meeting with input from the DCE. The outcome of the meeting will determine if the student will complete the experience or if the student will be pulled from the site. An action plan will be created by the DCE, with input from the core faculty if academic deficiencies are noted, if necessary. The APC may be consulted if necessary. The DCE will report the concern and the outcome of the meeting to the DPT Program Director and the core faculty.

See also Section [5.3 CI STUDENT CONCERNS DURING CLINICAL EDUCATION EXPERIENCES](#).

6.15 STUDENT ELECTRONIC DEVICE USE DURING CLINICAL EDUCATION EXPERIENCES

Students are not permitted to use or carry electronic devices, unless needed for patient care during regular patient care/clinic time during any Clinical Education Experience. All electronic devices should be turned off during regular patient care/clinic hours for each Clinical Education Experience. If a student needs to be reached for an emergency, the student should gain permission to carry their cell phone and privately answer calls from their direct supervisor. Students may check electronic devices during breaks and lunchtime only.

7.0 THE ROLE OF THE UNIVERSITY

7.1 ANTI-HARASSMENT / SEXUAL ASSAULT / DISCRIMINATION POLICIES

According to Seton Hill University's [Title IX Sexual Harassment Policy](#),

“SHU is committed to fostering an environment in which all members of the community are free from sexual misconduct. SHU does not discriminate and prohibits discrimination, on the basis of sex in its educational programs or activities, including sexual harassment, assault, and other forms of sexual violence such as dating violence, domestic violence, and stalking. SHU will respond promptly and appropriately to alleged Title IX Sexual Harassment under this Policy and take steps to prevent recurrence and remedy its effects. SHU also prohibits retaliation against anyone who makes a report or complaint under this Policy or cooperates with or otherwise participates in the process. Retaliation includes intimidation, threats, coercion, and discrimination (such as adverse actions) against an individual for the purpose of interfering with a right or privilege secured by Title IX or because the individual made a report or complaint, testified, assisted, participated, or refused to participate in any manner in an investigation, proceeding or hearing under this Policy. All direct or indirect forms of retaliation (including, but not limited to, physical, written, oral, social media, etc.) are forbidden. SHU will take steps to prevent retaliation and will also take strong responsive action if SHU finds that retaliation has occurred. SHU will take appropriate steps to prevent the recurrence of any violations of this Policy and to remediate the effects on the Complainant and the campus community, if and as appropriate. Corrective actions and measures, including sanctions and discipline, will be implemented on a case-by-case basis for Policy violations, appropriate to the circumstances and gravity of the violations. For students, corrective actions and measures may include but are not limited to educational projects/services, online training, counseling, verbal or written warning, suspension or expulsion from residence halls and/or dining facilities, suspension or exclusion from extracurricular or co-curricular activities, community service, probation, persona non grata status, or suspension or dismissal from SHU. For employees, corrective actions and measures may include, but are not limited to, online training, coaching/counseling, educational sessions, verbal or written warning, salary freeze, change of duties, probation, suspension, persona non grata status, demotion, or termination from employment. SHU, and in some circumstances, state, and federal law, also prohibits discrimination and harassment beyond that encompassed by the Title IX Sexual Harassment

definition below, where based on sex, sexual orientation, gender identity, race, color, religion, national origin, genetic information, age, marital status, familial status, disability, or veteran status. See SHU's Non- Discrimination and Equal Opportunity Policy. Complaints relating to prohibited harassment and discrimination filed under this Policy may, as determined by SHU, also be subject to SHU's Non- Discrimination and Equal Opportunity Policy and the associated complaint process."

According to the University's [Nondiscrimination and Equal Opportunity Policy](#), "Seton Hill University, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, genetic information, age, marital status, familial status, sex, sexual orientation, gender identity, disability, or veteran status. Further, the University will continue to take affirmative steps to support and advance these values. This policy applies to admissions, employment, and access to and treatment in University programs and activities. This is a commitment made by the University and is in accordance with federal, state, and/or local laws and regulations."

Please refer to the [Title IX Sexual Harassment Policy and the Non- Discrimination and Equal Opportunity Policy](#) for further information.

7.2 COMPENSATION FOR SERVICES

The University is not obligated to pay any monetary compensation to the Clinical Education site for services performed in connection with the Clinical Education Affiliation Agreement.

7.3 APPOINTMENT OF THE DCE/CEC

The University and/or Program Director shall appoint the DCE. The DCE is the core faculty member who serves as a liaison between the Doctor of Physical Therapy Program and the Clinical Education site. The DCE is responsible for the establishment of Clinical Education Site standards, implementation, selection, and evaluation of clinical sites, and the ongoing development of the Clinical Education Program.

The University and/or Program Director will appoint a Clinical Education Coordinator (CEC) once the Program reaches three cohorts. The CEC will be responsible for management of part-time clinical experiences, as well as assisting with clinical education duties as delegated by the DCE.

7.4 CONFERRING RANK OF AFFILIATE FACULTY

The University is to be responsible for assigning faculty rank when requested by clinical faculty (SCCEs or CIs). The SCCE or CI applies for an Affiliate Faculty appointment to the DPT Program Director with a letter of intent, which delineates the rank of Affiliate Faculty requested and evidence of qualifications. The Program Director evaluates the request and determines eligibility. Support of the Program Director is necessary before proceeding to the Provost for consideration. The Program Director is responsible for submitting the request to the Provost. The SCCE or CI may request a copy of the University Handbook for policies for an appointment. The University will follow the Faculty Policies and Procedures regarding conferring rank. Please refer to the following policy: [Faculty-ClassificationsSpecial Status Faculty](#).

8.0 THE ROLE OF THE CLINICAL EDUCATION FACILITY

8.1 PROVISION OF EMERGENCY HEALTHCARE

The Clinical Education facility shall render emergency first aid to students on the same basis as regular employees in the event of an accident or sudden illness during participation in scheduled Clinical Education activities. The student will be responsible for all expenses incurred by such care. Students shall not be covered by any of the employee benefit Programs of the Clinical Education Site, including, but not limited to, Social Security coverage, health insurance coverage, unemployment compensation, sick and accident disability insurance coverage, or workman's compensation insurance coverage.

8.2 DISCRIMINATION

The Clinical Education facility warrants that neither employees nor students shall, on the basis of race, color, religion, national origin, genetic information, age, marital status, familial status, sex, sexual orientation, gender identity, disability, or veteran status be unlawfully excluded from participation in any Program sponsored by

either the University or Clinical Education site. Please refer to the following policy: [Non-Discrimination and Equal Opportunity Policy](#).

8.3 COMPENSATION FOR SERVICES

The Clinical Education facility is not obligated to pay any monetary compensation to the University for services performed in connection with the Clinical Education Affiliation Agreement.

8.4 STUDENT ACCESS TO FACILITY RESOURCES

The Clinical Education facility will permit students access to available facilities such as parking, cafeteria, medical library, and any other resources necessary for the performance of tasks and assignments related to the Clinical Education experience.

9.0 REFERENCES

¹American Physical Therapy Association (APTA) House of Delegates. Student Physical Therapists and Physical Therapist Assistant Provision of Services HOD P06-19-10-06. APTA website. September 20, 2019. Accessed November 9, 2020. <https://www.apta.org/apta-andyou/leadership-and-governance/policies/student-pt-provision-services>

²American Physical Therapy Association (APTA). Supervision of Students Under Medicare Part B. APTA website. May 22, 2019. Accessed November 9, 2020. <https://www.apta.org/yourpractice/payment/medicare-payment/supervision-under-medicare/students-under-medicarepart-b>

³American Physical Therapy Association (APTA). Supervision of Students in Skilled Nursing Facilities and Inpatient Rehabilitation Facilities Under Medicare. APTA website. June 12, 2020. Accessed November 9, 2020. <https://www.apta.org/your-practice/payment/medicarepayment/supervision-under-medicare/students-snfs-and-irfs-under-medicare>

⁴Fitzgerald, L., Delitto, A. and Irrgang, J., 2007. Validation of the Clinical Internship Evaluation Tool. *Physical Therapy*, 87(7), pp.844-860

⁵American Physical Therapy Association (APTA). APTA Code of Ethics. APTA website. June 2019. Accessed March 30, 2020.

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf

⁶“APTA Guide to Physical Therapist Practice 4.0.” APTA Guide to Physical Therapist Practice, <https://guide.apta.org/>. Accessed 27 Apr. 2023.

⁷CDC or WHO - Artificial Nails and Gels | Ambulatory | National Patient Safety Goals NPSG | The Joint Commission. Accessed June 7, 2023.

<https://www.jointcommission.org/standards/standard-faqs/ambulatory/national-patient-safety-goals-npsg/000001558/>

APPENDIX A-CLINICAL EDUCATION HANDBOOK ACKNOWLEDGMENT FORM



**Seton Hill University
Doctor of Physical Therapy Program
Clinical Education Handbook
Acknowledgment Form**

I, _____, have received, reviewed, and understand the Clinical Education policies and procedures found in the Seton Hill University Doctor of Physical Therapy Program Clinical Education Handbook. I agree to abide by the policies and procedures and agree to any consequences that result from my failure to do so. I understand that the consequences may include, but are not limited to, the following: a decrease in course grade due to a lack of professionalism, cancellation of/removal from a Clinical Education experience, referral to the Academic Progress Committee, and failure of a Clinical Education course.

Student Signature: _____ Date: _____

APPENDIX B-CLINICAL INTERNSHIP EVALUATION TOOL

APPENDIX B-Clinical Internship Evaluation Tool

**Seton Hill University
Doctor of Physical Therapy Program
Clinical Internship Evaluation Tool⁴**

STANDARDS AND BENCHMARKS	RATING					
	Never	Rarely	Sometimes	Most of the Time	Always	Not Observed
PROFESSIONAL BEHAVIORS						
INITIATIVE						
1. Recognizes and maximizes opportunity for learning						
2. Implements constructive criticism						
3. Utilizes available resources to problem solve						
4. Is a positive contributor to the efficient operation of the clinic						
Comments:						
COMMUNICATION SKILLS						
<i>Communicates verbally with precise and appropriate terminology in a timely manner:</i>						
1. With patients and families						
2. With health care professionals (eg, MD, insurance carrier)						
<i>Communicates in writing with precise and appropriate terminology in a timely manner:</i>						
3. Documentation standards (eg, concise, accurate, legible; conforms with standard procedures)						
4. With professionals (eg, documentation, letters, plans of care)						
5. With patients and families (eg, patient home programs)						
Comments:						

Student
Signature _____

Date _____

Please comment here on specific areas of concern or areas of strength.

Examination
Evaluation

1. **GLOBAL RATING OF STUDENT CLINICAL COMPETENCE**

On a scale from 0 to 10, how does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes?

Place an X in the box which best describes the student.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

*Well below
a competent
clinician*

*At the level
of a competent
clinician*

*Well above
a competent
clinician*

2. **Is the student performing at a level that is satisfactory for his/her current level of education?**

___ Yes

___ No

If no, please explain: _____

.....

Student Signature _____ Date _____

Clinical Instructor Signature _____ Date _____

APPENDIX C-New Clinical Education Site Request Form

5/3/23, 1:00 PM

New Clinical Education Site Request Form

New Clinical Education Site Request Form

1. Requests must be made electronically to the DCE by the end of Term 3 in order to be considered for CE 4 OR by Midterm Term 5 for CE 5.
2. Any student interested in pursuing a **NEW** Clinical Education site may provide the DCE with the site name(s) for a possible Clinical Education Agreement initiation during the student's tenure in the SHU Doctor of Physical Therapy program.
3. Any student requesting a new Clinical Education site must provide a professional rationale for the request. The DCE reserves the right not to pursue the request if the SHU Physical Therapy program has a current Clinical Education Site Agreement with a Clinical Education site in a similar setting and in the same geographic area that the student is requesting. Please refer to the Clinical Education Handbook for greater detail of this policy.
4. Any student requesting a new Clinical Education site must submit the requested site's name, address, phone number, and website to the DCE.
5. **Students and/or others acting on behalf of a student are not permitted to contact a prospective Clinical Education site, independent of the DCE. Failure to comply with this policy may result in the student being prohibited from using the requested site.**
6. There is no guarantee that the requested Clinical Education site will execute a Clinical Education Agreement with SHU or offer a Clinical Education experience slot for the requested time frame.
7. *Please note that once the new Clinical Education site has executed the Clinical Education Agreement and agreed to the desired Clinical Education experience slot request, the placement will be final. Further changes to the Clinical Education experience will not be made.*

jcoates@setonhill.edu [Switch account](#)



* Indicates required question

Email *

Record jcoates@setonhill.edu as the email to be included with my response

*

Date

mm/dd/yyyy



https://docs.google.com/forms/d/1ybv1VNM9iaW97dWswTDz8wQScFIKfhSglqULv44lhqw/viewform?edit_requested=true&pli=1

1/4

Student Name (first and last) *

Your answer

Class Year *

Choose ▾

Request is for CE: *

Choose ▾

Clinical Site Name *

Your answer

Clinical Site Address *


Your answer

Clinical Site Phone Number *

Your answer

Clinical Site Website *

Your answer



5/3/23, 1:00 PM

New Clinical Education Site Request Form

Rationale for site request *

Your answer

Please list any specific questions you have for the site (types of specialties/experiences, location information, CE program, mentoring, housing, etc).

Your answer

A copy of your responses will be emailed to jcoates@setonhill.edu.

Submit

Clear form

Never submit passwords through Google Forms.

This form was created inside of Seton Hill University. [Report Abuse](#)

Google Forms



https://docs.google.com/forms/d/1yhv1VNM9iaW97dWswTDz8wQScFikfhSglqULv44lhqw/viewform?edit_requested=true&pli=1

3/4

APPENDIX D-PRE-CLINICAL EDUCATION PAPERWORK LIST

Appendix D
Seton Hill University
Doctor of Physical Therapy Program
Clinical Education Experience 1
Pre-Clinical Education Paperwork Checklist

Student Name: _____ Date: _____

Site Name: _____ Setting: _____

- 1) Place the following documents in your portfolio in the order listed below.
- 2) Do not check off the item if you did not place the item in your portfolio.
- 3) Your portfolio is to be turned in fully complete by DECEMBER 6, 2021.

Document(s)	Submitted in Portfolio
1) Pre-Clinical Education Paperwork Checklist	<input type="checkbox"/>
2) Student Clinical Education Information Form: fully completed and signed	<input type="checkbox"/>
3) Resume	<input type="checkbox"/>
4) Copy of Infection Control Certificate	<input type="checkbox"/>
5) Copy of HIPPA Training Certificate	<input type="checkbox"/>
6) Copy of Health Insurance Card	<input type="checkbox"/>
7) Copy of CPR/BLS Card	<input type="checkbox"/>
8) Copy of First Aid Card	<input type="checkbox"/>
9) Copy of Student ID AND Driver's License	<input type="checkbox"/>
10) PA Child Abuse Clearance & Universal Background Check	<input type="checkbox"/>
11) Universal Drug Screening	<input type="checkbox"/>
12) Physical Exam and Proof of Vaccination Records	<input type="checkbox"/>
13) Clinical Education Site Requirements Form: fully completed and signed	<input type="checkbox"/>
14) Site-Specific Paperwork: as applicable	<input type="checkbox"/>

Student Signature: _____ Date: _____

DCE Signature: _____ Date: _____

APPENDIX E-Student Clinical Education Information Form

Seton Hill University Doctor of Physical Therapy Program STUDENT Clinical Education Information Form

Please complete this form in its entirety and return to the DCE with all inclusions for the Pre-Clinical Education Paperwork packet.

Student Name: _____ Class: _____

Current Mailing Address: _____

City: _____ State: _____ Zip _____

Clinical Education Experience **CE 1** ▾

Dates of Clinical Education Experience: _____

Type of Clinical Education Experience: Acute Skilled Outpatient

Other: _____

Previous Clinical Education Experiences:

CE 1: Dates: _____ Setting: _____

Facility Name: _____

CE 2: Dates: _____ Setting: _____

Facility Name: _____

CE 3: Dates: _____ Setting: _____

Facility Name: _____

CE 4: Dates: _____ Setting: _____

Facility Name: _____

CE 5: Dates: _____ Setting: _____

Facility Name: _____

Emergency Contact Person during this Clinical Education Experience:

Name: _____ Relationship: _____

Address: _____

Preferred Phone: _____

Student Attestation:

- I have read the Clinical Education agreement between SHU and the Clinical Education site.
- I understand that I am responsible for maintaining the confidentiality of patient information.
- I have provided a copy of my HIPAA training certificate.
- I have provided a copy of my Infection Control training certificate.
- I have provided a copy of my Healthcare Provider CPR AND First Aid training cards.
- I understand that I am responsible for the cost of my healthcare.
- I have health insurance and have provided a copy of my health insurance card.
- I have provided 2 copies of photo ID as proof of citizenship.
- I have completed all site requirements for this Clinical Education Experience.

Student Signature: _____ Date: _____

DCE Signature: _____ Date: _____

APPENDIX F-CLINICAL EDUCATION SITE REQUIREMENTS FORM

Appendix F
Seton Hill University
Doctor of Physical Therapy Program
Clinical Education Site Requirements Form

Student Name: _____ **Class:** _____

Current Mailing Address: _____

Type of Clinical Education Experience: Acute Skilled Outpatient **Other:** _____

Clinical Education Experience: _____ **Site Name:** _____

Site-Specific Requirements: *(please check box if item is required by site)*

- | | |
|---|-----------------|
| <input type="checkbox"/> Federal Criminal Background Check | Due Date: _____ |
| <input type="checkbox"/> Site-Specific Background Check State: _____ | Due Date: _____ |
| <input type="checkbox"/> Child Abuse Clearance Check State: _____ | Due Date: _____ |
| <input type="checkbox"/> Fingerprints | Due Date: _____ |
| <input type="checkbox"/> Drug Screen | Due Date: _____ |
| <input type="checkbox"/> Physical Exam | Due Date: _____ |
| <input type="checkbox"/> TB Skin Test <input type="checkbox"/> 1 Step <input type="checkbox"/> 2 Step | Due Date: _____ |
| <input type="checkbox"/> Flu Shot | Due Date: _____ |
| <input type="checkbox"/> Immunization Titers Type: _____ | Due Date: _____ |
| <input type="checkbox"/> Site-Specific Paperwork: _____ | Due Date: _____ |
| <input type="checkbox"/> Other: _____ | Due Date: _____ |

Contacts who must receive my Pre-Clinical Education paperwork:

Name/Title: _____	Phone _____	Email _____
Name/Title: _____	Phone _____	Email _____
Name/Title: _____	Phone _____	Email _____
Name/Title: _____	Phone _____	Email _____

I have reviewed EXXAT for my Clinical Education Site requirements. The above site-specific requirements are listed as needed for this experience. I am aware of these requirements and will turn in the above requirements in the Pre-Clinical Education Portfolio. Failure to do so may result in a delayed start or cancellation of this Clinical Education Experience in addition to a grade reduction for the course.

Student Signature: _____ **Date:** _____

ACTION NEEDED: _____

DCE Signature: _____ **Date:** _____

APPENDIX G-CLINICAL EDUCATION SITE ORIENTATION FORM

5/4/23, 10:15 AM

Exxat

Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

Clinical Education Site Orientation Form

Completed BY Student

Tour Of Facility

- | | | |
|--|--|--|
| <input type="checkbox"/> Restrooms | <input type="checkbox"/> Lunch Facilities/Lunch or Break Schedule | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Student Workstation/Computer Usage | <input type="checkbox"/> Introduction of Staff and Roles | <input type="checkbox"/> Dress Code |
| <input type="checkbox"/> Student Supervision and CI PTO Procedures | <input type="checkbox"/> HIPAA Compliance / Privacy Procedures | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Medical Emergency | <input type="checkbox"/> Other Emergency / Evacuation |
| <input type="checkbox"/> Infection Control / Safety | <input type="checkbox"/> Location of PPE | <input type="checkbox"/> Location of Vital Signs Assessment Tools |
| <input type="checkbox"/> Cleaning Procedures | <input type="checkbox"/> Location of Handwashing Supplies and/or Sinks | <input type="checkbox"/> Student Schedule |
| <input type="checkbox"/> Student Call-Off Procedure and Make Up Time | <input type="checkbox"/> Student Goals for Clinical Education | <input type="checkbox"/> Site Expectations for Student Performance |
| <input type="checkbox"/> Additional or Ancillary Experiences, as available | | |

Draw your signature with your mouse

Clear

Date:

Completed By CI

Tour Of Facility

- | | | |
|--|---|---|
| <input type="checkbox"/> Restrooms | <input type="checkbox"/> Lunch Facilities/Lunch or Break Schedule | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Student Workstation/Computer Usage | <input type="checkbox"/> Introduction of Staff and Roles | <input type="checkbox"/> Dress Code |
| <input type="checkbox"/> Student Supervision and CI PTO Procedures | <input type="checkbox"/> HIPAA Compliance / Privacy Procedures | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Medical Emergency | <input type="checkbox"/> Other Emergency / Evacuation |

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5/4/23, 10:15 AM

Exxat

- | | | |
|--|--|--|
| <input type="checkbox"/> Infection Control / Safety | <input type="checkbox"/> Location of PPE | <input type="checkbox"/> Location of Vital Signs Assessment Tools |
| <input type="checkbox"/> Cleaning Procedures | <input type="checkbox"/> Location of Handwashing Supplies and/or Sinks | <input type="checkbox"/> Student Schedule |
| <input type="checkbox"/> Student Call-Off Procedure and Make Up Time | <input type="checkbox"/> Student Goals for Clinical Education | <input type="checkbox"/> Site Expectations for Student Performance |
| <input type="checkbox"/> Additional or Ancillary Experiences, as available | | |

Draw your signature with your mouse

Clear

Date:



Clinical Instructor Completing The Evaluation

Select the clinical instructor you would like to complete your evaluation (Please choose only one)*

APPENDIX H-CLINICAL EDUCATION FIRST WEEK REPORT

5/4/23, 10:17 AM

Exxat

Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

Clinical Education FIRST WEEK REPORT

Student Name:

0/10000

Date:

0/10000

Cell:

0/10000

SHU Email:

0/10000

Current Mailing Address:

0/10000

City:

0/10000

State:

0/10000

Zip code:

0/10000

Clinical Education Experience:
 1 2 3 4 5

Clinical Education Experience:
 Acute Skilled Outpatient Other

Clinical Instructor (Please include any credentials: OCS, ATC, etc.) Verify this is the same name, credentials in the EXXAT system. If not, please update:

0/10000

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Clinical Instructor email. Verify this is the same email in the EXXAT system. If not, please update:

0/10000

Site Phone:

0/10000

Site Fax:

0/10000

****Please note if you were placed in a different site than initially assigned, you must send the DCE an email immediately if this occurs.****

1. Have you reviewed and discussed your goals with your CI? Does the site have specific goals for you? If so, what are they

0/10000

2. What feature(s) of this site makes you feel the most comfortable with this experience?

0/10000

3. What feature(s) of this site make you feel the least comfortable with this experience?

0/10000

4. What do you expect to be the most intense learning opportunity during this experience?

0/10000

5. Do you expect to encounter any problems/difficulties during this experience? How do you intend to manage each problem/difficulty? Do you want/need assistance from the DCE to manage these problems/difficulties?

0/10000

6. Do you want the DCE to call you during the second week? If so, what day/time would be convenient?

0/10000

7. To date, the amount of supervision I am receiving seems:

- Too much About right Too little

I have discussed this with my CI:

- Yes No

8. Is there anything else you would like the DCE to know?

0/10000

9. My goals for week two are:

0/10000

APPENDIX I-CLINICAL EDUCATION WEEKLY PLANNING FORM

5/4/23, 10:19 AM

Exxat

Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

Clinical Education Weekly Planning Form

Beginning week 2 of Clinical Education Experience: To be completed by the PT Student, with CI sign-off, during all Clinical Education Experiences. Please upload to Canvas by Monday 8 am for the prior week.

WEEK/Date:*

Date



Student Assessment of the Week (Strengths/Weaknesses/Learning Activities for Improvement):



0/10000

Student Goals for Next Week (Completed by Student):



0/10000

signature of student

Draw your signature with your mouse

Clear

Date:



The student is meeting expectations.

Yes No (Please include comments)

CI Assessment of the Week:

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5/4/23, 10:19 AM

Exxat

0/10000

signature of CI

Draw your signature with your mouse



Clear

Date:

Preceptor Completing The Evaluation

Select the preceptor you would like to complete your evaluation (Please choose only one)*

APPENDIX J-CLINICAL EDUCATION AGREEMENT

APPENDIX J-Clinical Education Agreement



Clinical Education Agreement Physical Therapy Program

This Clinical Education Agreement (the "Agreement") is entered into by and between Seton Hill University, a Pennsylvania non-profit corporation, having a principal place of business at 1 Seton Hill Drive, Greensburg, PA 15601 on behalf of its Physical Therapy Program within the School of Natural and Health Sciences (the "University"), and [redacted] having a principal place of business at [redacted] (the "Clinical Education Experience Provider" or "CEEP") (collectively, the "Parties").

WHEREAS, the Parties have determined that they have a mutual interest in providing student clinical education experiences for Physical Therapy students with the CEEP.

WHEREAS, the University has determined that student placements with the CEEP are consistent with the goals and objectives of the curriculum and will enhance the program of study.

WHEREAS, the services contemplated herein are of mutual interest and benefit to the University and the CEEP, and will further the mission and objectives of the University in a manner consistent with its status as a private educational institution.

NOW, THEREFORE, in exchange of the mutual promises contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the University and the CEEP agree as follows:

I. PROFESSIONAL RESPONSIBILITIES

The following are the mutually agreed professional responsibilities of the Parties.

A. University

The University shall:

1. Notify participating students of appropriate placement opportunities for the clinical education experience;
2. Facilitate and approve placement site and learning objectives;
3. Select and assign students for placement;
4. Identify the University Clinical Coordinator ("UCC"), the primary contact for clinical education experiences pursuant to this Agreement;
5. Participate in planning and evaluation regarding clinical education experiences;
6. Provide the CEEP with any relevant program deadlines and materials, such as the Physical Therapy Clinical Education Handbook, course syllabi, student evaluation forms, and the University academic calendar;
7. Notify participating students of the CEEP requirements, policies and procedures as provided to the University by the CEEP (i.e., the CEEP's requirement that that a student provide a criminal background check, drug test, or immunization record; placement specific rules and policies; the date and time of a placement specific orientation) prior to students beginning their assignments with the CEEP;
8. Upon request, the University will submit a certificate of insurance documenting that the University and its students are covered by a policy of professional and general liability insurance for activities on the CEEP's premises.
9. Advise participating students of the University's expectation that they adhere to the following guidelines:
 - a. Attend orientation sessions regarding the clinical education experience;
 - b. Comply with all applicable policies and operational procedures of the CEEP;
 - c. Give prior notice of absence to appropriate University and the CEEP personnel;
 - d. Obtain and maintain comprehensive health insurance;
 - e. Maintain professional standards of confidentiality. Each participating student shall obtain the CEEP's written approval prior to publication of confidential or proprietary information related to the clinical

education experience or the CEEP's operations. Confidential or proprietary information is defined as all patient care and patient identifying information, as well as all business information covering unique hospital specific operations, strategic planning, personnel, financial and information management systems information; and

- f. Participate in all individual or group meetings associated with the clinical education experience; and
10. Provide training to participating students in universal precautions prior to assigning a student to participate in a learning experience with the CEEP.

B. Clinical Educational Experience Provider

The CEEP shall:

1. Provide opportunities for student observation and/or participation on the premises;
2. Provide a safe environment in compliance with all federal and state laws and inform the University and students of hazardous conditions;
3. Provide to UCC and students written policies and operational procedures to which students are expected to adhere while they are participating in the clinical education experience;
4. Provide information and/or orientation for students with respect to the physical facilities, policies, and procedures of the CEEP and, where appropriate, to the needs of individuals and/or groups with which they will be working;
5. Permit students access to available facilities such as parking, cafeteria, medical library, and any other facility necessary for the performance of tasks and assignments related to the clinical education experience;
6. Provide to UCC a list of duties or job description for student placements, including any specific requisite skills or abilities, and the essential functions of the position;
7. Participate in planning and evaluation sessions with students and, where appropriate, with University faculty;
8. Provide licensed physical therapy practitioners to serve as on-site supervisors and trainers for participating students. The CEEP will supply the UCC with the name and credentials of such individuals;
9. Assign to students only those tasks commensurable with their level of education and experience;
10. Provide timely final evaluation of student performance in the manner specified by the University;
11. Conduct exit interviews with students that will include discussion of the CEEP's final evaluation;
12. Notify UCC of unsatisfactory performance or misconduct of a student and provide related documentation to UCC;
13. Remove and/or exclude a student in the event that the CEEP determines that the student is not performing satisfactorily or is interfering with operations; provided, however, that the student has been made aware of the intent to release him/her and has been given the opportunity to respond prior to the release. In the event the CEEP elects to exclude a student, it shall immediately notify the UCC;
14. Have the ultimate responsibility for patient care. The University does not provide and shall have no responsibility or liability for patient care;
15. Be responsible for providing appropriate personal protective equipment required to comply with OSHA Standards as such compliance relates to the performance of this Agreement;
16. Render emergency medical care to students in the event of an accident or sudden illness that occurs at the CEEP facilities during the course of the clinical education experience. The student or health insurance carrier of a student shall reimburse the CEEP for all such emergency medical care.

C. Mutual

The Parties shall mutually:

1. Determine the number of students to be assigned to the CEEP and the dates and hours of such assignments. University and CEEP may decide to have no active placements for a period of time without affecting the continuation of this Agreement;
2. Confer and agree upon a plan for the clinical education experience, including objectives; learning activities; responsibilities of the University's faculty members, the CEEP supervisors, and the University's students; and any other relevant information necessary to adequately implement the clinical education experience. The University and the CEEP will cooperate in providing clinical education experience for students; and
3. Indemnify, defend, and hold harmless against: (i) any and all liability arising solely out of the indemnifying Party's failure to comply with the terms of the Agreement and any loss, injury, claims, or damages arising from the negligent operations, acts, or omissions of the indemnifying Party's students, employees, or agents relating to or arising out of their services under this Agreement; and (ii) any and all costs and expenses, including reasonable legal expenses, incurred by or on behalf of indemnifying Party in connection with the defense of such claims.

I. TERM AND TERMINATION

-
- A. The term of this Agreement shall be from _____, 2021 (“Effective Date”) through _____, 2023. This Agreement shall thereafter be automatically renewed for successive two-year terms, unless otherwise terminated pursuant to the provisions of this Agreement.
- B. This Agreement may only be terminated by either Party upon written notice to a Party that the other has breached the Agreement, or that a student has engaged in serious misconduct, as mutually determined by the Parties. Serious misconduct shall include: violation of safety rules about which a student has been appropriately and adequately trained and/or repeated failure of a student to meet performance standards. Prior to terminating a participating student for serious misconduct, the student will receive training and/or counseling regarding the standards which have not been met.
- C. This Agreement may be terminated by either Party without cause upon written notice to a Party of at least ninety (90) days. In the event that this Agreement is terminated, the Parties will make all reasonable efforts to allow participating students to complete their clinical education experience.

II. COMPLIANCE

- A. The Parties agree to not discriminate against any student applying to be enrolled in the clinical education experience contemplated under this Agreement or in matters of employment on the basis of race, color, religion, national origin, genetic information, age, marital status, familial status, sex, sexual orientation, disability, or veteran status.
- B. The University and the CEEP are expected to comply with all requirements of accrediting agencies and all applicable federal, state, and local laws, rules, regulations, and executive orders.
- C. The Parties acknowledge that participating students will remain subject to all applicable University Policies, including the Academic Integrity Policy and the Student Code of Conduct, copies of which will be provided to CEEP by the UCC.
- D. In accordance with the Family Educational Rights and Privacy Act (“FERPA”), the University has determined that the CEEP is a school official with a legitimate educational interest. If the University provides the CEEP with “personally identifiable information” from a student’s education record as defined by FERPA, the CEEP hereby certifies that collection of this information from the University is necessary for its duties and responsibilities under this Agreement. The CEEP further certifies that it shall maintain the confidential status of the education records in their custody, and that it shall maintain the personally identifiable information as directed by FERPA. Failure to abide by legally applicable University measures and disclosure restrictions may result in the interruption, suspension and/or termination of the relationship with the CEEP for a period of at least five (5) years from the date of the violation. If the CEEP experiences a breach relating to this information or if Agency re-discloses this information, the CEEP shall immediately notify the University. To the extent allowed by law, the CEEP shall indemnify the University for any breach of confidentiality or failure of its responsibilities to protect confidential information. Specifically, these costs may include, but are not limited to, the cost of notification of affected persons because of its unauthorized release of University data provided to the CEEP pursuant to this Agreement.
- E. In accordance with the Fair Labor Standards Act (“FLSA”), where the CEEP is a private, “for-profit” entity, and it is contemplated that the participating student will not be compensated in compliance with the wage and hour provisions of the FLSA (e.g., at least minimum hourly wage, time and a half for overtime, etc.), then the CEEP agrees that the participating student will not be an employee, as contemplated by the “primary beneficiary test” described in the fact sheet published by the U.S. Department of Labor (January 2018).

III. NOTICES

All general notices, requests, demands, and other communications required hereunder shall be written and shall be deemed to have been personally delivered when deposited in a regularly maintained receptacle of the United States Postal Service, postage prepaid, registered or certified, return receipt requested, properly addressed to:

University: CEEP
Seton Hill University*
Attn: Program Director, Physical Therapy Program
1 Seton Hill Drive
Greensburg, PA 15601

or at any other address which may be designated in writing by either Party to the other in the manner provided above.

*All legal notices to the University shall be copied to the Office of the General Counsel at contracts@setonhill.edu.

IV. GENERAL PROVISIONS

- A. Nothing herein is intended or shall be construed to establish any partnership, or joint venture between the CEEP and the University. Participating students shall not be deemed employees or agents of the CEEP or the University by reason of being assigned to the CEEP under this Agreement. Neither the CEEP nor the University shall be responsible for payment to participating students for any salary, wages or employment-related benefits, including but not limited to workers' compensation benefits, due the participating students' participation in the clinical education experience.
- B. Neither Party shall be in breach of this Agreement by reason of a cause beyond a Party's control, including but not limited to, earthquake, flood, fire, storm or other natural disaster, acts of God, war or armed conflict, infectious disease outbreak, or governmental order.
- C. This Agreement may be modified or amended from time to time by signed written agreement of the Parties hereto, and any such written modification or amendment shall be attached to and become a part of this Agreement.
- D. Neither Party shall assign or transfer its interest in this Agreement without the written consent of the other. Nothing herein shall be construed as giving any rights or benefits hereunder to anyone other than the University and the CEEP.
- E. This Agreement constitutes the entire agreement between the Parties. No modification or amendment shall be binding upon the Parties until reduced to writing and signed by both Parties. This Agreement, when fully executed, shall supersede any and all prior or existing agreements, whether oral or in writing, with respect to the subject matter herein.
- F. If a Party does not enforce its rights under the Agreement at a particular time, it will not constitute a waiver of its right to enforce the terms and conditions of the Agreement at any later date.
- G. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction.
- H. This Agreement may be executed in more than one counterpart, each of which shall constitute an original, but all of which when taken together shall be one and the same document.
- I. This Agreement shall be governed by the laws of the Commonwealth of Pennsylvania, without regard to its conflict of law principals. The Parties mutually agreed that if litigation should arise concerning all or any part of this Agreement, the venue shall lie in Westmoreland County, Pennsylvania.

INTENDING TO BE LEGALLY BOUND, the Parties hereto have executed this Agreement as of the Effective Date provided above and represent and warrant that they have the authority to enter into this legally binding agreement.

SETON HILL UNIVERSITY

[CLINICAL EDUCATION EXPERIENCE PROVIDER]

By: _____

By: _____

Name: _____

Name: _____

Title: Program Director, Physical Therapy Program

Title: _____

Date: _____

Date: _____

APPENDIX K-CLINICAL EDUCATION SLOT REQUEST LETTER AND FORM

APPENDIX K - Clinical Education Letter to Clinical Site

20XX Clinical Education Slot Request Form Seton Hill University

Seton Hill University Doctor of Physical Therapy Program
Seton Hill Drive Greensburg, PA 15601



20XX Request for Physical Therapy Clinical Experiences

Dear XXXX,

Greetings! I am sending my request for Clinical Experiences for the year 2023. Our sincere thanks and appreciation for your investment in the future of our profession and for supporting our students. We realize that scheduling and managing clinical education experiences are an enormous undertaking. The students highly value these experiences, and we appreciate your contributions. You may submit your clinical site commitments online by accessing this link:

<https://steps.exxat.com/gateway/delegator?key=3ce5034c-ddb0-4313-818d-ed41f402e210>

****Note: Please do not access this link using Internet Explorer. Using Chrome, Firefox, or Safari browsers will result in the best experience.**

Thank you again for your time and commitment to the next generation of students and support to our program. If you have any questions, don't hesitate to contact me by phone or email as listed below.

Sincerely,

Jamie Dunlap Coates, PT, DPT, GCS
Director of Clinical Education, Assistant Professor
School of Natural and Health Sciences
Doctor of Physical Therapy Program
Seton Hill University
1 Seton Hill Drive
Bayley Hall Box 130B
Greensburg, PA 15601-1599
Cell Phone: 724.454.7975
Office Phone: 724.830.1184

20XX Clinical Education Slot Request Form
Seton Hill University
Doctor of Physical Therapy Program
1 Seton Hill Drive
Greensburg, PA 15601

RETURN TO JAMIE DUNLAP COATES (jcoates@setonhill.edu)
Request for Physical Therapy Clinical Education Sites-Year 20XX

SITE NAME:

CCCE NAME:

CCCE PHONE:

CCCE EMAIL:

Course Name Cohort Class	Experience Dates Type of Experience Length	Number of Students (slot offers)	Supervision Ratio: Number of Students: CI	SETTING: Acute, SNF, Outpatient Other: Please describe
CE 1 SPT 615	Part-time 14 weeks, 8 hrs/week			
CE 2 SPT 625	Full-time 8 weeks, 40 hrs/week			
CE 3 SPT 635	Part-time 14 weeks, 8 hrs/week			
CE 4 SPT 655	Full-time 8 weeks, 40 hrs/week			
CE 5 SPT 675	Full-time 14 weeks, 40 hrs/week			

APPENDIX L-CLINICAL EDUCATION SITE VISIT RECORD and CURRICULAR FEEDBACK FORM

5/4/23, 10:39 AM

Clinical Education Telephone/Live Site Visit and Curricular Feedback Form

Clinical Education Telephone/Live Site Visit and Curricular Feedback Form

* Indicates required question

1. *

Example: January 7, 2019

2. Faculty Evaluator Name *

Student Questions

3. Student Name *

4. Cohort Year *

Mark only one oval.

- Class of 2024
- Class of 2025
- Class of 2026

5. Clinical Education Experience *

Mark only one oval.

- CE 1
- CE 2
- CE 3
- CE 4
- CE 5

6. Site and Location Name *

7. Setting *

Check all that apply.

- Outpatient Orthopedics
- Outpatient Ortho/Sports
- Outpatient Neuro
- Outpatient Mixed
- Outpatient Pediatrics
- Outpatient Pelvic Health
- Inpatient Acute Care
- Inpatient Acute Rehab
- Inpatient Pediatrics
- Inpatient Skilled Nursing Facility
- Other: _____

8. CI Name *

9. Did you receive a formal orientation to the site? *

Mark only one oval.

- Yes
- No

10. Does your CI provide you with constructive feedback? *

Mark only one oval.

- Yes
- No

11. The amount of feedback provided by your CI is: *

Mark only one oval.

- Right Amount
- Too Much
- Not Enough

12. Do you incorporate your CI's feedback into your practice? *

Mark only one oval.

- Yes
- No

13. Do you incorporate evidence-based practice into your practice? *

Mark only one oval.

- Yes
- No

14. How is your relationship with your CI? *

Mark only one oval.

- Great
- Could be Better
- Poor

15. What are some interesting learning opportunities offered at this site? *

16. How was your academic preparation for this clinical site? *

17. What are your strengths? *

18. What are your areas of needing improvement? *

19. What is/was your in-service topic? *

20. When is/was your in-service scheduled? *

21. Student Comments *

Clinical Instructor Questions

22. Did the student receive a formal orientation to the site? *

Mark only one oval.

Yes

No

23. How are the student's verbal communication skills with patients, families, and other healthcare providers? *

Mark only one oval.

Great

Could be Better

Poor

24. How are the student's non-verbal communication skills with patients, families, and other healthcare providers? *

Mark only one oval.

Great

Could be Better

Poor

25. Does the student practice in a safe manner? *

Mark only one oval.

Yes

No

26. Does the student accept constructive feedback? *

Mark only one oval.

Yes

No

27. Does the student incorporate your feedback into their practice? *

Mark only one oval.

Yes

No

28. Does the student advocate for their patient(s) when indicated? *

Mark only one oval.

Yes

No

29. Does the student arrive early and prepared for each day? *

Mark only one oval.

Yes

No

30. How was the student's academic preparation for this experience appropriate? *

31. Does the student utilize evidence-based practice resources for clinical practice? *

Mark only one oval.

Yes

No

32. Did/will the student perform an in-service of doctoral-level work? *

Mark only one oval.

Yes

No

33. Is the student able to perform basic or advanced movement analysis? *

Mark only one oval.

Basic

Advanced

34. Can the student identify prime movers, types of contractions, compensations, etc.? *

Mark only one oval.

Yes

No

35. Does the student rationalize selected interventions, relate interventions to function, and use evidence to justify? *

Mark only one oval.

Yes

No

36. Has the student demonstrated skills to appropriately advance a plan of care? *

Mark only one oval.

Yes

No

37. Does the student demonstrate professionalism, initiative, confidence, and motivation? *

Mark only one oval.

- Yes
- No

38. Did the student perform an accurate self-assessment on the CIET? *

Mark only one oval.

- Yes
- No

39. Did the student have the opportunity to participate in any site, community, or state-wide project/initiative? *

Mark only one oval.

- Yes
- No

40. Did the student consistently demonstrate unsolicited self-reflection and self-assessment? *

Mark only one oval.

- Yes
- No

41. Did the student adequately complete all projects assigned by the CI? *

Mark only one oval.

- Yes
- No

42. The student is performing _____ the expected level for this experience. *

Mark only one oval.

- At
- Above
- Below

43. CI COMMENTS: *

44. Did the student have the opportunity to participate in? *

Interprofessional education learning activity?

Mark only one oval.

- Yes
- No

45. Interprofessional collaboration? **IF NO, ROLE PLAY THROUGH ONE OF THE FOLLOWING SCENARIOS if the CI/student do not have plans for any Interprofessional collaboration.

Outpatient: telephone call to a physician

• SNF: case conference

• ACUTE: relay information/discuss case with nursing staff; co-treat with OT • SPECIALTY:
site-specific example

Mark only one oval.

- Yes
- No

46. Does the student demonstrate competency in these interprofessional topics? Values/Ethics

Mark only one oval.

- Yes
- No

47. Does the student demonstrate competency in these interprofessional topics? Communication

Mark only one oval.

- Yes
- No

48. Does the student demonstrate competency in these interprofessional topics? Professional Roles and Responsibilities

Mark only one oval.

- Yes
- No

49. Does the student demonstrate competency in these interprofessional topics? Teamwork

Mark only one oval.

- Yes
- No

50. Program/Curricular Strengths Identified by the Clinical Instructor

51. Program/Curricular Strengths Identified by the Student.

52. Program / Curricular Weakness Identified by the Clinical Instructor

53. Program / Curricular Weaknesses Identified by the Student

54. Comments

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APPENDIX M-APTA CODE OF ETHICS

APTA Code of Ethics⁵

Code of Ethics for the Physical Therapist

HOD S06-19-47-67 [Amended HOD S06-09-07-12; HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient and client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive, nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients and clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals. (Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients. (Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and Clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.

2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care. 2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments. 2 (Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

-
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
 - 4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
 - 4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
 - 4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
 - 4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.
(Core Values: Professional Duty, Accountability)

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and Regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
(Core Value: Excellence)

- 6A. Physical therapists shall achieve and maintain professional competence.
- 6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
- 6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society. (Core Values: Integrity, Accountability)

-
- 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.
- Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Value: Social Responsibility)
- 8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of healthcare resources and shall avoid overutilization or under- utilization of physical therapist services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.
- Effective June 2019 For more information, go to www.apta.org/ethics.

APPENDIX N-Infection Control Certification Form

**SETON HILL UNIVERSITY DPT PROGRAM
INFECTION CONTROL CERTIFICATION FORM**

THIS CERTIFIES THAT

JANE DOE

has completed

Annual Infection Control Training

AUGUST 23, 2021



Jamie Dunlap Coates, PT, DPT, GCS,
Director of Clinical Education

Jane Doe,
Student Physical Therapist

APPENDIX O-HIPAA Compliance Certification Form

**SETON HILL UNIVERSITY DPT PROGRAM
HIPAA COMPLIANCE CERTIFICATION FORM**

THIS CERTIFIES THAT

JOHN SMITH

has completed

Annual HIPAA Compliance Training

AUGUST 23, 2021



Jamie Dunlap Coates, PT, DPT, GCS,
Director of Clinical Education

John Smith,
Student Physical Therapist

APPENDIX P-Student Evaluation of Site and Student Evaluation of Clinical Instruction

5/4/23, 10:25 AM

Exxat

Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

PT Student Evaluation Of Site Form's Score: 4

Basic Information

Information found in this section may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility

1. Name of clinical education site

N/A

3/10000

Address

N/A

3/10000

City

N/A

3/10000

State

N/A

3/10000

2. Clinical experience number

Enter the clinical experience number



0/10000

3. Specify the number of weeks for each applicable clinical experience/rotation

Acute care/Inpatient hospital facility

Specify the no of weeks



0/10000

Ambulatory care/Outpatient

Specify no of weeks



0/10000

ECF/Nursing home/SNF

Specify the no of weeks



0/10000

Federal/State/County health

Specify the no of weeks



0/10000

Industrial/Occupational health facility

Specify the no of weeks



0/10000

<https://steps.exxat.com/admin/platform/preview?appld=Exxat.Evaluation&featureId=Exxat.Student-Evaluation.PTSE1&layoutId=Evaluation.PTSE1.Layout&previe...> 1/6

Private practice

Specify the no of weeks



0/10000

Rehabilitation/Sub-acute rehabilitation

Specify the no of weeks



0/10000

School/Preschool program

Specify the no of weeks



0/10000

Wellness/Prevention/Fitness program

Specify the no of weeks



0/10000

Other

Specify the no of weeks



0/10000

Orientation

4. Did you receive information from the clinical facility prior to your arrival?*

 Yes No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?*

 Yes No

6. What else could have been provided during the orientation?*

Enter the orientation feedback



0/10000

Patient/Client Management And The Practice Environment

7. During this clinical experience, describe the frequency of time spent in each of the following areas

Diversity of Case Mix

Musculoskeletal*

 Never Rarely Occasionally Often

Neuromuscular*

 Never Rarely Occasionally Often

Cardiopulmonary*

 Never Rarely Occasionally Often

Integumentary*

Never Rarely Occasionally Often
Other (GI, GU, Renal, Metabolic, Endocrine)*

Never Rarely Occasionally Often

Patient Lifespan

0-12 years*

Never Rarely Occasionally Often

13-21 years*

Never Rarely Occasionally Often

22-65 years*

Never Rarely Occasionally Often

over 65 years*

Never Rarely Occasionally Often

Continuum of Care

Critical care, ICU, Acute*

Never Rarely Occasionally Often

SNF/ECF/Sub-acute*

Never Rarely Occasionally Often

Rehabilitation*

Never Rarely Occasionally Often

Ambulatory/Outpatient*

Never Rarely Occasionally Often

Home health/Hospice*

Never Rarely Occasionally Often

Wellness/Fitness/Industry*

Never Rarely Occasionally Often

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/Client management model of the guide to physical therapist practice

Components of Care

Examination

Screening*

Never Rarely Occasionally Often

History taking*

Never Rarely Occasionally Often

Systems review*

Never Rarely Occasionally Often

Tests and measures*

Never Rarely Occasionally Often

Evaluation*

Never Rarely Occasionally Often

Diagnosis*

Never Rarely Occasionally Often

Prognosis*

Never Rarely Occasionally Often

Plan of care*

Never Rarely Occasionally Often

Interventions*

Never Rarely Occasionally Often

Outcomes assessment*

Never Rarely Occasionally Often

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth?

Environment

Providing a helpful and supportive attitude for your role as a PT student.*

Never Rarely Occasionally Often

Providing effective role models for problem solving, communication, and teamwork.*

Never Rarely Occasionally Often

Demonstrating high morale and harmonious working relationships.*

Never Rarely Occasionally Often

Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA code of Ethics, etc).*

Never Rarely Occasionally Often

Being sensitive to individual differences (ie, race, age, ethnicity, etc).*

Never Rarely Occasionally Often

Using evidence to support clinical practice.*

Never Rarely Occasionally Often

Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).*

Never Rarely Occasionally Often

Being involved in district, state, regional, and/or national professional activities.*

Never Rarely Occasionally Often

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?*

Enter the suggestions to improve professional practice and growth



0/10000

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Select all that apply)

- Physical therapist students Physical therapist assistant students
 Students from other disciplines or service departments

12. Identify the ratio of students to CIs for your clinical experience*

- 1 student to 1 CI 1 student to greater than 1 CI 1 CI to greater than 1 student

13. How did the clinical supervision ratio in question #12 influence your learning experience?*



Enter the clinical supervision ratio



0/10000

14. In addition to patient/Client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)*

- Attended in-services/Educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/Conferences/Grand rounds
- Directed and supervised physical therapist assistants and other support personnel
- Observed surgery
- Participated in administrative and business practice management
- Participated in collaborative treatment with other disciplines to provide patient/Client care
- Participated in opportunities to provide consultation
- Participated in service learning
- Participated in wellness/Health promotion/Screening programs
- Performed systematic data collection as part of an investigative study
- Other

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.*

Enter the logistical suggestions for the location



0/10000

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience?*

- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student
- Time well spent; would recommend this clinical education site to another student
- Some good learning experiences; student program needs further development
- Student clinical education program is not adequately developed at this time

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?*

Enter specific qualities of PT student



0/10000

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.*

Enter subject areas not addressed



<https://steps.exxat.com/admin/platform/preview?appId=Exxat.Evaluation&featureId=Exxat.Student-Evaluation.PTSE1&layoutId=Evaluation.PTSE1.Layout&previe...> 5/6

0/10000

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?*

Enter the suggestions for future PT students



0/10000

Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

PT Student Evaluation Of Clinical Instruction Form's Score: 5

Assessment Of Clinical Instruction

Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree

Provision of Clinical Instruction

1. The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

2. The clinical education site had written objectives for this learning experience

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

3. The clinical education site's objectives for this learning experience were clearly communicated.

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

4. There was an opportunity for student input into the objectives for this learning experience.

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

5. The CI provided constructive feedback on student performance.

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

6. The CI provided timely feedback on student performance.

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

7. The CI demonstrated skill in active listening.

Student midterm rating*

- 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
Student final rating*
- 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
8. The CI provided clear and concise communication
Student midterm rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
Student final rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
9. The CI communicated in an open and non-threatening manner
Student midterm rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
Student final rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
10. The CI taught in an interactive manner that encouraged problem solving
Student midterm rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
Student final rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
11. There was a clear understanding to whom you were directly responsible and accountable
Student midterm rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
Student final rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
12. The supervising CI was accessible when needed
Student midterm rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
Student final rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
13. The CI clearly explained your student responsibilities
Student midterm rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
Student final rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
14. The CI provided responsibilities that were within your scope of knowledge and skills
Student midterm rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
Student final rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
15. The CI facilitated patient-therapist and therapist-student relationships.
Student midterm rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
Student final rating*
 1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree
16. Time was available with the CI to discuss patient/client management.

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

17. The CI served as a positive role model in physical therapy practice.

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

18. The CI skillfully used the clinical environment for planned and unplanned learning experiences.

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

19. The CI integrated knowledge of various learning styles into student clinical teaching.

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

20. The CI made the formal evaluation process constructive

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

21. The CI encouraged the student to self-assess.

Student midterm rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

Student final rating*

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

22. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Student midterm rating*

Yes No

Student final rating*

Yes No

23. If there were inconsistencies, how were they discussed and managed?

Student midterm

0/10000

Student final

0/10000

24. What did your CI(s) do well to contribute to your learning?

Student midterm



0/10000

Student final



0/10000

25. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Student midterm








0/10000






Student final



0/10000

APPENDIX Q-Student Clinical Site Wish List

 Rank	Physical Therapy Now (PTN), Cranberry
1	Cranberry, PA • Outpatient Ortho •
Slot	• Jan 3, 2022 -Apr 22, 2022 • No longer available
	<input type="checkbox"/> Exclude from placement
 Rank	Heritage Valley Health System, Sewickley
2	Sewickley, PA • Inpatient Acute •
Slot	• Jan 3, 2022 -Apr 22, 2022
	<input type="checkbox"/> Exclude from placement
 Rank	Wise Physical Therapy & Sports Medicine, Slippy Rock
3	Slippy Rock, PA • Outpatient Sports •
Slot	• InterviewRequired • 1 student - 1 CI •
	• Jan 3, 2022 -Apr 22, 2022
	<input type="checkbox"/> Exclude from placement
 Rank	Hess Physical Therapy
4	Pittsburgh, PA • Outpatient Ortho •
Slot	• Jan 3, 2022 -Apr 22, 2022
	<input type="checkbox"/> Exclude from placement
 Rank	Panther Physical Therapy
5	Allison Park, PA • Outpatient Ortho •
Slot	• Jan 3, 2022 -Apr 22, 2022 • No longer available
	<input type="checkbox"/> Exclude from placement

	Rank 6 Slot	Iron City Physical Therapy Pittsburgh, PA • Outpatient Ortho • • Jan 3, 2022 -Apr 22, 2022 • No longer available <input type="checkbox"/> Exclude from placement
	Rank 7 Slot	Lifeline Therapy, Penn Hills Penn Hills, PA • Outpatient Ortho and Vestibular • 1 student - 1 CI • • Jan 3, 2022 -Apr 22, 2022 <input type="checkbox"/> Exclude from placement
	Rank 8 Slot	NovaCare Rehabilitation, Western PA Pittsburgh, PA • Outpatient Ortho • • Jan 3, 2022 -Apr 22, 2022 • No longer available <input type="checkbox"/> Exclude from placement
	Rank 9 Slot	Lifeline Therapy, Monroeville Monroeville, PA • Outpatient Ortho • • Jan 3, 2022 -Apr 22, 2022 <input type="checkbox"/> Exclude from placement
	Rank 10 Slot	Drayer Physical Therapy Institute, Wexford Wexford, PA • Outpatient Ortho • • Jan 3, 2022 -Apr 22, 2022 <input type="checkbox"/> Exclude from placement

APPENDIX R-Patient Log

Seton Hill University Doctor of Physical Therapy Program Patient Log

≡ Patient Log Shane1 Bryant Exsat (DPT) ▾

☐ Patient Logs

- ☐ Nov 17, 2020 Submitted
Adult (19-64 Years)/
Testing Procedures
- ☐ Nov 16, 2020 Submitted
Adolescent (11-18 Years)/
2
- ☐ Nov 16, 2020 Submitted
Adolescent (11-18 Years)/
Notes
- ☐ Nov 06, 2020 Submitted

Encounter Details

Clinical Notes

3

Date of Encounter *

November 23, 2020

Patient Demographics

Age *

Infant (<1 year) Child (1-10 years) Adolescent (11-18 years) Adult (19-64 years) Geriatric (>65 years)

steps.exsat.com/student/patient-log/logs?applicationId=Exsat.Student.Log&featureId=Exsat.Student.Log.Patient.Log&placementSumm...
Apps Dashboards | Sele... Mail - Beckett Rol... Time Converter an... V4 Exsat - DashB... Directory of Progr... Amazon.com - On... Information for Pr... Other Bookmarks

≡ Patient Log Shane1 Bryant Exsat (DPT) ▾

- ☐ Nov 17, 2020 Submitted
Adult (19-64 Years)/
Testing Procedures
- ☐ Nov 16, 2020 Submitted
Adolescent (11-18 Years)/
2
- ☐ Nov 16, 2020 Submitted
Adolescent (11-18 Years)/
Notes
- ☐ Nov 06, 2020 Submitted
- ☐ Nov 03, 2020 Submitted
Child (1-10 Years)/
Test Notes

Visit Information

Diagnosis

Required Diagnosis *

Mus

- Musculoskeletal - ACL Reco-nstruction
- Musculoskeletal - Ankle or Foot Pain
- Musculoskeletal - Ankle Sprain
- Musculoskeletal - Cervical Dysfunction
- Musculoskeletal - Low Back Pain - nonsurgical

Additional Encounter Details

Save Submit

10/10/2017
02:40:12 (empty)
No Notes

Visit Information

Diagnosis

Required Diagnosis *	
Injury - Amputations	0
Musculoskeletal - ACL Reconstruction	0
Cardiopulmonary - Respiratory Failure	0

Procedures

Required Procedures	
Education <input type="radio"/> Observed <input checked="" type="radio"/> Assisted <input type="radio"/> Performed	0
Evaluation <input checked="" type="radio"/> Observed <input type="radio"/> Assisted <input type="radio"/> Performed	0
Exercises <input type="radio"/> Observed <input type="radio"/> Assisted <input checked="" type="radio"/> Performed	0
Manual Therapy <input type="radio"/> Observed <input checked="" type="radio"/> Assisted <input type="radio"/> Performed	0
Modalities <input type="radio"/> Observed <input checked="" type="radio"/> Assisted <input type="radio"/> Performed	0
Therapeutic Devices <input checked="" type="radio"/> Observed <input type="radio"/> Assisted <input type="radio"/> Performed	0

APPENDIX S - Clinical Education Benchmarks

**Seton Hill University
Doctor of Physical Therapy Program
Integrated Clinical Experience (ICE): CE 1
Clinical Benchmarks**

WEEK 2

- The student properly introduces themselves as a "Student Physical Therapist" or "Physical Therapy Intern" with each patient.
- The student performs proper hand hygiene prior to and after each patient interaction.
- The student demonstrates professional appearance and adherence to the dress code.
- The student demonstrates proper awareness and protection of patient privacy, and modesty during treatments.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Week 4

- The student will accurately assess lower extremity ROM, with minimal CI cues.
- The student will accurately assess upper extremity ROM, with minimal CI cues.
- The student will accurately assess lower extremity manual muscle testing, with minimal CI cues.
- The student will accurately assess upper extremity manual muscle testing, with minimal CI cues.
- The student utilizes proper body mechanics and patient guarding to facilitate student and patient safety.
- The student demonstrates professional verbal communication with patients and other health care providers.
- The student demonstrates behaviors consistent with the APTA Code of Ethics.
- The student demonstrates behaviors consistent with the APTA Core Values.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Midterm

- The student will accurately assess lower extremity ROM, without CI cues.
- The student will accurately assess upper extremity ROM, without CI cues.
- The student will accurately assess lower extremity manual muscle testing, without CI cues.
- The student will accurately assess upper extremity manual muscle testing, without CI cues.
- The student will accurately assess patient vital signs: BP, HR, SaO2, and respiratory rate, without CI cues.
- The student modifies patient treatment according to changes in patient status with CI cues as needed.
- The student recognizes the need to adjust communication to situational needs, independently.
- The student will select a diagnosis for patient management, with clinical instructor guidance.
- The student will work with the clinical instructor to develop physical therapy plans of care, including functional goals, expected outcomes, treatment duration, and frequency.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature**Date**

CI Signature**Date**

Final

- The student will recognize the clinical application of a systems review.
- The student will accurately assess spinal ROM, with minimal CI cues.
- The student will assess a patient's balance using a standardized index (DGI, FGA, etc.) with CI guidance.
- The student demonstrates completeness, accuracy, and timeliness with patient documentation, with CI guidance.
- The student will educate patients and families with CI supervision.
- The student utilizes evidence-based practice when selecting evaluation techniques and interventions with CI guidance.
- The student will incorporate the patient's perspective, the environment, and available resources in the creation of a physical therapy plan of care, with clinical instructor guidance.
- The student will select and perform appropriate tests and measures considering the patient's age, diagnosis, and health status, with clinical instructor guidance.
- The student will derive clinical judgments from the evaluation process with clinical instructor guidance.
- The student will select an appropriate musculoskeletal or neuromuscular diagnosis for patient management, with clinical instructor supervision.
- The student will classify a patient's impairments, activity level, and participation limitations using the International Classification of Function, with CI supervision.
- The student will develop safe and effective physical therapy plans of care including functional goals, expected outcomes, treatment duration, and frequency with clinical instructor guidance.
- The student will perform physical therapy interventions in accordance with patient goals and outcomes, with CI guidance.
- The student will recommend primary, secondary, and tertiary prevention plans to patients within the clinical settings, with CI guidance.
- The student will recognize the need for primary, secondary, and tertiary prevention plans within the clinical setting.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Seton Hill University
Doctor of Physical Therapy Program
Full time Clinical Experience: CE 2
Clinical Benchmarks

WEEK 1

- The student properly introduces self as a "Student Physical Therapist" or "Physical Therapy Intern," with each patient.
- The student performs proper hand hygiene prior to and after each patient interaction.
- The student demonstrates professional appearance and adherence to the dress code.
- The student will accurately assess patient vital signs: BP, HR, SaO₂, and respiratory rate, independently.
- The student demonstrates behaviors consistent with the APTA Code of Ethics.
- The student demonstrates behaviors consistent with the APTA Core Values.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Week 4/Midterm

- The student will accurately perform a lower quarter screen, independently.
- The student will accurately perform an upper quarter screen, independently.
- The student demonstrates effective and professional communication strategies with patients, caregivers, and family members.
- The student will conduct a patient history and systems review with CI guidance to supervision.
- The student demonstrates completeness, accuracy, and timeliness with patient documentation, with CI guidance to supervision.
- The student will accurately assess spinal ROM, independently.
- The student will assess a patient's balance, using a standardized index (DGI, FGA, etc.) with CI guidance to supervision.
- The student will assess a patient's endurance with CI guidance to supervision.
- The student will educate patients and families with CI guidance to supervision.
- The student will implement the patient's perspective, the environment, and available resources in the creation of physical therapy plans of care, with CI guidance.
- The student will apply the best evidence for practice with clinical judgment and patient values, needs, and preferences to determine a physical therapy plan of care, with clinical instructor guidance.
- The student will recommend patients for further examination or consultation by a physical therapist or referral to another health care professional, with clinical instructor guidance.
- The student will execute appropriate tests and measures with CI guidance.
- The student will derive appropriate clinical judgements from the examination data, with CI guidance.
- The student will classify patient's impairments, activity level and participation limitations using the International Classification of Function (ICF), with clinical instructor guidance.
- The student will formulate a diagnosis that guides future patient management, with CI supervision
- The student will develop patient goals and expected outcomes within available resources, with clinical instructor guidance.
- The student will specify the expected frequency and duration to achieve the goals and outcomes, with clinical instructor guidance.
- The student will create a safe and effective patient-centered plan of care that considers all stakeholders, with CI supervision.
- The student will delegate components of the plan of care that may be directed to the physical therapist assistant (PTA) based on the needs of the patient, qualifications of the PTA, and regulatory requirements, with clinical instructor guidance.
- The student will communicate effectively with the PTA in a clinical setting, with clinical instructor guidance.
- The student will competently perform physical therapy interventions to achieve patient goals and outcomes, with clinical instructor guidance.
- The student will modify the plan of care in response to patient/client status, with clinical instructor guidance.
- The student will perform appropriate patient outcome measures that address impairments, functional status and participation,with clinical instructor guidance.
- The student will implement physical therapy services that address primary, secondary and tertiary prevention plans for patients in a clinical setting, with CI guidance.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.) :*

Student Signature

Date

CI Signature

Date

Final

- The student demonstrates effective and professional communication strategies with other health care providers and interprofessional team members.
- The student will determine the need for patient referral for additional services with CI guidance.
- The student will conduct a patient history and systems review with CI supervision.
- The student demonstrates completeness, accuracy, and timeliness with patient documentation, with CI supervision.
- The student will assess a patient's balance, using standardized indices (DGI, FGA, etc) with CI supervision.
- The student will assess a patient's endurance with CI supervision.
- The student will educate patients and family with CI supervision.
- The student employs strategies that demonstrate consideration for patients' differences, values, preferences, and expressed needs in the clinical setting.
- The student will utilize current knowledge, evidence-based practice, and professional judgment in the examination, evaluation, intervention planning, and plan of care development, with CI supervision.
- The student will recommend patients for further examination or consultation by a physical therapist or referral to another health care professional, with clinical instructor supervision.
- The student will execute appropriate tests and measures with CI supervision.
- The student will derive appropriate clinical judgments from the examination data, with CI guidance.
- The student will classify the patient's impairments, activity level, and participation limitations using the International Classification of Function (ICF), with clinical instructor supervision.
- The student will formulate a diagnosis that guides future patient management.
- The student will develop patient goals and expected outcomes within available resources, with clinical instructor supervision.
- The student will specify the expected frequency and duration to achieve the goals and outcomes, with clinical instructor supervision.
- The student will create a safe and effective patient-centered plan of care that considers all stakeholders.
- The student will delegate components of the plan of care that may be directed to the physical therapist assistant (PTA) based on the needs of the patient, qualifications of the PTA, and regulatory requirements, with clinical instructor supervision.
- The student will communicate effectively with the PTA in a clinical setting, with clinical instructor supervision.
- The student will develop a discontinuation episode of care plan, with clinical instructor guidance.
- The student will perform physical therapy interventions competently to achieve patient goals and outcomes, with clinical instructor supervision.
- The student will develop physical therapy plans that are consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.
- The student will modify the plan of care in response to patient/client status, with clinical instructor supervision.
- The student will perform appropriate patient outcome measures that address impairments, functional status, and participation, with clinical instructor guidance.
- The student will construct documentation that follows guidelines and formats required by state practice acts, the practice setting, and other regulatory agencies.
- The student will implement physical therapy services that address primary, secondary, and tertiary prevention plans for patients in a clinical setting, with CI supervision.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Seton Hill University
Doctor of Physical Therapy Program
Part-Time Clinical Experience: CE 3
Clinical Benchmarks

WEEK 1

- The student properly introduces themselves as a "Student Physical Therapist" or "Physical Therapy Intern" with each patient.
- The student performs proper hand hygiene prior to and after each patient interaction.
- The student demonstrates professional appearance and adherence to the dress code.
- The student will accurately assess patient vital signs: BP, HR, SaO₂, and respiratory rate, independently.
- The student demonstrates behaviors consistent with the APTA Code of Ethics.
- The student demonstrates behaviors that are consistent with the APTA Core Values.
- The student employs effective communication strategies with patients and other stakeholders in a clinical setting.
- The student demonstrates consideration for patients' differences, values, preferences, and expressed needs in a clinical setting.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature **Date**

CI Signature **Date**

Week 4

- The student will accurately perform a lower quarter screen, independently.
- The student will accurately perform an upper quarter screen, independently.
- The student demonstrates completeness, accuracy, and timeliness with patient documentation, with minimal CI cues.
- The student will accurately assess spinal ROM, independently.
- The student implements a treatment plan utilizing current knowledge, theory, and professional judgment, with CI consultation.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Midterm

- The student will assess a patient's balance using a standardized index (DGI, FGA, etc.) with minimal CI cues.
- The student will assess a patient's endurance with minimal CI cues.
- The student will educate patients and families with minimal CI cues.
- The student considers the patient's perspective, the environment, and available resources while providing physical therapy services in the clinic, with CI consultation.
- The student will determine the need for patient referral for additional services with CI supervision.
- The student creates a plan of care for a patient in the clinic that incorporates the best evidence for practice and clinical judgment with CI cues.
- The student recommends referral for patients who need further examination or consultation, with CI cues.
- The student elicits patient history and relevant information, with CI cues.
- The student competently completes a systems review, with CI cues.
- The student selects and performs appropriate tests and measures, with CI cues.
- The student evaluates data from the examination to make clinical judgments, with CI cues.
- The student classifies the patient's impairments, activity level, and participation limitations using the International Classification of Function (ICF), with CI cues.
- The student creates patient goals and expected outcomes according to the patient's prognosis, with CI cues.
- The student delegates components of the plan of care that may be directed to the PTA based on patient needs, the PTA's qualifications, and regulatory guidelines, with CI cues.
- The student creates a discharge plan that optimizes success for the patient, with CI cues.
- The student competently performs physical therapy interventions to achieve patient goals and outcomes, with CI cues.
- The student designs and implements plans of care that are consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures, with CI cues.
- The student modifies the plan of care in response to patient status, with CI cues.
- The student performs patient outcomes measures from appropriate standardized tests and measures that address impairments, functional status, and participation, with CI cues.
- The student effectively documents patient interactions following guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies, with CI cues.
- The student provides physical therapy services that address primary, secondary, and tertiary prevention plans for patients in a clinical setting, with CI cues.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Final

- The student demonstrates completeness, accuracy, and timeliness with patient documentation, with CI consultation, as needed.
- The student will assess a patient's balance, using standardized indices (DGI, FGA, etc) with CI consultation, as needed.
- The student will assess a patient's endurance with CI consultation, as needed.
- The student will educate patients and families with CI consultation, as needed.
- The student will determine the need for patient referral for additional services with CI consultation as needed.
- The student creates a plan of care for a patient in the clinic that incorporates the best evidence for practice and clinical judgment with CI consultation.
- The student recommends referral for patients who need further examination or consultation, with CI consultation.
- The student elicits patient history and relevant information, with CI consultation.
- The student competently completes a systems review, with CI consultation.
- The student selects and performs appropriate tests and measures, with CI consultation.
- The student evaluates data from the examination to make clinical judgments, with CI consultation.
- The student classifies the patient's impairments, activity level, and participation limitations using the International Classification of Function (ICF) , with CI consultation.
- The student differentiates a diagnosis that guides patient management.
- The student creates patient goals and expected outcomes according to the patient's prognosis, with CI consultation.
- The student creates a safe and effective patient-centered plan of care.
- The student delegates components of the plan of care that may be directed to the PTA based on patient needs, the PTA's qualifications, and regulatory guidelines, with CI consultation.
- The student creates a discharge plan that optimizes success for the patient, with CI supervision.
- The student competently performs physical therapy interventions to achieve patient goals and outcomes, with CI consultation.
- The student designs and implements plans of care that are consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures.
- The student utilizes effective strategies for communication and supervision of PTAs, with CI consultation.
- The student modifies the plan of care in response to patient status, with CI consultation.
- The student performs patient outcome measures from appropriate standardized tests and measures that address impairments, functional status, and participation, with CI consultation.
- The student effectively documents patient interactions following guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies, with CI consultation.
- The student provides physical therapy services that address primary, secondary, and tertiary prevention strategies for patients in a clinical setting, with CI consultation.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Seton Hill University
Doctor of Physical Therapy Program
Full-Time Clinical Experience: CE 4
Clinical Benchmarks

WEEK 1

- The student properly introduces themselves as a "Student Physical Therapist" or "Physical Therapy Intern" with each patient.
- The student performs proper hand hygiene prior to and after each patient interaction.
- The student demonstrates professional appearance and adherence to the dress code.
- The student will accurately assess patient vital signs: BP, HR, SaO₂, and respiratory rate, independently.
- The student demonstrates professional, effective communication with patients, family members, caregivers, staff, and other healthcare providers.
- The student independently performs chart reviews and prepares for patient treatment.
- The student demonstrates behaviors consistent with the APTA Code of Ethics.
- The student demonstrates behaviors consistent with the APTA Core Values.
- The student employs strategies that demonstrate consideration for patients'/clients' differences, values, preferences, and expressed needs in the clinical setting.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Week 4/Midterm

- The student demonstrates completeness, accuracy, and timeliness with patient documentation, with CI consultation.
- The student will assess a patient's balance, using a standardized index (DGI, FGA, etc) with CI consultation.
- The student will assess a patient's endurance with CI consultation.
- The student will educate patients and families with CI consultation.
- The student will determine the need for patient referral for additional services with CI consultation.
- The student considers the patient's perspective, the environment, and available resources while creating a physical therapy plan of care.
- The student derives a history and relevant information from the patient.
- The student completes a systems review.
- The student executes appropriate tests and measures.
- The student develops patient goals and expected outcomes within available resources with CI consultation.
- The student specifies the expected frequency and duration to achieve the goals and outcomes with CI consultation.
- The student creates a safe and effective patient-centered plan of care that considers all stakeholders with CI consultation.
- The student performs appropriate patient outcome measures that address impairments, functional status and participation.
- The student constructs documentation that follows guidelines and formats required by state practice acts, the practice setting, and other regulatory agencies.
- The student implements physical therapy services that address primary, secondary, and tertiary prevention strategies with patients in a clinical setting.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Final

- The student demonstrates completeness, accuracy, and timeliness with patient documentation, independently.
- The student will assess a patient's balance, using standardized indices (DGI, FGA, etc.) independently.
- The student will assess a patient's endurance independently.
- The student will educate patients and families with CI consultation, as needed.
- The student will determine the need for a patient referral for additional services, consultation, or referral to another healthcare professional, with CI consultation to independently.
- The student utilizes current knowledge, theory, and professional judgment in the examination, evaluation, and intervention planning in the clinical setting.
- The student applies the best evidence for practice with clinical judgment and patient values, needs, and preferences to determine a physical therapy plan of care.
- The student derives clinical judgments from the examination data.
- The student classifies patients' impairments, activity level, and participation limitations using the International Classification of Function (ICF).
- The student formulates a diagnosis that guides future patient management.
- The student develops patient goals and expected outcomes within available resources.
- The student specifies the expected frequency and duration to achieve the goals and outcomes.
- The student creates a safe and effective patient-centered plan of care that considers all stakeholders.
- The student delegates components of the plan of care that may be directed to the physical therapist assistant (PTA) based on the needs of the patient, qualifications of the PTA, and regulatory requirements.
- The student develops a discharge plan with CI consultation.
- The student competently performs physical therapy interventions to achieve patient goals and outcomes.
- The student develops physical therapy plans consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.
- The student communicates effectively with the PTA in a clinical setting.
- The student modifies the plan of care in response to patient-client status.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Seton Hill University
Doctor of Physical Therapy Program
Terminal Clinical Experience: CE 5
Clinical Benchmarks

WEEK 1

- The student properly introduces themselves as a "Student Physical Therapist" or "Physical Therapy Intern" with each patient.
- The student performs proper hand hygiene prior to and after each patient interaction.
- The student demonstrates professional appearance and adherence to the dress code.
- The student will accurately assess patient vital signs: BP, HR, SaO₂, and respiratory rate, independently.
- The student demonstrates professional communication with patients, staff, and other healthcare providers.
- The student independently performs chart reviews and prepares for patient treatment.
- The student demonstrates behaviors consistent with the APTA Code of Ethics.
- The student demonstrates behaviors consistent with the APTA Core Values.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Week 4

- The student demonstrates completeness, accuracy, and timeliness with patient documentation with CI consultation.
- The student will assess a patient's balance using a standardized index (DGI, FGA, etc.) with CI consultation.
- The student will assess a patient's endurance with CI consultation.
- The student will educate patients and families with CI consultation.
- The student will determine the need for patient referral for additional services with CI consultation.
- The student takes the initiative to employ effective communication strategies with patients, family members, caregivers, practitioners, and interprofessional team members.
- The student creates strategies that demonstrate consideration for patients' clients' differences, values, preferences, and expressed needs in the clinical setting.
- The student utilizes current knowledge, theory, and professional judgment in the clinical setting's examination, evaluation, and intervention planning.
- The student implements the patient's perspective, the environment, and available resources in creating a physical therapy plan of care.
- The student applies the best evidence for practice with clinical judgment and patient values, needs, and preferences to determine a physical therapy plan of care.
- The student derives a history and relevant information from the patient.
- The student completes a systems review.
- The student executes appropriate tests and measures.
- The student derives clinical judgments from the examination data.
- The student classifies the patient's impairments, activity level, and participation limitations using the International Classification of Function (ICF).
- The student formulates a diagnosis that guides future patient management.
- The student develops patient goals and expected outcomes within available resources.
- The student specifies the expected frequency and duration to achieve the goals and outcomes.
- The student creates a safe and effective patient-centered plan of care that considers all stakeholders.
- The student modifies the plan of care in response to patient status in the clinical setting.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature

Date

CI Signature

Date

Midterm

- The student recognizes the opportunity for and participates in community education, health promotion, and pro bono services as available.
- The student recognizes the need for patient and professional advocacy and participates in such activities as available.
- The student writes a letter of medical necessity and/or participates in a peer-to-peer review for a patient to continue physical therapy services, need for a wheelchair or other DME, with CI consultation.
- The student delegates components of the plan of care that may be directed to the physical therapist assistant (PTA) based on the patient's needs, PTA qualifications, and regulatory requirements.
- The student develops discontinuation of episode of care plan.
- The student competently performs physical therapy interventions to achieve patient goals and outcomes.
- The student develops physical therapy plans consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.
- The student communicates effectively with the PTA in a clinical setting.
- The student performs appropriate patient outcome measures that address impairments, functional status, and participation.
- The student creates documentation that follows guidelines and formats required by state practice acts, the practice setting, and other regulatory agencies.
- The student designs and implements physical therapy services that address primary, secondary, and tertiary prevention strategies for patients in a clinical setting.
- The student engages in team meetings, collaborative care, discharge planning, or other interprofessional practice.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature**Date**

CI Signature**Date**

Final

- The student demonstrates completeness, accuracy, and timeliness with patient documentation independently.
- The student will independently assess a patient's balance using standardized indices (DGI, FGA, etc.)
- The student will independently assess a patient's endurance.
- The student will independently educate patients and families.
- The student will determine the need for patient referral for additional services independently.
- The student independently writes a letter of medical necessity and/or participates in a peer-to-peer review for a patient to continue physical therapy services, need for a wheelchair, or other DME (as available).
- The student participates in clinic/department management and organization, including staff meetings, staffing, budgets, equipment selection and purchase, interviews, and/or preparation for Department of Health or other regulatory visits/accreditation.
- The student effectively manages a patient caseload appropriate for an entry-level clinician in a particular setting.
- The student designs and implements appropriate follow-up plans for patients with chronic conditions, including but not limited to regular follow-up, wellness programs, and referrals for community resources.
- The student engages in physical therapy Telehealth visits (as available) with CI consultation.
- The student recognizes the need for and initiates team meetings, collaborative care, discharge planning, or other interprofessional practice.

STUDENT COMMENTS:

CI COMMENTS *(For any Benchmarks not met, please explain whether the student was unable to perform the skill as opposed to not having an opportunity to perform the skill.):*

Student Signature**Date**

CI Signature**Date**

APPENDIX T-Timesheet & Time Off

Seton Hill University Doctor of Physical Therapy Program Timesheet & Time Off

Timesheet

Mock Course 1

Mock Site 1 • Inpatient/Acute Rehab
Mock Rotation 1 • Oct 3, 2020 - Oct 15, 2020

Filter by: From [] To [] Status []

+ Add time entry

Total: 0 Min Approved: 0 Min Rejected: 0 Min Submitted: 0 Min

Action	Status	Date	Clinical instructor	Start Time	End Time	Duration	Student Notes	Reviewer's Comment
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Timeoff

Mock Course 1

Mock Site 1 • Inpatient/Acute Rehab
Mock Rotation 1 • Oct 3, 2020 - Oct 15, 2020

Filter by: From [] To [] Status []

+ Add time off

Action	Status	From Date	To Date	Duration	Category	Reason	Additional Information
<input type="checkbox"/>	<input type="checkbox"/> Saved	Oct 13, 2020	Oct 20, 2020	1 Day(s)	Professional Development	workshop	narrative
<input type="checkbox"/>	<input type="checkbox"/> Saved	Oct 9, 2020	Oct 9, 2020	1 Day(s)	sick	Jury Duty	No

APPENDIX U-Update Site Information Form

Seton Hill University Doctor of Physical Therapy Program Update Site Information Form

1 Site Information 2 Staff Information 3 Requirement List

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Site Name	Staff Name	Email Address	Edit
UW Medicine - UW Medical Center 1959 NE Pacific Ave, Box 356490, Dept of Physical Therapy, Seattle, Washington(WA) 98195	Andrea Jones	ptclined@uw.edu	
UW Medicine - UW Medical Center 1959 NE Pacific Ave, Box 356490, Dept of Physical Therapy, Seattle, Washington(WA) 98195	Catherine Kieu	catkieu@uw.edu	
UW Medicine - UW Medical Center 1959 NE Pacific Ave, Box 356490, Dept of Physical Therapy, Seattle, Washington(WA) 98195	Rette Loera	ptclined@uw.edu	
UW Medicine - UW Medical Center 1959 NE Pacific Ave, Box 356490, Dept of Physical Therapy, Seattle, Washington(WA) 98195	Marie Potter	potterm@uw.edu	
UW Medicine - UW Medical Center 1959 NE Pacific Ave, Box 356490, Dept of Physical Therapy, Seattle, Washington(WA) 98195	jaimee Sulzmann	sulzmy@uw.edu	

Site Detail

1 Site Information 2 Staff Information 3 Requirement List

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UW Medicine - UW Medical Center (1959 NE Pacific Ave, Box 356490, Dept of Physical Therapy, Seattle, Washington(WA) 98195)

<ul style="list-style-type: none"> Adult Abuse Clearance APCC Membership ATI License CAI Current Registry Check Child ID Tag Child Abuse Clearance Confidentiality Statement CPA Certification - link only General Background Check - Same by site General Background Check - In-state General Background Check - Pre-employment General Background Check - National General Background Check - State General Background Check within 1 year from clinical rotation start date General Background Check within 2 years from clinical rotation start date General Background Check within 90 days from clinical rotation start date Healthcare Education Drug Screen - 1 Panel Drug Screen - 3 Panel Drug Screen - Other Drug Screening within 30 days of clinical rotation start date Drug Screening within 7 days of clinical rotation start date First Aid HR 701 Training Health Insurance Reg B - All Completed (SI, KI, WS) 	<ul style="list-style-type: none"> Reg B Test Reg B Waiver WFAA Training Liability Insurance MSB - All Completed (SI, KI) MSB Waiver Mumps Test Outstanding Clinical Payments Northwest Outstanding myChartExchange Outstanding Job Board Online Orientation On-site Orientation OSHA Training Physical Exam Pulse Oximetry Respiratory Fit Test (SI & KI Mask) Rubella Test Rubella (Immunized) Test The Offshore Registry Check and TS (PTSD) One step test required within 12 months TS (PTSD) One step test required within 6 months TS (PTSD) One step test required within 12 months TS (PTSD) One step test required within 6 months TS (PTSD) One step test required within 12 months TS (PTSD) One step test required within 6 months TS (PTSD) One step test required within 6 months Typh Vaccines Tuberculin Reaction Varicella (Chicken Pox) Test Varicella (Chicken Pox) Waiver
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Site Detail

1 Site Information

2 Staff Information

3 Requirement List

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Site Name	Site Phone Number	Address	City	State	Zip	Site
LW Medicine - UW Medical Center	206-598-3320	1959 NE Pacific Ave, Box 356490, Dept of Physical Therapy	Seattle	Washington(WA)	98195	

APPENDIX V-Initial Physical Examination Form

**Seton Hill University
Doctor of Physical Therapy Program
Initial Physical Examination Form**

1. Student Information

Last name: _____ First name: _____ Middle initial: _____

Date of Birth: _____ Telephone: _____ SHU Email: _____

Address: _____

Student Cohort: ___ Class of 2024 ___ Class of 2025 ___ Class of 2026

2. Immunization Verification

Tdap: (Tetanus-Diphtheria-Pertussis): vaccination or booster within the last 10 years.

Vaccine type Boostrix or Adacel (circle one)

Vaccination Date: _____

MMR (Measles/Mumps/Rubella): MUST provide immunization dates of TWO MMR doses. The first dose must be administered after the first birthday and the second dose at least 28 days following the first dose, OR provide evidence of immunity (CDC), OR Laboratory evidence of immunity (positive immunoglobulin IgG antibody blood test to each Measles, Mumps, and Rubella).

Vaccine 1 Date: _____ Vaccine 2 Date: _____

OR

Titer Date: _____ Results (circle one): IMMUNE / NON-IMMUNE

Booster Date: _____

OR

History of Disease Date: _____

Hepatitis B: MUST show evidence of completion of the series of 3 vaccinations completed over a 6-month period AND a Titer in the last 6 months. If the Titer is non-immune, MUST have a booster (include date).

Vaccination 1 Date: _____

Vaccination 2 Date: _____

Vaccination 3 Date: _____

Titer Date: _____ Results (circle one): IMMUNE / NON-IMMUNE

Booster Date: _____

Varicella (Chicken Pox): 2 doses of varicella containing vaccine at least 12 weeks apart if vaccinated between 1 and 12 years of age and at least 4 weeks apart if vaccinated 13 years or older, OR Laboratory evidence of immunity (positive immunoglobulin (IgG) antibody blood test), OR Laboratory confirmation of varicella or history of varicella diagnosed by a health care provider.

Vaccine 1 Date: _____ Vaccine 2 Date: _____

OR

Titer Date: _____ Results (circle one): IMMUNE / NON-IMMUNE

Booster Date: _____

OR

History of Disease Date: _____

Polio series: (Series of 3 vaccinations as an ADULT or Series of 4 vaccinations as a CHILD)

Vaccination 1 Date: _____ Vaccination 2 Date: _____

Vaccination 3 Date: _____ Vaccination 4 Date: _____

Meningococcal Vaccination: IF vaccine was received before age 16, a booster (additional dose) must be given

Vaccination 1 Date: _____ Vaccination 2 Date: _____

Tuberculosis Screening: (A 2-step PPD must be completed with the second test 1-3 weeks after the first. If the student has had a prior positive test, then proof of a negative chest X-ray is required with medical clearance.)

Test 1 Date: _____ RESULTS (circle one): NEGATIVE / POSITIVE

Test 2 Date: _____ RESULTS (circle one): NEGATIVE / POSITIVE

OR

Chest X-ray Date: _____ RESULTS (circle one): NORMAL / ABNORMAL

OR

QuantIFERON Test Date: _____ RESULTS (circle one): NORMAL / ABNORMAL

OR

Individuals with history of BCG vaccine will need to have a TB blood test (IGRA)

Test Date: _____ RESULTS (circle one): NORMAL / ABNORMAL

3. Physical Examination

TO BE COMPLETED BY HEALTH CARE EXAMINER
Physical exam completed on (date) _____ for the above individual.
If this student is NOT fully able to participate, please comment on any activity limitations: (attach additional page if necessary)
I have obtained and reviewed a health history for this individual and have reviewed immunization status and laboratory results. In my opinion, this student is able to fully participate in the Doctor of Physical Therapy Program's didactic aspect and clinical education training.
Date: _____
Examiner's Name (Print): _____
Examiner's Signature: _____
Examiner's Phone: _____

APPENDIX W-Annual Physical Examination Form

**Seton Hill University
Doctor of Physical Therapy Program
Annual Physical Examination Form**

1. Student Information

Last name: _____ First name: _____ Middle initial: _____
Date of Birth: _____ Telephone: _____ SHU Email: _____
Address: _____
Student Cohort: ___ Class of 2024 ___ Class of 2025 ___ Class of 2026

2. Tuberculosis Screening (1-Step PPD Completed Annually)

Tuberculosis Screening: (A 2-step PPD must be completed with the second test 1-3 weeks after the first. If the student has had a prior positive test, then proof of a negative chest X-ray is required with medical clearance.)

Test 1 Date: _____ RESULTS (circle one): NEGATIVE / POSITIVE

OR

Chest X-ray Date: _____. RESULTS (circle one): NORMAL / ABNORMAL

OR

QuantiFERON Test Date: _____ RESULTS (circle one): NORMAL / ABNORMAL

OR

Individuals with history of BCG vaccine will need to have a TB blood test (IGRA)

Test Date: _____ RESULTS (circle one): NORMAL / ABNORMAL

3. Physical Examination

TO BE COMPLETED BY HEALTH CARE EXAMINER
Physical exam completed on (date) _____ for the above individual.
If this student is NOT fully able to participate, please comment on any activity limitations: (attach additional page if necessary)
I have obtained and reviewed a health history for this individual and have reviewed immunization status and laboratory results. In my opinion, this student is able to fully participate in the Doctor of Physical Therapy Program's didactic aspect and clinical education training. Date: _____ Examiner's Name (Print): _____ Examiner's Signature: _____ Examiner's Phone: _____

APPENDIX X-Skills List Required to be Competent for Clinical Education

Seton Hill University Doctor of Physical Therapy Program Skills List Required to be Competent for Clinical Education

Opening Statement/Goal for the Project:

Ensuring student competence is essential prior to engagement in clinical education.¹ The Educational Research Partnership along with leaders in Physical Therapy education at the 2019 Educational Leadership Conference have recognized the need to develop competencies for Student Physical Therapists (SPTs) throughout their education.¹ A Delphi study by Timmerberg et al established 14 categories to determine competence prior to Doctor of Physical Therapy (DPT) student participation in clinical education.² The Timmerberg et al study was used as a framework for this document's development along with modifications of the APTA Minimum Required Skills of Physical Therapist Graduates at Entry-Level,³ [Seton Hill University \(SHU\) DPT Clinical Education Benchmarks](#), the APTA Code of Ethics for the Physical Therapist⁴ and the APTA Core Values for the Physical Therapist and Physical Therapist Assistant,⁵ A Vision for Excellence in Physical Therapy Education: Culmination of the Work of the Education Leadership Partnership August 2021,⁶ Essential Competencies in Entry-Level Pediatric Physical Therapy Education⁷ and the SHU DPT specific policies and procedures.

A Vision for Excellence in Physical Therapy Education establishes six pillars of education of which competency-based education is a part.⁶ In competency-based education, "there is a defined set of standard performance outcomes for learners across the learner continuum in physical therapy education."⁶ Similarly, the SHU DPT curriculum contains practice expectations with benchmarks that must be achieved for progression in courses and the Program. The six didactic terms are Terms 1, 2, 3, 4, 5, and 7. In order to progress to the next academic term or to a Clinical Education Experience, students must have faculty approval based on completion and satisfactory academic progress in all coursework and simulation exams, an acceptable record of professional behavior, and successfully achieving the minimum score or higher on comprehensive examinations. Students in good academic standing in the Program, as defined as the student is not on probation and has a term and cumulative GPA of 3.0 or greater. In addition, students have successfully passed all practical examinations, including simulations with a score of at least 80%. If a student is determined not to be ready to progress to Clinical Education, the Academic Progress Committee (APC) will consult with the core faculty and the student to develop a plan to remediate any deficiencies.

Participation in Clinical Education is restricted to students whose academic progress is satisfactory, who have achieved a passing score on all comprehensive examinations preceding the Clinical Education period, who have completed (in a timely manner) all records and arrangements for Clinical Education posted in the Clinical Education syllabus on Canvas and the Clinical Education Handbook, who meet the health requirements for the University, Program, and the clinical site, and who have demonstrated the personal attributes necessary for professional practice as healthcare providers. The levels of supervision and complexity are based off of the Use of Clinical

Benchmarks document used with permission from the University of Pittsburgh Department of Physical Therapy.⁷ The Minimum Skills List is a reference for each term's simulation exam and will serve to aid in the assessment of student readiness for clinical education at the conclusion of each term.

The information provided in this description of the minimum skills includes the assumption that students will have a basic knowledge of these topics across the lifespan of a patient/client. Students will complete the skills below based on their didactic knowledge and level of faculty or clinical instructor support appropriate to their level of education.

- Term 1
 - The skills listed below pertaining to patients with Musculoskeletal diagnoses with guidance.
- Term 2
 - The skills listed below pertaining to patients with Musculoskeletal and Neuromuscular diagnoses with guidance.
- Term 3
 - The skills listed below pertaining to patients with Cardiopulmonary and Neuromuscular diagnoses with guidance.
 - The skills listed below pertaining to patients with Musculoskeletal diagnoses with supervision.
- Term 4
 - The skills listed below pertaining to Pediatric patients with guidance.
 - The skills listed below pertaining to patients with Musculoskeletal, Neuromuscular, and Cardiopulmonary diagnoses with supervision.
- Term 5
 - The skills listed below pertaining to Geriatric and Pediatric patients with guidance.
 - The skills listed below pertaining to patients with Musculoskeletal, Neuromuscular, and Cardiopulmonary diagnoses with supervision.
- Term 7
 - The skills listed below pertaining to complex Geriatric and Pediatric patients with guidance and familiar Geriatric and Pediatric patients with supervision.
 - The skills listed below pertaining to patients with complex Musculoskeletal, Neuromuscular, and Cardiopulmonary diagnoses with supervision and with familiar Musculoskeletal, Neuromuscular, and Cardiopulmonary diagnoses with mentoring.

Skill Category	Description of Minimum Skills
Screening Observed ▾ • <i>Systems review for referral</i> • <i>Recognize scope of limitations</i>	1. Perform review of systems to determine the need for referral or for physical therapy services. A. Initiate referral when positive signs and symptoms identified in the review of systems are beyond the specific skills or

	<p>expertise of the physical therapist or beyond the scope of physical therapist practice.</p> <ul style="list-style-type: none"> B. Consult additional resources, as needed, including other physical therapists, evidence-based literature, other health care professionals, and community resources. C. Screen for physical, sexual, and psychological abuse. D. Screen for mental health conditions. <p>2. Systems review screening includes the following:</p> <ul style="list-style-type: none"> A. General Health Condition (GHC) B. Cardiovascular System (CVS) C. Pulmonary System (PS) D. Gastrointestinal System (GIS) E. Urinary System (US) F. Genital Reproductive System (GRS) G. Musculoskeletal System H. Neuromuscular System
<p>Examination/ Observed - Reexamination</p> <ul style="list-style-type: none"> • <i>History</i> • <i>Tests and Measures (refer to Licensure Examination Outline, Guide to Physical Therapist Practice, PT Normative Model: Version 2004)</i> • <i>Systems Review for Examination</i> 	<ul style="list-style-type: none"> 1. Review pertinent medical records and conduct an interview which collects the following data: <ul style="list-style-type: none"> A. Past and current patient/client and family history B. Demographics C. General health status D. Chief complaint E. Medications and indications for use F. Medical/surgical history G. Social history/health habits H. Present and premorbid functional status/activity I. Living environment J. Employment K. Growth and development L. Lab values M. Imaging N. Consultations 2. Based on best available evidence select examination tests and measures that are appropriate for the patient/client. 3. Perform posture tests and measures of postural alignment and positioning. 4. Perform gait, locomotion and

	<p>balance tests including quantitative and qualitative measures such as:</p> <ul style="list-style-type: none"> A. Balance during functional activities B. Balance (dynamic and static) C. Gait and locomotion during functional activities D. Perform gait assessment <p>5. Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities.</p> <p>6. Characterize or quantify ergonomic performance during work (job/school/play)</p> <p>7. Characterize or quantify environmental home and work (job/school/play) barriers</p> <p>8. Observe self-care and home management (including ADL and IADL)</p> <p>9. Measure and characterize pain</p> <p>10. Recognize and characterize signs and symptoms of inflammation.</p> <p><u>Cardiovascular and Pulmonary Systems</u></p> <p>1. Perform cardiovascular/pulmonary tests and measures including:</p> <ul style="list-style-type: none"> A. Heart rate B. Respiratory rate, pattern and quality C. Blood pressure D. Aerobic capacity test (functional or standardized) E. Pulse Oximetry F. Heart and lung sounds – normal/abnormal G. Response to exercise (RPE) H. Signs and symptoms of hypoxia I. Peripheral circulation J. Pulmonary embolism <p><u>Integumentary System</u></p> <p>1. Perform integumentary integrity tests and measures including:</p> <ul style="list-style-type: none"> A. Activities, positioning, and
--	--

- postures that produce or relieve trauma to the skin.
- B. Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin.
- C. Skin characteristics, including blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture and turgor.
- D. Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma.
- E. Signs of infection and wound dehiscence.
- F. Wound characteristics
- G. Wound scar tissue characteristics

Musculoskeletal System

1. Perform musculoskeletal system tests and measures including:
 - A. Accessory movement tests
 - B. Anthropometrics
 - (1) Limb length
 - (2) Limb girth
 - (3) Body composition
 - C. Functional strength testing
 - D. Joint integrity
 - E. Joint mobility
 - F. Ligament laxity tests
 - G. Muscle length
 - H. Muscle strength including manual muscle testing, dynamometry, one repetition max
 - I. Palpation
 - J. Range of motion including goniometric and other objective ROM measurements
2. Perform orthotic tests and measures including:
 - A. Components, alignment, fit, and ability to care for orthotic, protective, and supportive devices and equipment.
 - B. Evaluate the need for orthotic, protective, and supportive devices used during functional activities.

	<ul style="list-style-type: none">C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of orthotic, protective, and supportive device.D. Residual limb or adjacent segment, including edema, range of motion, skin integrity and strength.E. Safety during use of orthotic, protective, and supportive device. <p>3. Perform prosthetic tests and measures including:</p> <ul style="list-style-type: none">A. Alignment, fit, and ability to care for prosthetic device.B. Prosthetic device use during functional activities.C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions, with use of prosthetic device.D. Evaluation of residual limb or adjacent segment, including edema, range of motion, skin integrity, and strength.E. Safety during use of the prosthetic device. <p>4. Perform tests and measures for assistive and adaptive devices including:</p> <ul style="list-style-type: none">A. Assistive or adaptive devices and equipment use during functional activities.B. Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment.C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of assistive or adaptive devices and equipment.D. Safety during use of assistive or adaptive equipment. <p><u>Neurological System</u></p> <p>1. Perform arousal, attention and cognition tests and measures to characterize or quantify (including standardized tests and measures):</p> <ul style="list-style-type: none">A. Arousal
--	--

	<ul style="list-style-type: none">B. AttentionC. OrientationD. Processing and registration of informationE. Retention and recallF. Communication/language <p>2. Perform cranial and peripheral nerve integrity tests and measures:</p> <ul style="list-style-type: none">A. Motor distribution of the cranial and peripheral nervesB. Response to neural provocationD. Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual <p>3. Perform motor function tests and measures to include:</p> <ul style="list-style-type: none">A. Dexterity, coordination, and agilityB. Initiation, execution, modulation and termination of movement patterns and voluntary postures <p>4. Perform neuromotor development and sensory integration tests and measures to characterize or quantify:</p> <ul style="list-style-type: none">A. Acquisition and evolution of motor skills, including age-appropriate developmentB. Sensorimotor integration, including postural responses, equilibrium, and righting reactions <p>5. Perform tests and measures for reflex integrity including:</p> <ul style="list-style-type: none">A. Deep reflexesB. Postural reflexes and reactionsC. Primitive reflexes and reactionsD. Resistance to passive stretchE. Superficial reflexes and reactionsF. Resistance to velocity dependent movement <p>6. Perform sensory integrity tests and measures that characterize or quantify including:</p> <ul style="list-style-type: none">A. Light touchB. Sharp/dullC. TemperatureD. Deep pressure
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	<p>E. Localization F. Vibration G. Deep sensation H. Stereognosis I. Graphesthesia</p>
<p>Evaluation Observed -</p> <ul style="list-style-type: none"> • <i>Clinical reasoning</i> • <i>Clinical decision making</i> 	<ol style="list-style-type: none"> 1. Synthesize available data on a patient/client expressed in terms of the International Classification of Function, Disability and Health (ICF) model to include body functions and structures (impairments), activities (limitations), and participation (restriction). 2. Use available evidence in interpreting the examination findings. 3. Verbalize differential diagnoses when interpreting the examination findings. 4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a clinical decision.
<p>Diagnosis Observed -</p>	<ol style="list-style-type: none"> 1. Integrate the examination findings to classify the patient/client problem in terms of body functions and structures, and activities and participation. 2. Identify and prioritize impairments in body functions and structures, and activity limitations and participation restrictions to determine specific body function and structure in which the intervention will be directed.
<p>Prognosis Observed -</p>	<ol style="list-style-type: none"> 1. Determine the predicted level of optimal functioning and the amount of time required to achieve that level. 2. Recognize barriers that may impact the achievement of optimal functioning within a predicted time frame including: <ol style="list-style-type: none"> A. Age B. Medication(s) C. Socioeconomic status D. Co-morbidities E. Cognitive status F. Nutrition G. Social Support H. Environment

<p>Plan of Care Observed -</p> <ul style="list-style-type: none"> • <i>Goal setting</i> • <i>Coordination of Care • Progression of care</i> • <i>Discharge</i> 	<p><u><i>Design a Plan of Care</i></u></p> <ol style="list-style-type: none"> 1. Write measurable functional goals (short-term and long-term) that are time referenced with expected outcomes. 2. Consult patient/client and/or caregivers to develop a mutually agreed to plan of care. 3. Identify patient/client goals and expectations. 4. Identify indications for consultation with other professionals. 5. Make referrals to additional resources needed by the patient/client
<p>Interventions Observed -</p> <ul style="list-style-type: none"> • <i>Safety, Emergency Care, CPR and First Aid • Standard Precautions • Body Mechanics and Positioning</i> • <i>Categories of Interventions (See NPTE List and Guide)</i> 	<p><u><i>Safety, Cardiopulmonary Resuscitation, First Aid</i></u></p> <ol style="list-style-type: none"> 1. Ensure patient safety and safe application of patient/client care. 2. Perform first aid. 3. Perform emergency procedures. 4. Perform Cardiopulmonary Resuscitation (CPR). <p><u><i>Precautions</i></u></p> <ol style="list-style-type: none"> 1. Consistently use Universal Precautions. 2. Use transmission-based precautions. 3. Demonstrate aseptic techniques. 4. Apply sterile procedures. 5. Determine equipment to be used and assemble all sterile and non-sterile materials. 6. Properly discard soiled items. <p><u><i>Body Mechanics and Positioning</i></u></p> <ol style="list-style-type: none"> 1. Apply proper body mechanics (utilize, teach, reinforce, and observe). 2. Properly position, drape, and stabilize a patient/client when providing physical therapy. <p><u><i>Interventions</i></u></p> <ol style="list-style-type: none"> 1. Coordination, communication, and documentation may include: <ol style="list-style-type: none"> A. Addressing required functions: <ol style="list-style-type: none"> (1) Establish and maintain an ongoing collaborative process of decision-making with patients/clients, families, or caregivers prior to initiating

	<p>care and throughout the provision of services.</p> <p>(2) Discern the need to perform mandatory communication and reporting (e.g., incident reports, patient advocacy and abuse reporting).</p> <p>(3) Follow advance directives.</p> <p>B. Admission and discharge planning.</p> <p>C. Case management.</p> <p>D. Collaboration and coordination with agencies, including:</p> <ul style="list-style-type: none"> (1) Home care agencies (2) Equipment suppliers (3) Schools (4) Transportation agencies (5) Payer groups <p>E. Communication across settings, including:</p> <ul style="list-style-type: none"> (1) Case conferences (2) Documentation (3) Education plans <p>F. Cost-effective resource utilization.</p> <p>G. Data collection, analysis, and reporting of:</p> <ul style="list-style-type: none"> (1) Outcome data (2) Peer review findings (3) Record reviews <p>H. Documentation across settings, following APTA's Guidelines for Physical Therapy Documentation, including:</p> <ul style="list-style-type: none"> (1) Elements of examination, evaluation, diagnosis, prognosis, and intervention (2) Changes in body structure and function, activities and participation. (3) Changes in interventions (4) Outcomes of intervention <p>I. Interdisciplinary teamwork:</p> <ul style="list-style-type: none"> (1) Patient/client family meetings (2) Patient care rounds (3) Case conferences <p>J. Referrals to other professionals or resources.</p> <p>2. Patient/client-related instruction may include:</p> <p>A. Instruction, education, and training of patients/clients and caregivers</p>
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	<p>regarding:</p> <ul style="list-style-type: none"> (1) Current condition, health condition, impairments in body structure and function, and activity limitations, and participation restrictions (2) Enhancement of performance (3) Plan of care: <ul style="list-style-type: none"> a. Risk factors for health condition, impairments in body structure and function, and activity limitations, and participation restrictions. b. Preferred interventions, alternative interventions, and alternative modes of delivery c. Expected outcomes (4) Health, wellness, and fitness programs (management of risk factors) (5) Transitions across settings (6) Appropriately modify examination and interventions during low and high-risk pregnancy <p>3. Therapeutic exercise may include performing:</p> <ul style="list-style-type: none"> A. Aerobic capacity/endurance conditioning or reconditioning: <ul style="list-style-type: none"> (1) Gait and locomotor training (2) Increased workload over time (modify workload progression) (3) Movement efficiency and energy conservation training (4) Walking and wheelchair propulsion programs (5) Cardiopulmonary rehabilitation programs B. Balance, coordination, and agility training: <ul style="list-style-type: none"> (1) Developmental activities training (2) Motor function (motor control and motor learning) training or retraining and postural control (3) Neuromuscular education or reeducation
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	<ul style="list-style-type: none"> (4) Perceptual training (5) Posture awareness training (6) Sensory training or retraining (7) Standardized, programmatic approaches (8) Task-specific performance training <p>C. Body mechanics and postural stabilization:</p> <ul style="list-style-type: none"> (1) Body mechanics training (2) Postural control training/Biofeedback (3) Postural stabilization activities (4) Posture awareness training <p>D. Flexibility exercises:</p> <ul style="list-style-type: none"> (1) Muscle lengthening (2) Range of motion (3) Stretching <p>E. Gait and locomotion training:</p> <ul style="list-style-type: none"> (1) Developmental activities training (2) Gait training (3) Device training (4) Perceptual training (5) Basic wheelchair training <p>F. Neuromotor development training:</p> <ul style="list-style-type: none"> (1) Developmental activities training (2) Motor training (3) Movement pattern training (4) Neuromuscular education or reeducation <p>G. Relaxation:</p> <ul style="list-style-type: none"> (1) Breathing strategies (2) Movement strategies (3) Relaxation techniques <p>H. Strength, power, and endurance training for head, neck, limb, and trunk:</p> <ul style="list-style-type: none"> (1) Active assistive, active, and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric, and plyometric exercises) (2) Aquatic programs (3) Task-specific performance training <p>I. Strength, power, and endurance training for pelvic floor:</p>
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	<p>(1) Active (Kegel)</p> <p>J. Strength, power, and endurance training for ventilatory muscles: (1) Active and resistive</p> <p>4. Functional training in self-care and home management may include:</p> <p>A. Activities of daily living (ADL) training: (1) Bed mobility and transfer training (2) Age appropriate functional skills</p> <p>B. Barrier accommodations or modifications</p> <p>C. Device and equipment use and training: (1) Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing) (2) Orthotic, protective, or supportive device or equipment training during self-care and home management (3) Lower Extremity Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)</p> <p>D. Functional training programs: (1) Simulated environments and tasks (2) Task adaptation</p> <p>E. Injury prevention or reduction: (1) Safety awareness training during self-care and home management (2) Injury prevention education during self-care and home management (3) Injury prevention or reduction with use of devices and equipment</p> <p>5. Functional training in work (job/school/play), community, and leisure integration or reintegration may include:</p>
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	<p>A. Barrier accommodations or modifications</p> <p>B. Device and equipment use and training:</p> <p>(1) Assistive and adaptive device or equipment training during instrumental activities of daily living (IADL)</p> <p>(2) Orthotic, protective, or supportive device or equipment training during IADL for work</p> <p>(3) Prosthetic device or equipment training during IADL</p> <p>C. Functional training programs:</p> <p>(1) Simulated environments and tasks</p> <p>(2) Task adaptation</p> <p>(3) Task training</p> <p>D. Injury prevention or reduction:</p> <p>(1) Injury prevention education during work (job/school/play), community, and leisure integration or reintegration</p> <p>(2) Injury prevention education with use of devices and equipment</p> <p>(3) Safety awareness training during work (job/school/play), community, and leisure integration or reintegration</p> <p>(4) Training for leisure and play activities</p> <p>6. Manual therapy techniques may include:</p> <p>A. Passive range of motion</p> <p>B. Massage:</p> <p>(1) Therapeutic massage</p> <p>(2) Cross friction massage</p> <p>(3) Trigger point massage</p> <p>C. Manual traction</p> <p>D. Soft tissue mobilization</p> <p>E. 1. Instrumented assisted</p> <p>F. 2. Self-myofascial techniques</p> <p>G. Mobilization/manipulation:</p> <p>(1) Spinal and peripheral joints</p>
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	<p>(thrust and nonthrust)</p> <p>7. Prescription, application, and, as appropriate, fabrication of devices and equipment may include:</p> <p>A. Adaptive devices:</p> <ul style="list-style-type: none"> (1) Hospital beds (2) Raised toilet seats (3) Seating systems – prefabricated (4) Positioning equipment, standing frames, standers <p>B. Assistive devices:</p> <ul style="list-style-type: none"> (1) Canes (2) Crutches (3) Long-handled reachers (4) Static and dynamic splints – prefabricated (5) Walkers (6) Wheelchairs, including seating systems (7) Gait trainers <p>C. Orthotic devices:</p> <ul style="list-style-type: none"> (1) Prefabricated braces (2) Prefabricated shoe inserts (3) Prefabricated splints (4) Custom versions of <p>orthotic devices for pediatric populations</p> <p>D. Prosthetic devices (lower-extremity)</p> <p>E. Protective devices:</p> <ul style="list-style-type: none"> (1) Braces (2) Cushions (3) Helmets (4) Protective taping <p>F. Supportive devices:</p> <ul style="list-style-type: none"> (1) Prefabricated compression garments (2) Corsets (3) Elastic wraps (4) Neck collars (5) Slings (6) Supplemental oxygen - apply and adjust within the parameters of physicians'
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	<p>orders</p> <p>(7) Supportive taping</p> <p>8. Airway clearance techniques may include:</p> <p>A. Breathing strategies:</p> <ul style="list-style-type: none">(1) Active cycle of breathing or forced expiratory techniques(2) Assisted cough/huff techniques(3) Paced breathing(4) Pursed lip breathing(5) Techniques to maximize ventilation (e.g., maximum inspiratory hold, breath stacking, manual hyperinflation) <p>B. Manual/mechanical techniques:</p> <ul style="list-style-type: none">(1) Assistive devices <p>C. Positioning:</p> <ul style="list-style-type: none">(1) Positioning to alter work of breathing(2) Positioning to maximize ventilation and perfusion <p>9. Integumentary repair and protection techniques may include: A.</p> <p>Debridement</p> <p>—nonselective:</p> <ul style="list-style-type: none">(1) Enzymatic debridement(2) Wet dressings(3) Wet-to-dry dressings(4) Wet-to-moist dressings <p>B. Dressings:</p> <ul style="list-style-type: none">(1) Hydrogels(2) Wound coverings <p>C. Topical agents:</p> <ul style="list-style-type: none">(1) Cleansers(2) Creams(3) Moisturizers(4) Ointments(5) Sealants <p>10. Electrotherapeutic modalities may include:</p>
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	<p>A. Surface level Electromyographic Biofeedback</p> <p>B. Electrotherapeutic delivery of medications (e.g., iontophoresis)</p> <p>C. Electrical stimulation:</p> <ul style="list-style-type: none">(1) Electrical muscle stimulation (EMS)(2) Functional electrical stimulation (FES)(3) High voltage pulsed current (HVPC)(4) Neuromuscular electrical stimulation (NMES)(5) Transcutaneous electrical nerve stimulation (TENS) <p>11. Physical agents and mechanical modalities may include:</p> <p><i>Physical agents:</i></p> <p>A. Cryotherapy:</p> <ul style="list-style-type: none">(1) Cold packs(2) Ice massage(3) Vapocoolant spray <p>B. Hydrotherapy:</p> <ul style="list-style-type: none">(1) Contrast bath(2) Pools(3) Whirlpool tanks <p>C. Sound agents:</p> <ul style="list-style-type: none">(1) Phonophoresis(2) Ultrasound <p>D. Thermotherapy:</p> <ul style="list-style-type: none">(1) Dry heat(2) Hot packs(3) Paraffin baths <p><i>Mechanical modalities:</i></p> <p>A. Compression therapies (prefabricated)</p> <ul style="list-style-type: none">(1) Compression garments(2) Vasopneumatic compression devices(3) Taping <p>B. Gravity-assisted compression devices:</p> <ul style="list-style-type: none">(1) Standing frame(2) Tilt table <p>C. Traction devices:</p>
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	<p>(1) Intermittent (2) Positional (3) Sustained</p>
<p>Outcomes Assessment Observed -</p>	<ol style="list-style-type: none"> 1. Perform chart review/audit with respect to documenting components of patient/client management and facility procedures and regulatory requirements. 2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of functioning. 3. Select outcome measures for levels of impairments in body function and structure, activity limitations, and participation restrictions with respect for psychometric properties of the outcomes. 4. Aggregate data across patients/clients and analyze results as it relates to the effectiveness of clinical performance (intervention).
<p>Education Observed -</p> <ul style="list-style-type: none"> • <i>Patients/clients, families, and caregivers</i> • <i>Colleagues, other healthcare professionals, and students</i> 	<p><u>Patient/Client</u></p> <ol style="list-style-type: none"> 1. Determine patient/client variables that affect learning. 2. Educate the patient/client and caregiver about the patient's/client's current health condition/examination findings, plan of care and expected outcomes, utilizing their feedback to modify the plan of care and expected outcomes as needed. 3. Assess prior levels of learning for patient/client and family/caregiver to ensure clarity of education. 4. Educate patients/clients and caregivers to recognize normal and abnormal response to interventions that warrant

	<p>follow-up.</p> <ol style="list-style-type: none"> 5. Provide patient/client and caregiver clear and concise home/independent program instruction at their levels of learning and ensure the patient's /client's understanding of home/independent program. 6. Educate patient/client and caregiver to enable them to articulate and demonstrate the nature of the impairments in body function and structure, activity limitations, and participation restrictions and how to safely and effectively manage the impairments in body function and structure, activity limitations, and participation restrictions (eg, identify symptoms, alter the program, and contact the therapist). <p><u>Colleagues</u></p> <ol style="list-style-type: none"> 1. Identify patient/client related questions and systematically locate and critically appraise evidence that addresses the question. 2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation of the physical therapist and scope of physical therapist practice. 3. Address relevant learning needs, convey information, and assess outcomes of learning. 4. Present contemporary topics/issues using current evidence and sound teaching principles (i.e., case studies, in-service, journal article review, etc.).
<p>Practice Management Observed -</p> <ul style="list-style-type: none"> • <i>Billing/Reimbursement • Documentation</i> • <i>Quality Improvement • Direction and Supervision</i> <ul style="list-style-type: none"> • <i>Marketing and Public Relations</i> • <i>Patient Rights, Patient Consent, Confidentiality, and HIPPA</i> 	<p><u>Billing/Reimbursement</u></p> <ol style="list-style-type: none"> 1. Describe the legal/ethical ramifications of billing and act accordingly. 2. Correlate/distinguish between billing and reimbursement. 3. Include consideration of billing/ reimbursement in the plan of care.

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4. Choose correct and accurate ICD-9 and CPT codes.
 5. Contact insurance company to follow-up on a denial or ask for additional services including Durable Medical Equipment (DME).

Documentation of Care

1. Document patient/client care in writing that is accurate and complete using institutional processes.
2. Use appropriate grammar, syntax, spelling, and punctuation in written communication.
3. Use appropriate terminology and institutionally approved abbreviations.
4. Use an organized and logical framework to document care
5. Conform to documentation requirements of the practice setting and the reimbursement system.
6. Accurately interpret documentation from other health care professionals.

Quality Improvement

1. Participate in quality improvement program of self, peers, and setting/institution.
2. Describe the relevance and impact of institutional accreditation (e.g., Joint Commission or CARF) on the delivery of physical therapy services.

Direction and Supervision of Physical Therapist Assistants (PTAs) and Other Support Personnel

1. Follow legal and ethical requirements for direction and supervision.
2. Supervise the physical therapist assistant and/or other support personnel.
3. Select appropriate patients/clients for whom care can be directed to physical therapist assistants based on patient complexity and acuity, reimbursement, PTA knowledge/skill, jurisdictional law, etc.
4. In any practice setting, maintain responsibility for patient/client care by regularly monitoring care and patient

progression throughout care provided by PTAs and services provided by other support personnel.

Marketing and Public Relations

1. Present self in a professional manner.
2. Promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy.

Patient Rights, Patient Consent, Confidentiality, and Health Insurance Portability and Accountability Act (HIPAA)

1. Obtain consent from patients/clients and/or caregiver for the provision of all components of physical therapy including:
 - A. treatment-related
 - B. research
 - C. fiscal
2. Comply with HIPAA/FERPA regulations.
3. Act in concert with institutional "Patient Rights" statements and advanced directives (e.g., Living wills, Do Not Resuscitate (DNR) requests, etc.).

Informatics

1. Use current information technology, EMR and basic statistical packages. Use platforms to support decisions related to utilization and effectiveness of rehabilitation services, implementation of evidence-based interventions, and healthcare team collaboration.

Risk Management

1. Follow institutional/setting procedures regarding risk management.
2. Identify the need to improve risk management practices.

Productivity

1. Analyze personal productivity using the clinical facility's system while adhering to the applicable state's PT Practice Act, jurisdictional law, payer requirements and

	<p>the APTA Code of Ethics and Core Values.</p> <p>2. Implement strategies to improve and/or modify personal productivity practices when necessary.</p>
<p>Professionalism: Core Values</p> <p>Observed -</p> <ul style="list-style-type: none"> • <i>Accountability</i> • <i>Altruism</i> • <i>Compassion/Caring • Excellence</i> • <i>Integrity</i> • <i>Professional Duty</i> • <i>Social Responsibility</i> 	<p><u>Core Values</u></p> <p>1. Demonstrate all APTA core values associated with professionalism.</p> <p>2. Identify resources to develop core values.</p> <p>3. Seek mentors and learning opportunities to develop and enhance the degree to which core values are demonstrated.</p> <p>4. Promote core values within a practice setting.</p>
<p>Consultation Observed -</p>	<p>1. Provide consultation within the context of patient/client care with physicians, family and caregivers, insurers, and other health care providers, etc.</p> <p>2. Accurately self-assess the boundaries within which consultation outside of the patient/client care context can be provided.</p> <p>3. Render advice within the identified boundaries or refer to others.</p>
<p>Communication Observed -</p> <ul style="list-style-type: none"> • <i>Interpersonal</i> • <i>Verbal</i> • <i>Written</i> 	<p><u>Interpersonal (including verbal, non-verbal, electronic)</u></p> <p>1. Develop rapport with patients/clients and others.</p> <p>2. Display sensitivity to the needs of others.</p> <p>3. Actively listen to others.</p> <p>4. Engender confidence of others.</p> <p>5. Ask questions in a manner that elicits needed responses.</p> <p>6. Modify communication to meet the needs of the audience.</p> <p>7. Demonstrate congruence between verbal and non-verbal messages.</p> <p>8. Use appropriate grammar, syntax, spelling, and punctuation in written communication.</p> <p>9. Use appropriate, and where available,</p>

	<p>standard terminology and abbreviations.</p> <p>10. Maintain professional relationships with all persons.</p> <p>11. Adapt communication in ways that recognize and respect the knowledge and experiences of colleagues and others.</p> <p><u>Conflict Management/Negotiation</u></p> <p>1. Recognize potential for conflict.</p> <p>2. Implement strategies to prevent and/or resolve conflict.</p> <p>3. Seek resources to resolve conflict when necessary.</p>
<p>Cultural Competence Observed ▾</p>	<p>1. Utilize information about health disparities during patient/client care.</p> <p>2. Provide care in a non-judgmental manner.</p> <p>3. Acknowledge personal biases, via self-assessment or critical assessment of feedback from others.</p> <p>4. Recognize individual and cultural differences and adapt behavior accordingly in all aspects of physical therapy care.</p>
<p>Promotion of Health, Wellness, and Prevention Observed ▾</p>	<p>1. Identify patient/client health risks during the history and physical via the systems review.</p> <p>2. Take vital signs of every patient/client during each visit.</p> <p>3. Collaborate with the patient/client to develop and implement a plan to address health risks.</p> <p>4. Determine readiness for behavioral change.</p> <p>5. Identify available resources in the community to assist in the achievement of the plan.</p> <p>6. Identify secondary and tertiary effects of disability.</p> <p>7. Demonstrate healthy behaviors.</p>

	8. Promote health/wellness in the community.
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References

¹North S, Sharp A. Embracing Change in the Pursuit of Excellence: Transitioning to the Clinical Internship Evaluation Tool for Student Clinical Performance Assessment. *JOPTE*. 2020;34(4):313-320. doi:10.1097/JTE.0000000000000154

²Timmerberg JF, Dole R, Silberman N, et al. Physical Therapist Student Readiness for Entrance Into the First Full-Time Clinical Experience: A Delphi Study. *Physical Therapy*. 2019;99(2):131-146. doi:10.1093/ptj/pzy134

³MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST GRADUATES AT ENTRY-LEVEL BOD G11-05-20-49. Published online December 14, 2009.

⁴Code of Ethics for the Physical Therapist. APTA. Published August 12, 2020. Accessed June 5, 2023. <https://www.apta.org/apta-and-you/leadership-and-governance/policies/code-of-ethics-for-the-physical-therapist>

⁵Core Values for the Physical Therapist and Physical Therapist Assistant. APTA. Published September 21, 2021. Accessed June 5, 2023. <https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant>

⁶A Vision for Excellence in Physical Therapy Education: Culmination of the Work of the Education Leadership Partnership August 2021. *JOPTE*. 2021;35(Supplement 1):1-35. doi:10.1097/JTE.0000000000000216

⁷Fitzgerald L. Use of Clinical Benchmarks. Accessed June 7, 2022

APPENDIX Y-Academic Coordinator/Director of Clinical Education Performance Assessments

5/22/23, 2:31 PM

Exxat

Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

ACCE/DCE PERFORMANCE ASSESSMENT ACCE/DCE SELF-ASSESSMENT and ACADEMIC ADMINISTRATOR SURVEYS

ACCE/DCE PERFORMANCE ASSESSMENT ACCE/DCE SELF-ASSESSMENT And ACADEMIC ADMINISTRATOR SURVEYS

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior

2 = Sometimes exhibits behavior

3 = Usually exhibits behavior

4 = Always exhibits behavior

5 = Is exceptional in exhibiting the behavior

IE = Insufficient evidence to rate behavior

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of their clinical performance.*

1 2 3 4 5 IE

2. facilitating student reflection upon clinical education experiences.*

1 2 3 4 5 IE

3. instructing students on methods to provide constructive feedback to clinical educators.*

1 2 3 4 5 IE

4. reinforcing expectations for demonstrating professionalism.*

1 2 3 4 5 IE

5. conferring with students to maximize learning during a clinical experience.*

1 2 3 4 5 IE

6. facilitating the development of individualized action plans to advance student performance.*

1 2 3 4 5 IE

7. monitoring the progression of individualized action plans.*

1 2 3 4 5 IE

8. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice.*

1 2 3 4 5 IE

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

https://steps.exxat.com/admin/platform/preview?appId=Exxat.Evaluation&featureId=Exxat.Student-Evaluation.SEPB_SetonHill&layoutId=Evaluation.SEPB_Seton... 1/4

1 2 3 4 5 IE

SECTION E. LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

1. facilitating reflective dialogue about advancements in the profession of physical therapy.*

1 2 3 4 5 IE

2. networking with individuals and groups at local, regional, and/or national levels to further clinical education.*

1 2 3 4 5 IE

3. building partnership(s) to strengthen the relationship between academic programs and clinical sites.*

1 2 3 4 5 IE

4. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues.*

1 2 3 4 5 IE

5. advocating a vision for clinical education within the context of the academic program's mission and vision.*

1 2 3 4 5 IE

6. providing the program director with justification for clinical education budgetary needs.*

1 2 3 4 5 IE

6. using technology to enhance clinical education.*

1 2 3 4 5 IE

7. facilitating academic faculty involvement in clinical education.*

1 2 3 4 5 IE

SECTION F. COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

The ACCE/DCE...

1. providing timely communication.*

1 2 3 4 5 IE

2. soliciting comments, feedback, and concerns.*

1 2 3 4 5 IE

3. highlighting key academic program policy and procedures for clinical education*

1 2 3 4 5 IE

4. conducting clinical site visits/contacts.*

1 2 3 4 5 IE

5. conducting clinical site visits/contacts.*

1 2 3 4 5 IE

SECTION G. PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. fostering an atmosphere of mutual respect in clinical education.*

1 2 3 4 5 IE

2. displaying a positive attitude.*

1 2 3 4 5 IE

3. being approachable.*

1 2 3 4 5 IE

4. being accessible.*

1 2 3 4 5 IE

5. listening actively.*

1 2 3 4 5 IE

6. demonstrating effective time management.*

1 2 3 4 5 IE

7. demonstrating effective organizational skills.*

1 2 3 4 5 IE

8. demonstrating interpersonal skills that foster quality relationships.*

1 2 3 4 5 IE

9. demonstrating effective conflict resolution skills.*

1 2 3 4 5 IE

10. responding to unexpected situations using productive problem-solving skills*

1 2 3 4 5 IE

11. displaying expertise in clinical education.*

1 2 3 4 5 IE

12. creating a professional development plan to advance own competence.*

1 2 3 4 5 IE

SUMMATIVE COMMENTS

Areas of strengths:

0/10000

Areas for improvement:

0/10000

Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

ACCE/DCE PERFORMANCE ASSESSMENT STUDENT SURVEY

ACCE/DCE PERFORMANCE ASSESSMENT STUDENT SURVEY

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior

2 = Sometimes exhibits behavior

3 = Usually exhibits behavior

4 = Always exhibits behavior

5 = Is exceptional in exhibiting the behavior

IE = Insufficient evidence to rate behavior

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of clinical performance across cognitive, psychomotor and affective domains.*

1 2 3 4 5 IE

2. facilitating student reflection upon clinical education experiences.*

1 2 3 4 5 IE

3. instructing students on methods to provide constructive feedback to clinical educators.*

1 2 3 4 5 IE

4. reinforcing expectations for demonstrating professionalism.*

1 2 3 4 5 IE

5. conferring with students to maximize learning during a clinical experience.*

1 2 3 4 5 IE

6. facilitating the development of individualized action plans to advance student performance.*

1 2 3 4 5 IE

7. monitoring the progression of individualized action plans.*

1 2 3 4 5 IE

8. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice.*

1 2 3 4 5 IE

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (eg, clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. assessing the strengths and needs of the clinical education program using feedback from a variety of sources.*

1 2 3 4 5 IE

2. sharing changes about the clinical education program with feedback sources.*

1 2 3 4 5 IE

SECTION D. MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements.*

1 2 3 4 5 IE

2. managing information about clinical sites and clinical educators.*

1 2 3 4 5 IE

3. promoting adherence to current policies and procedures of the clinical education program.*

1 2 3 4 5 IE

4. informing students and clinical sites about legal and liability requirements prior to clinical placements.*

1 2 3 4 5 IE

5. implementing procedures for student clinical placements based on established program policies.*

1 2 3 4 5 IE

6. adhering to program policies and procedures regarding student's eligibility and progression through clinical education.*

1 2 3 4 5 IE

7. grading students' clinical education coursework based on clinical performance and academic program guidelines.*

1 2 3 4 5 IE

SECTION E. LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

1. facilitating reflective dialogue about advancements in the profession of physical therapy.*

1 2 3 4 5 IE

2. networking with individuals and groups at local, regional, and/or national levels to further clinical education.*

1 2 3 4 5 IE

3. using technology to enhance clinical education.*

1 2 3 4 5 IE

4. facilitating academic faculty involvement in clinical education.*

1 2 3 4 5 IE

SECTION F. COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

The ACCE/DCE...

1. providing timely communication.*

1 2 3 4 5 IE

2. soliciting comments, feedback, and concerns.*

1 2 3 4 5 IE

3. highlighting key academic program policy and procedures for clinical education*

1 2 3 4 5 IE

4. clarifying federal and state regulations and professional positions, policies, and guideline related to clinical education.*

1 2 3 4 5 IE

5. conducting clinical site visits/contacts.*

1 2 3 4 5 IE

SECTION G. PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

- 1. fostering an atmosphere of mutual respect in clinical education.*
 1 2 3 4 5 IE
- 2. displaying a positive attitude.*
 1 2 3 4 5 IE
- 3. being approachable.*
 1 2 3 4 5 IE
- 4. being accessible.*
 1 2 3 4 5 IE
- 5. listening actively.*
 1 2 3 4 5 IE
- 6. demonstrating effective time management.*
 1 2 3 4 5 IE
- 7. demonstrating effective organizational skills.*
 1 2 3 4 5 IE
- 8. demonstrating interpersonal skills that foster quality relationships.*
 1 2 3 4 5 IE
- 9. demonstrating effective conflict resolution skills.*
 1 2 3 4 5 IE
- 10. responding to unexpected situations using productive problem-solving skills*
 1 2 3 4 5 IE
- 11. displaying expertise in clinical education.*
 1 2 3 4 5 IE

SUMMATIVE COMMENTS

Areas of strengths:



0/10000

Areas for improvement:



0/10000

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ACCE/DCE PERFORMANCE ASSESSMENT FACULTY SURVEY

ACCE/DCE PERFORMANCE ASSESSMENT FACULTY SURVEY

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

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SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of their clinical performance.*

1 2 3 4 5 IE

2. facilitating student reflection upon clinical education experiences.*

1 2 3 4 5 IE

3. reinforcing expectations for demonstrating professionalism.*

1 2 3 4 5 IE

4. conferring with students to maximize learning during a clinical experience.*

1 2 3 4 5 IE

5. facilitating the development of individualized action plans to advance student performance.*

1 2 3 4 5 IE

6. monitoring the progression of individualized action plans.*

1 2 3 4 5 IE

7. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice.*

1 2 3 4 5 IE

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

1. using a variety of feedback methods to assess clinical educators.*

1 2 3 4 5 IE

2. providing feedback to clinical educators to improve clinical teaching. 2. promoting development of clinical teaching and mentoring skills.*

1 2 3 4 5 IE

3. providing professional development opportunities to promote best practice in physical therapy.*

1 2 3 4 5 IE

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (eg, clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. conducting ongoing review of clinical education policies and procedures.*

1 2 3 4 5 IE

2. assessing the strengths and needs of the clinical education program using feedback from a variety of sources.*

1 2 3 4 5 IE

3. implementing a plan to respond to the needs of clinical education sites based on feedback.*

1 2 3 4 5 IE

4. providing recommendations to the academic program based on the analysis of the feedback.*

1 2 3 4 5 IE

SECTION D. MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements.*

1 2 3 4 5 IE

2. synthesizing clinical education data to prepare necessary reports including for CAPTE documentation.*

1 2 3 4 5 IE

3. promoting adherence to current policies and procedures of the clinical education program.*

1 2 3 4 5 IE

4. adhering to program policies and procedures regarding student's eligibility and progression through clinical education.*

1 2 3 4 5 IE

5. grading students' clinical education coursework based on clinical performance and academic program guidelines.*

1 2 3 4 5 IE

SECTION E. LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

1. networking with individuals and groups at local, regional, and/or national levels to further clinical education.*

1 2 3 4 5 IE

3. building partnership(s) to strengthen the relationship between academic programs and clinical sites.*

1 2 3 4 5 IE

4. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues.*

1 2 3 4 5 IE

5. advocating a vision for clinical education within the context of the academic program's mission and vision.*

1 2 3 4 5 IE

6. using technology to enhance clinical education.*

1 2 3 4 5 IE

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SECTION F. COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...
The ACCE/DCE...

1. providing timely communication.*

1 2 3 4 5 IE

2. soliciting comments, feedback, and concerns.*

1 2 3 4 5 IE

3. highlighting key academic program policy and procedures for clinical education*

1 2 3 4 5 IE

4. conducting clinical site/visits.*

1 2 3 4 5 IE

SECTION G. PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. displaying a positive attitude.*

1 2 3 4 5 IE

2. being accessible.*

1 2 3 4 5 IE

3. listening actively.*

1 2 3 4 5 IE

4. demonstrating effective organizational skills.*

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5. demonstrating interpersonal skills that foster quality relationships.*

1 2 3 4 5 IE

6. demonstrating effective conflict resolution skills.*

1 2 3 4 5 IE

7. responding to unexpected situations using productive problem-solving skills.*

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SUMMATIVE COMMENTS

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0/10000

Areas for improvement:



0/10000

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ACCE/DCE PERFORMANCE ASSESSMENT ACCE/DCE SELF-ASSESSMENT and ACADEMIC ADMINISTRATOR SURVEYS

ACCE/DCE PERFORMANCE ASSESSMENT ACCE/DCE SELF-ASSESSMENT And ACADEMIC ADMINISTRATOR SURVEYS

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

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4. reinforcing expectations for demonstrating professionalism.*

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5. conferring with students to maximize learning during a clinical experience.*

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6. facilitating the development of individualized action plans to advance student performance.*

1 2 3 4 5 IE

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2. providing feedback to clinical educators to improve clinical teaching.*

1 2 3 4 5 IE

3. promoting development of clinical teaching and mentoring skills.*

1 2 3 4 5 IE

4. providing professional development opportunities to promote best practice in physical therapy.*

1 2 3 4 5 IE

5. facilitating development of CCCEs as managers of their clinical education program.*

1 2 3 4 5 IE

6. measuring outcomes of professional development programs coordinated by the ACCE/DCE.*

1 2 3 4 5 IE

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (eg, clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. conducting ongoing review of clinical education policies and procedures.*

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3. implementing a plan to respond to the needs of clinical education sites based on feedback.*

1 2 3 4 5 IE

4. providing recommendations to the academic program based on the analysis of the feedback.*

1 2 3 4 5 IE

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SECTION D. MANAGEMENT AND COORDINATION

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1 2 3 4 5 IE

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4. promoting adherence to current policies and procedures of the clinical education program.*

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5. informing students and clinical sites about legal and liability requirements prior to clinical placements.*

1 2 3 4 5 IE

6. implementing procedures for student clinical placements based on established program policies.*

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7. adhering to program policies and procedures regarding student's eligibility and progression through clinical education.*

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8. grading students' clinical education coursework based on clinical performance and academic program guidelines.*

1 2 3 4 5 IE

SECTION E. LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

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1 2 3 4 5 IE

2. networking with individuals and groups at local, regional, and/or national levels to further clinical education.*

1 2 3 4 5 IE

3. building partnership(s) to strengthen the relationship between academic programs and clinical sites.*

1 2 3 4 5 IE

4. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues.*

1 2 3 4 5 IE

5. advocating a vision for clinical education within the context of the academic program's mission and vision.*

1 2 3 4 5 IE

6. providing the program director with justification for clinical education budgetary needs.*

1 2 3 4 5 IE

6. using technology to enhance clinical education.*

1 2 3 4 5 IE

7. facilitating academic faculty involvement in clinical education.*

1 2 3 4 5 IE

SECTION F. COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...
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9. demonstrating effective conflict resolution skills.*

1 2 3 4 5 IE

10. responding to unexpected situations using productive problem-solving skills*

1 2 3 4 5 IE

11. displaying expertise in clinical education.*

1 2 3 4 5 IE

12. creating a professional development plan to advance own competence.*

1 2 3 4 5 IE

SUMMATIVE COMMENTS

Areas of strengths:



0/10000

Areas for improvement:



0/10000

APPENDIX Z-Student Immunization Screening Policy



General: Student Immunization and Screening Policy

The following information applies to Students:

I. Purpose

The goal of Seton Hill University, through Student Health Services, is to provide adequate protection of the campus community against vaccine-preventable diseases by requiring students to be vaccinated against and/or screened for certain highly contagious diseases. This goal can best be achieved through mandatory immunization requirements. This policy is consistent with Pennsylvania state law and is influenced by the recommendations of the American College Health Association (ACHA), the Advisory Committee on Immunization Practices (ACIP), and the Centers for Disease Control and Prevention (CDC). This policy also reflects Seton Hill's discretion to independently establish a policy to govern the campus.

II. Policy

A. Required Immunizations

All incoming resident and commuter undergraduate and graduate students (part-time, full-time, auditing classes or transferring from another college or university) who will be physically present on the Seton Hill University campus must be immunized in accordance with this policy. Seton Hill reserves the right to change or update these requirements at any time.

1. General Immunizations: All Incoming Students

ALL FIRST TIME, INCOMING students must complete and upload documentation of compliance with the following mandatory immunizations to the Wellness Portal by August 1st of the fall semester in which they are enrolled. Should an incoming student begin in the spring, documentation must be uploaded by December 1st, prior to beginning the spring semester.

a. Measles/Mumps/Rubella (MMR) Vaccine

- i. ALL RESIDENT AND COMMUTER STUDENTS born during or after 1957*¹ MUST provide evidence of either of the following options:
 1. Immunization dates of TWO MMR doses; or,
 - a. The first dose must be administered after first birthday and the second dose at least 28 days following the first dose.
 2. Evidence of immunity (CDC).
 - a. Laboratory evidence of immunity (positive

¹ The majority of people born before 1957 are likely to have been infected naturally and therefore are presumed to be protected against measles, mumps, and rubella.



immunoglobulin IgG antibody blood test to each Measles, Mumps, and Rubella); or,

- b. Laboratory confirmation of disease (Please note that verbal history of measles is not sufficient).

b. Varicella (Chicken Pox) Vaccine

- i. ALL RESIDENT AND COMMUTER STUDENTS must provide evidence of one of the following options:
 - 1. 2 doses of varicella containing vaccine at least 12 weeks apart if vaccinated between 1 and 12 years of age and at least 4 weeks apart if vaccinated 13 years or older; or,
 - 2. Laboratory evidence of immunity (positive immunoglobulin (IgG) antibody blood test); or,
 - 3. Laboratory confirmation of varicella or history of varicella diagnosed by health care provider (Please note that verbal history of varicella is not sufficient).

c. Meningococcal Vaccines

- i. ALL RESIDENT AND COMMUTER STUDENTS must provide evidence of the following:
 - 1. **Meningococcal Quadrivalent (ACYW or MCV4) Vaccine**
 - a. ALL RESIDENT AND COMMUTER STUDENTS must provide evidence of the following:
 - i. One dose of the following vaccine on or after their sixteenth birthday. If the vaccine was received before age sixteen, students must have had a booster (additional dose):
 - 1. Menveo® (MenACWY-CRM); or,
 - 2. Menactra® (MenACWY-D); or,
 - 3. MenQuadfi® (MenACWY-TT).
- ii. ALL RESIDENT AND COMMUTER STUDENTS who are 23 years of age and younger must provide evidence of either of the following options:
 - 1. **Serogroup B Meningococcal (MenB) Vaccine**
 - a. Bexsero (MenB-4C): 2 dose series with doses given at least 1 month apart; or,
 - b. Trumenba (MenB-FHbp): either a 2 dose series administered at least 6 months apart or a 3 dose series administered with the second and third doses administered 1 – 2 and 6 months after the first dose, for those at increased risk.

- c. Bexsero and Trumenba are not interchangeable. Individuals must receive the same MenB vaccine for all vaccines in this series, including boosters.

2. Pentavalent Meningococcal (MenABCWY) Vaccine*

*This vaccine may be used when both MenACWY and MenB vaccines are indicated at the same visit.

- a. Penbraya
 - i. The minimum interval between MenABCWY doses is 6 months;
 - ii. If a patient receives a MenABCWY vaccine, which includes Trumenba, then the patient must be administered Trumenba for additional MenB dose(s) when MenACWY isn't indicated;
 - iii. Approved for individuals 10 through 25 years of age.

d. Tetanus, Diphtheria, Pertussis Vaccine

- i. ALL RESIDENT AND COMMUTER STUDENTS must provide evidence of the following:
 - 1. Primary series in childhood (4 doses: DT, DTaP, DTP, or Td); and,
 - 2. Booster doses: For adolescents 11–18 and adults 19–64: single dose of Tdap. Tdap can be administered regardless of interval since the last tetanus or diphtheria toxoid-containing vaccine. (Brand name Adacel or Boostrix).
 - a. Routine booster dose intervals: Adults should receive tetanus boosters at 10-year intervals, beginning 10 years after receiving Tdap. Subsequently, either Tdap or Td may be used for booster doses.

2. Major-Specific Immunizations: All Incoming Students

In addition to the foregoing requirements, there may be additional immunization requirements that are specific to your major. Contact your department to confirm any additional immunization requirements.

B. Strongly Recommended Vaccines

ALL RESIDENT AND COMMUTER STUDENTS are encouraged but not required to obtain the following vaccines:

- 1. COVID-19 Vaccine
- 2. Annual Influenza (Flu) Vaccine
- 3. Hepatitis A Vaccine



4. Hepatitis B Vaccine
5. Human Papilloma Virus (HPV) Vaccine
6. Pneumococcal Vaccine
7. Polio Vaccine

C. Immunization Exemptions

1. A student may request an exemption from required immunization compliance if there is a documented medical contraindication to vaccination accompanied by a health care provider's signature or if firmly or sincerely held religious beliefs, including moral or ethical beliefs, prohibit immunization.
2. Medical and Religious Exemption forms are available at the end of this policy document and in Health Services and on the Wellness Portal. Completed forms must be uploaded to the "Immunization" section of the Wellness Portal. All exemption requests will be reviewed by an ad hoc committee, and students will be notified whether or not the requests have been granted.
3. In the event of an outbreak of a vaccine-preventable disease, students with approved exemptions from vaccinations may be excluded from campus and University-sponsored activities. Students with approved exemptions that are not permitted on campus may be responsible for missed classes and housing, meals or other expenses.
4. Additionally, if vaccination is required by a third-party entity, students may be excluded from other activities, including but not limited to, internships, clinical rotations, student teaching, study away/abroad, service learning and/or athletics.

D. Required Screenings

1. Tuberculosis (TB)

- a. ALL INCOMING RESIDENT AND COMMUTER STUDENTS must submit a TB Risk Screening Assessment.
 - i. Only students who check "Yes" to a response on the questionnaire require a tuberculin skin test (TST) and/or Interferon Gamma Release Assays (IGRA) blood test prior to the start of the semester. Testing should take place no sooner than six (6) months prior to the start of the first term of the student's enrollment and should be completed by second term registration. Two IGRAs that have been approved by the U.S. Food and Drug Administration (FDA) are commercially available in the U.S are QuantiFERON®-TB Gold In-Tube test (QFT-GIT) and T-SPOT®.
- b. INCOMING-INTERNATIONAL STUDENTS must be screened by their health care provider to make sure they do not have active TB prior to coming to the United States. However, if the student was not screened by an approved FDA approved IGRA, the student must



be screened again upon arrival in the United States. International students must upload documentation to the Wellness Portal providing (1) that they have been tested for TB in compliance with the requirements set forth above, (2) the date the test was performed, and (3) the results of the test. Tests must be completed no sooner than 3-6 months before the start of class. If a student has a history of Bacillus Calmette-Guérin (BCG) vaccination, a IGRA blood test is required since cross reactivity between PPD and BCG is possible. Upon arrival to campus, students can make an appointment in Health Services to facilitate screening and testing. Cost of testing is the responsibility of the student. Any medical records brought from the student's home country must be translated into English.

- c. IF the TST or IGRA is positive, the student must undergo chest radiography and a medical exam to rule out active disease; in addition, a referral will be made to the Westmoreland County Health Department. If the chest x- ray and medical exam are normal, treatment for latent tuberculosis infection (LTBI) is strongly recommended since this greatly reduces the risk of TB infection progressing to TB disease in the student and is essential to controlling and eliminating TB disease in the United States.

III. Penalty for Noncompliance

Students who fail to be compliant will not be permitted to register for classes in future semesters until immunization requirements are met.

IV. Related Documents

Immunization Description Form (See Appendix A)
Religious Immunization Exemption Form (See Appendix B)
Medical Immunization Exemption Form (See Appendix C)



Appendix A: Immunization Description Form

MEASLES, MUMPS, RUBELLA VACCINE (MMR)

- **Measles** is a very contagious disease caused by a virus. It spreads through the air when an infected person coughs or sneezes. Symptoms present as a fever, cough, runny nose, and red eyes followed by a rash that looks like red spots. The rash starts at the head and spreads to the rest of the body.
- **Mumps** is a contagious disease that is caused by a virus. Mumps typically start with a fever, headache, muscle aches, tiredness, and loss of appetite. In addition, most people will have swelling of their salivary glands that presents as puffy cheeks and a tender, swollen jaw.
- **Rubella** is a contagious disease caused by a virus. It is also called German measles, but it is caused by a different virus than measles. Most people who get rubella usually have mild illness; symptoms can include a low-grade fever, sore throat, and a rash that starts on the face and spreads to the rest of the body. Some people may also have a headache, pink eye, and general discomfort before the rash appears. Rubella can cause a miscarriage or serious birth defects in an unborn baby if a woman is infected while she is pregnant.

VARICELLA VACCINE

- **Varicella, commonly referred to as “chickenpox,”** is an acute and highly contagious disease that causes an itchy rash of blisters and a fever. A person with chickenpox may have as many as 500 blisters that can spread over the entire body. Chickenpox can cause serious problems such as skin infections, dehydration, pneumonia, and encephalitis; it can be life-threatening for babies, adolescents, adults, pregnant women and people with weakened immune systems. Individuals who are at high risk for exposure and transmission include college students, nonpregnant women of child bearing age, and international travelers. Chickenpox is highly transmissible via respiratory droplets (tiny particles that get into the air when someone who has chickenpox breathes or talks) or direct contact with a chickenpox blister. Chickenpox can spread 1 to 2 days before the infected person gets a rash until all the blisters have formed scabs.
- **Shingles, also called herpes zoster,** is a painful rash disease that may result in severe nerve pain called postherpetic neuralgia that can last for months or years after the rash goes away. Shingles is caused by the varicella zoster virus—the same virus that causes chickenpox. Anyone who has had chickenpox can get shingles. An estimated 1 million people get shingles each year in the United States; almost 1 out of 3 people in the United States will develop shingles in their lifetime. Although you can get shingles at any age, it is more common in older adults (>50 years). CDC recommends that people age 50 or older get shingles vaccine called Shingrix to protect against shingles and the long-term pain that it can cause.



MENINGOCOCCAL QUADRIVALENT (MCV4) AND SEROGROUP B MENINGOCOCCAL (MenB) VACCINES

- Meningococcal disease is often a severe and potentially fatal infection caused by a type of bacteria called *Neisseria meningitidis*. There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease; three of these serogroups (B, C, and Y) cause most of the illness seen in the United States. Anyone can get meningococcal disease but certain people are at increased risk, including adolescents and young adults 16 through 23 years old.
- Meningococcal disease can be difficult to diagnose because the signs and symptoms are often similar to those of other illnesses; however, it is very serious and can be deadly in a matter of hours. Even when it is treated, meningococcal disease kills 10 to 15% of infected people. Of those who survive, about 15% will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.
- *Neisseria meningitidis* typically causes meningitis (infection of the lining of the brain and spinal cord) and infections of the blood (meningococcemia). The bacteria spreads from person to person with the exchange of respiratory and throat secretions (coughing or kissing) or close contact (living in close proximity). Meningococcal disease often occurs without warning – even among people who are otherwise healthy.

TETANUS, DIPHTHERIA, PERTUSSIS VACCINE

- **Tetanus, diphtheria, and pertussis** are very serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.
- **Tetanus (Lockjaw)** is rare in the United States today. Symptoms present as painful muscle tightening and stiffness, usually all over the body. Tetanus can lead to tightening of muscles in the head and neck causing difficulty opening one’s mouth, swallowing, or breathing. Tetanus kills about 1 out of 10 people who are infected despite receiving the best medical care.
- **Diphtheria** is also rare in the United States today. Symptoms present as a thick coating in the back of the throat; it can lead to breathing problems, heart failure, paralysis, and death.
- **Pertussis (Whooping Cough)** is a highly contagious acute respiratory illness caused by *Bordetella pertussis*. Pertussis is spread by respiratory droplets and can be transmitted by coughing, sneezing, or sharing breathing space for extended periods of time by about 80%.



Appendix B: Religious Immunization Exemption Request Form

PRINT STUDENT NAME (LAST, FIRST, MI)

DATE OF BIRTH
(MM/DD/YYYY)

I AM REQUESTING A RELIGIOUS EXEMPTION FOR THE FOLLOWING VACCINE(S)
REQUIRED BY UNIVERSITY POLICY (check all that apply):

- MMR Varicella Meningitis (MCV4) Meningitis B Tdap

If you have firmly or sincerely held religious beliefs, including moral or ethical beliefs that prevent you from receiving the indicated vaccine(s), provide a thorough written statement below explaining your beliefs and your opposition to the immunization. You may be contacted for additional follow-up information regarding your statement.

PERSONAL STATEMENT

I acknowledge that I have read the Seton Hill University Student Immunization and Screening Policy. In the event that my religious exemption request is approved, I agree to comply with any and all risk mitigation practices, including but not limited to the practices mentioned in II(C)(3) and (4) of this Policy. I voluntarily assume the risk that I may be exposed to, and become sick from the diseases outlined in the policy, and I agree to hold Seton Hill University, its trustees, officers, directors, and agents harmless from the consequence or effects caused by such illness.

IN SIGNING THIS RELIGIOUS EXEMPTION REQUEST FORM, I CERTIFY THAT the information I have provided is complete, true and correct. I have read, understand, and agree to abide by the foregoing requirements should my request for a religious exemption from the indicated vaccine(s) be approved.

Student Signature:	Date:
IF STUDENT IS UNDER THE AGE OF 18	
Parent Signature:	
Parent Name:	
Date:	



Appendix C: Medical Immunization Exemption Request Form

PRINT STUDENT NAME (LAST, FIRST, MI)

DATE OF BIRTH
(MM/DD/YYYY)

I AM REQUESTING A MEDICAL EXEMPTION FOR THE FOLLOWING VACCINE(S) REQUIRED BY UNIVERSITY POLICY (check all that apply):

- MMR Varicella Meningitis (MCV4) Meningitis B Tdap

To be completed by the medical provider:

I certify that my patient (named above) should not be vaccinated against the indicated vaccine(s) because (s)he has one of the following contraindications:

Documented anaphylactic allergic reaction or other severe adverse reaction to the indicated vaccine (e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms). This generally does not include gastro-intestinal symptoms as the sole presentation of allergy. This also does not include sore arm, local reaction or subsequent respiratory tract infection. Describe the specific reaction:

Documented allergy to a component of the vaccine. Describe the specific reaction:

Other documented contraindication (please explain):

Healthcare Provider Name: (please print)		Title:
Health Care Provider Signature:	Phone:	Date:
Address or Organizational Stamp:		