CLINICAL EDUCATION HANDBOOK
ACADEMIC YEAR 2018-2019

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University of Michigan-Flint reserves the right to modify any policies or procedures described in this handbook. In the event such an action is taken, students and clinical sites affected will be advised. Every effort will be made to give as much advance notice as possible.
University of Michigan-Flint
College of Health Sciences
Physical Therapy Department

University of Michigan-Flint Mission Statement
The University of Michigan-Flint is a comprehensive urban university of diverse learners and scholars committed to advancing our local and global communities. In the University of Michigan tradition, we value excellence in teaching, learning, and scholarship; student centeredness; and engaged citizenship. Through personal attention and dedicated faculty and staff, our students become leaders and best in their fields, professions, and communities.

College of Health Sciences Mission Statement
The College of Health Sciences is a diverse community of learners and scholars. The faculty utilize best practices in teaching, scholarship, service, and community engagement to educate highly qualified professionals to advance the health of local and global communities.

Physical Therapy Department Mission Statement
The Physical Therapy Department at the University of Michigan-Flint prepares accomplished physical therapist practitioners, researchers, and educators through best practices in teaching and learning, advances scientific knowledge by engaging in rigorous scholarship, and serves our diverse local community and beyond to optimize movement, participation, and health and well-being for all individuals.
Expected Clinical Education Outcomes

Final outcomes of the educational process shall be the demonstration of competencies necessary for effective practice of physical therapy. The graduate of the program shall be capable of practice as a general primary practitioner.

Upon completion of the clinical courses, the expected student outcomes will be:

1. Exposure to other health care disciplines in order to work in an interdisciplinary team.
2. Practice in a variety of settings including an acute care or in-patient rehabilitation setting in any full time clinical experience and an orthopedic outpatient setting along with a setting of interest for the final three ten week clinical experiences.
3. Provide “primary care” to patients/clients within the scope of physical therapy practice.
4. Demonstrate advanced intermediate performance on the first ten week clinical experience and entry-level performance on the final two ten week clinical experiences in the entire scope of physical therapy practice as demonstrated by assessment on the APTA Clinical Performance Instrument.
Essential Functions for Physical Therapist Students

Applicants admitted to the Professional Doctor of Physical Therapy (DPT) program must demonstrate that they possess the intelligence, integrity, compassion, humanitarian concern, physical capability, and emotional capacity necessary to succeed in a challenging curriculum as well as perform in the practice of physical therapy.

To fulfill our responsibility both to the profession and to the public to prepare DPT graduates to be competent physical therapists, the Faculty of the University of Michigan-Flint Physical Therapy Department has developed Essential Functions. Essential Functions are the cognitive, emotional, behavioral, and physical abilities required for satisfactory completion of the DPT curriculum and development of professional attributes required of all students at graduation.

While an applicant is not required to disclose the specifics of any disability, it is the applicant's responsibility to request reasonable accommodation if they cannot demonstrate these Essential Functions without accommodation.

The following are the Essential Functions that students must be able to meet either with or without reasonable accommodation.

**Intellectual/Conceptual, Integrative, and Qualitative Skills:**

Physical therapists must have the skills to: obtain, interpret, and document data; solve problems and make diagnoses; make proper assessments and use sound judgment; appropriately prioritize therapeutic interventions; measure and record patient care outcomes. In addition, students must be able to comprehend three-dimensional relationships and understand the spatial relationships of anatomic structures. These skills are critical and require these intellectual abilities: measuring, calculating, reasoning, analyzing, and synthesizing.

Intellectual/Conceptual, Integrative, and Qualitative Skills include, but are not limited to:

1. Receive, interpret, remember, reproduce, and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate ways of processing or categorizing similar information listed in course objectives.

2. Perform a physical therapy examination of a client’s posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors. Additionally, this examination will be performed in a timely manner, consistent with the acceptable norms of clinical settings.

3. Use examination data to formulate a physical therapy evaluation and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified, and consistent with acceptable norms of clinical settings.

4. Incorporate information from peer-reviewed literature, from faculty, from peers, and laboratory and radiological data into patient management.

5. Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner, and consistent with the acceptable norms of clinical settings.
Communication Skills:

DPT students must be able to communicate in English effectively and sensitively with patients. In addition, students must be able to communicate in English in oral and written form with faculty, other healthcare providers, and peers in the classroom, laboratory, and clinical settings. Such communication skills include hearing, speaking, reading, and writing in English. Students must have the ability to complete reading assignments and search and evaluate the literature. Students must be able to complete written assignments and maintain written records. Students must also have the ability to use therapeutic communication such as attending, clarifying, coaching, facilitating, and palpation. These skills must be performed in clinical settings, as well as the didactic and laboratory environments.

Communication Skills include, but are not limited to:

1. Effectively communicate information and safety concerns with other students, teachers, clients, peers, staff and personnel by asking questions, giving information, explaining conditions and procedures, or teaching home programs. These must be done in a timely manner and within the acceptable norms of academic and clinical settings.

2. Receive and interpret written communication in both academic and clinical settings in a timely manner.

3. Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.

4. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively, and efficiently in oral and written English with all members of the health care team.

Behavioral/Social Skills and Professionalism:

Students in the Department of Physical Therapy must demonstrate attributes of empathy, integrity, concern for others, interpersonal skills, interest, and self-motivation. Students must demonstrate sound judgment, complete the responsibilities attendant to the evaluation and care of patients, and develop mature, sensitive, and effective relationships with patients. Students must be adaptable to ever-changing environments, display flexibility, respect individual differences, and function in the face of uncertainties and stresses inherent in the educational processes well as in clinical practice.

Students must demonstrate appropriate assertiveness, ability to delegate responsibilities appropriately, ability to function as part of a physical therapy team, demonstrate organizational skills and initiative necessary to meet deadlines and manage time.

Behavioral/Social Skills and Professionalism examples include, but are not limited to:

1. Maintain general good health, hygiene, and self-care in order to safeguard the health and safety of self and individuals with whom one interacts in the academic and clinical settings.

2. Arrange transportation and living accommodations to foster timely reporting to the classroom and clinical assignments.

3. Demonstrate appropriate affective behaviors and mental attitudes in order to maintain the emotional, physical, mental, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.
4. Sustain the mental and emotional rigors of a demanding educational program in physical therapy which includes academic and clinical components that occur within time constraints, often concurrently.

5. Demonstrate the emotional health required for the full utilization of his or her intellectual abilities to safely engage in providing care to patients and their families within all health-related settings, including those that are rapidly changing and may be highly stressful.

6. Engage in providing safe and quality physical therapy services to patients in rapidly changing and often high stressful health-related setting without any evidence of behaviors of addiction to, abuse of, or dependence on alcohol or other drugs that have the potential to impair behavior or judgment.

**Motor Skills/Sensory/Observational Skills:**

The delivery of physical therapy requires gross and fine motor control. Students in the Department of Physical Therapy and as practicing physical therapists must have the physical strength, stamina, and motor control to lift and transfer patients, assist patients with ambulation, stand for prolonged periods of time, perform cardiopulmonary resuscitation (CPR); have sufficient manual dexterity, strength, and endurance to engage in physical therapy procedures that involve palpating, grasping, pushing, pulling, holding, and ensure the safety of the patient at all times.

DPT students must be able to observe demonstrations and participate in all curriculum educational experiences, must be able to observe patients, and be able to obtain an appropriate medical history directly from the patient or guardian. Such observation and participation necessitates the functional use of vision, hearing, and other sensory modalities.

Motor Skills/Sensory/Observational Skills include, but are not limited to:

1. Physically move to lecture, lab, and clinical locations; move within rooms as needed for changing groups, partners, and workstations.

2. Physically move in required clinical settings, to accomplish assigned tasks.

3. Physically move quickly in an emergency situation to protect the patient (e.g. from falling).

4. Physically move another person’s body parts to effectively perform evaluation techniques.

5. Effectively use common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, strength e.g., cotton balls, safety pins, goniometers, Q-tips, sphygmomanometer, dynamometer.

6. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including ability to give time urgent verbal feedback).

7. Control another person’s body in transfers, gait, positioning, exercise, and mobilization techniques.

8. Arrange bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning; moving, lifting, and pushing/pulling; providing care to a patient effectively including lifting objects that reflect a range of weight between 10 – 100 lbs.

9. Competently perform and supervise CPR using guidelines issued by the American Heart Association or the American Red Cross.

10. Legibly record thoughts in English for written assignments and tests.
11. Legibly record/document evaluations, patient care notes, and referrals, etc. into charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.

12. Detect changes in an individual’s muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner; detect an individual’s response to environmental changes and treatment.

13. Safely apply and adjust the dials or controls of therapeutic modalities.

14. Safely and effectively position hands and apply mobilization techniques.

15. Use a telephone. Use a computer.

16. Read written and illustrated material in the English language, in the form of lecture handouts, textbooks, literature, and patient charts.

17. Observe active demonstrations in the classroom.

18. Receive visual information from training videos, projected slides/overheads, radiographs, and notes written on a blackboard/whiteboard.

19. Receive visual information from clients, e.g., movement, posture, body mechanics, and gait necessary for comparison to reference standards when evaluating movement dysfunctions.

20. Receive visual information from the treatment environment (e.g., dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc).

21. Receive visual clues including facial grimaces, muscle twitching, withdrawal etc.

22. Receive aural information from lectures and discussion in an academic and clinical setting.

23. Distinguish between normal and abnormal lung and heart sounds using a stethoscope.

Adopted July 2010
Reviewed June 2013
Relationship between Students, the Clinical Faculty (Site Coordinator of Clinical Education and Clinical Instructor) and the Co-Associate Director for Clinical Education

The relationship between the student and Site Coordinator for Clinical Education (SCCE) and Clinical Instructor (CI) are expected to be the primary instructional, evaluative and supervisory interaction. The Co-Associate Director for Clinical Education (Co-ADCE) functions mainly to facilitate that interaction should additional integration be necessary to maximize student performance.

Students should be expected to utilize the primary relationship for problem solving with regard to professionally oriented education activities with the specific institution to which they have been assigned. The function of the Co-ADCE is primarily to enhance the student-clinical faculty relationship, to assist in integrating and synthesizing clinical experience across the student’s entire individualized clinical educational program encompassing multiple training centers, and provision of professional and personal-social counseling efforts as necessary and appropriate.
University of Michigan-Flint  
College of Health Sciences  
Physical Therapy Department

Guidelines for the Establishment of an Effective Clinical Instructor-Student Relationship

An effective clinical instructor (CI)-student relationship is the key element of a successful learning experience for the student. The model or relationship in the didactic portion of the program is moving rapidly away from a student-faculty model to a junior-senior collegial model. The collegial model is predicated on the assumption that physical therapy students are not preparing to enter the profession of physical therapy; they have entered it. Only under extraordinary circumstances is their entrance reversed by the faculty who has assumed this responsibility by virtue of their commitment to the field. Crucial elements of this model include that the clinical instructor:

a. has a minimum of one year clinical experience as a practicing physical therapist  
b. maintains his/her clinical expertise  
c. models productive personal and professional behavior  
d. reduces status considerations in the teaching process  
e. uses communication rather than authority to modify behavior  
f. expresses appreciation of each individual’s uniqueness and their individually defined strengths and weaknesses  
g. nurtures productive human interactions

It is anticipated that clinical instructors will recognize that to the degree that a collegial model can be established and fostered in their setting, productive attitudes toward present and future learning and professional performance will occur and the joint efforts of the Department and the clinical facility will enhance student success. It is also recognized that the clinical instructor will have a minimum of one year experience in the setting they are supervising a student. This will ensure the clinical instructor is comfortable in the practice setting which will allow for focus on the affective nature of interpersonal skills with the student.

It has been our experience that collegial relationships are best fostered when specific guidelines are in effect to facilitate productive interaction and to define both the prerogatives and responsibilities of students and clinical faculty. Students are currently prepared to undertake clinical practice with a working knowledge of the APTA Code of Ethics and the Policy on Satisfactory Completion of Clinical Education.

Within the general limitations of these policies, the guidelines described below may be modified according to the individuals involved, the policies and procedures of the sponsoring agency, and special circumstances. To the degree that students and clinical instructors can jointly utilize the following guidelines to promote effective interaction and a feeling of mutual commitment, they serve their purpose well.

Guidelines

1. The clinical education program is an integral part of the total education of the physical therapy student. It is composed of a series of learning experiences which are supervised and directed by physical therapists. The relationship between the student and supervising physical therapist should encourage the student to seek help
and ask questions as he deems necessary. The student should also have the security of knowing that his clinical instructor is aware of his performance and will assist or correct him when appropriate.

2. A student cannot constantly work under direct observation. However, there should be frequent opportunities for observation by the physical therapy clinical instructor and someone capable of handling unforeseen situations should always be within calling distance. Supervisory conferences with the student should be scheduled at appropriate intervals to permit discussion and feedback of the student’s performance and a free exchange of information.

3. The student’s degree of participation in patient care depends upon the level of educational competence the students has gained at the time of the clinical exposure. The clinical instructor should not require the student to learn and carry out activities before they are covered in the classroom. The students are encouraged to request help when they are unsure of any patient related activity.

4. Working hours are determined by the policies of the affiliating institution. Any deviations from established working hours are decided upon by mutual agreement between the student, clinical instructor, and Co-ADCE.

5. Because of the nature of the treatment relationship in physical therapy and the inherent dangers which are always present, the inexperienced student needs guidance, direction, and assistance to assure patient safety. In the case of injury to the patient in which negligence is alleged, the clinical instructor and the institution might share legal responsibility with the student. Students, in so far as they are acting within the scope of a University approved or sponsored program of training, are covered by their own professional malpractice insurance.

6. If a student is to be involved in an activity which takes him and the patient away from the usual treatment setting, he should be accompanied by a member of the institution’s professional staff. The activity should be identified as part of the patient’s treatment program and approved in writing by the student’s clinical instructor. If the student is expected to be more than an observer, the professional staff member should ordinarily be a physical therapist.

These guidelines are not intended to serve as a means of determining satisfactory completion of clinical education for which a separate policy statement has been prepared and is in effect. They also should be considered supplemental to the guideline statements for absenteeism and standards for clinical attire.
Clinical Education Site and Clinical Faculty Policy

1. PURPOSE. The purpose of this policy is:
   1.1 To provide an understanding of requirements of clinical education sites
   1.2 To provide an understanding of requirements of clinical faculty

2. OPERATIONAL DEFINITIONS. For the purposes of this policy, the following operational definitions are employed.
   2.1 Co-Associate Director for Clinical Education (Co-ADCE): Physical therapy faculty member appointed to this position or the individual who has been designated by the Director of the Department to act in the absence of the Co-Associate Director for Clinical Education
   2.2 Clinical Faculty: Physical therapists responsible for the supervision of physical therapy students during clinical education. Clinical faculty includes the Center Coordinator for Clinical Education (SCCE) and/or the Clinical Instructor (CI).
   2.3 Clinical Education Site: Clinical facility where students are placed for a clinical education experience.
   2.4 American Physical Therapy Association (APTA): a national professional organization of physical therapy professionals.

3. REQUIREMENTS OF CLINICAL EDUCATION SITES
   3.1 Mutual contract agreement between the University of Michigan-Flint and the clinical education site.
   3.2 Clinical education site must demonstrate both the ethical and legal practice of physical therapy.
      3.2.1 All physical therapists and physical therapist assistants on staff practice ethically and legally as outlined by the state standards of practice, the state practice act, clinical education site policy, the APTA Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, and policy and positions of the APTA.
      3.2.2 The clinical site adheres to affirmative action policies and does not discriminate on the basis of sex, race, creed, color, age, religion, sexual orientation, national or ethnic origin, or disability or health status.
   3.3 The clinical education site must not be a physician owned practice (POPTS) or be in a referral for profit setting.
      3.3.1 An exception to the POPTS policy may be made such that a physical therapy clinical affiliation agreement with a POPTS may be made after careful vetting by the Co-Associate Director of Clinical Education which provides evidence that the ownership relationship is not a referral-for-profit arrangement. An exception to the policy can only be made by approval of the faculty after the information gathered by the Co-ADCE is presented at a faculty meeting. Information may include, but is not limited to, evidence of partial ownership by a physical therapist, percent of referrals from outside the clinical site, transparency of operations, etc. While the affiliation agreement is made with the site, clinical education experiences may be limited to one or more clinical instructors at the site.
   3.4 Completed current Clinical Site Information Form (CSIF) on file with the University of Michigan-Flint.
   3.5 Sufficient staff to provide adequate student supervision
      3.5.1 At least one physical therapist present on site during affiliation
      3.5.2 Student-CI ratio can vary according to the nature of the physical therapy service, the nature of the staff, level of the students, the type of students, and the length of the clinical education assignments.
3.5.3 CI responsibilities for patient care, teaching, research, and community service permit adequate time for supervision of students.

3.6 Clinical education site must be willing to offer student placements on a consistent basis.

3.7 Clinical education site must provide opportunities in planned learning experiences for each student.

3.7.1 The facility must have an active and stimulating environment for learning needs of the student.

3.7.2 Other learning experiences should be available and may include opportunities in areas of specialty practice, management, supervision, teaching, and scholarship.

3.8 Clinical education site should provide evidence of active staff development program.

3.8.1 There is evidence of support for a staff development program.

3.8.2 Student participation in staff development activities is expected and encouraged.

3.9 Clinical site should provide evidence of clinical staff involvement in clinical education, state and local professional organizations, and/or the APTA.

3.9.1 Involvement may include but is not limited to the following: self-improvement activities, professional enhancement activities, membership in professional associations, professional activities relating to offices of committees, papers, or verbal presentations, other special activities.

3.9.2 The physical therapy staff should be encouraged to be professionally active at local, state, and/or national levels.

3.9.3 The physical therapy staff should provide students with information about professional activities and encourage their participation.

3.9.4 The physical therapy staff should be knowledgeable about professional issues.

4. REQUIREMENTS OF CLINICAL FACULTY

4.1 Clinical Competence

4.1.1 PT license in the state of practice

4.1.2 At least one year of clinical experience

4.2 Professional Skills

4.2.1 Involvement in one or more professional development activities such as journal clubs, case conferences, case studies, literature reviews, post-professional education

4.2.2 Utilizes evidence based practice

4.3 Ethical Behavior

4.3.1 Abides by the APTA Code of Ethics and Guide for Professional Conduct

4.3.2 Demonstrates APTA Core Values

4.4 Communication Skills

4.4.1 Clearly defines student performance expectations

4.4.2 Develops goals and objectives for the clinical experience with the student

4.4.3 Utilizes active listening skills

4.4.4 Provides timely, positive, and constructive feedback

4.4.5 Consults with Co-ADC as needed

4.5 Interpersonal Skills

4.5.1 Functions as role model/mentor for the student

4.5.2 Demonstrates exemplary employee record with patients/clients, co-workers, and managers

4.6 Instructional Skills

4.6.1 Demonstrate understanding of U of M-Flint didactic preparation and objectives of the clinical education experience

4.6.2 Integrates knowledge of various learning styles

4.6.3 Sequences learning experiences to progress toward objectives

4.6.4 Monitors and modifies learning experience as needed

4.6.5 Requires students to use evidence based practice

4.7 Supervisory Skills

4.7.1 Effectively communicates expectations to peers, personnel, students and others
4.7.2 Effectively provides formal and informal feedback to supervised personnel/students
4.7.3 Effectively supervises support personnel/others

4.8 Performance Evaluation Skills
4.8.1 Understands how to properly use the Clinical Performance Instrument
4.8.2 Provides accurate and objective assessment
4.8.3 Confronts and identifies plan for correction of undesirable behaviors

4.9 Other preferred expectations
4.9.1 CI is an APTA member
4.9.2 CI is an APTA Credentialed CI (Basic and Advanced)
4.9.3 CI is a certified clinical specialist

Adopted September 2009
Reviewed March 2011
Revised May 2012
Revised June 2013
Revised December 2014

References:
APTA Guidelines and Self-Assessment for Clinical Education, 1999
University of Michigan-Flint
College of Health Sciences
Physical Therapy Department

Sharing of Information

Student Information to Clinical Faculty
Clinical Faculty/Site Information from Student

Students enrolled at the University of Michigan-Flint have confidentiality rights related to personal information disclosed to sources outside of the university. This includes the Family Education Rights and Privacy Act (FERPA). (Affiliation Agreement, Section 2.A.10)

Please see the following URLs for more information:

- UM-Flint FERPA
  http://www.umflint.edu/registrar/privacy.htm
- U.S. Department of Education FERPA

Clinical Education sites that have an affiliation agreement with University of Michigan-Flint are considered extensions of the university. This means student information pertinent to the student performance in the clinical education setting is allowed to be shared with the clinical faculty. The University of Michigan-Flint faculty and staff try to advise students to disclose information on their own accord. It is the belief of the faculty and staff to assist students in development in professional behavior specific to interpersonal skills.

Students sign the Department Use of Student Contact Information and Permission Form as an incoming student during orientation for YR1. Basic release of student contact information is provided by the Physical Therapy Department to the clinical education faculty which includes:

- Name
- Address
- Telephone Number
- Email Address

The student is advised to seek medical attention for physical and psychological conditions that will impact performance in the clinical setting. Academic and clinical faculty may request the student seek medical attention and obtain a written statement from a medical practitioner that describes restrictions and length of time of the restrictions. It is left to the academic and clinical faculty if they are able to offer reasonable accommodations and ensure appropriate assessment of course objectives that allow the student the ability to participate in the clinical experience.

At present, the University of Michigan-Flint Physical Therapy Department does require a criminal background check but does not require drug testing, or fingerprinting of entry level DPT students. If a clinical site requires this information they may pay for the service or request the student pay for the cost of the service. The information obtained from these resources will be sent directly to the requesting clinical site. The clinical site then makes a determination of whether to accept the student into their facility. (Please see the Affiliation Agreement).

Students must follow the Academic Standards Policy and Professional Conduct Policy of the Physical Therapy Department (See Clinical Education Handbook).
Clinical education faculty are required to keep all student information confidential. Student performance, medical, or personal contact information should only be shared in a secured manner with the persons whom have direct supervision with the student.

Students have the responsible to keep information about patients, clinical faculty, and clinical sites confidential. All concerns brought forth by students should be brought to the attention of 1) Clinical Instructor, 2) Center Coordinator for Clinical Education, and 3) Co-Associate Director for Clinical Education. The student may seek advice from other parties but should consider the importance of keeping the conversation appropriate and professional. Students may be asked to bring forward examples of clinical education experiences in DPT courses. The student should consider keeping the information informative and professional while maintaining the confidentiality of the patient, clinical faculty, and clinical site.

Reviewed June 2013
Revised June 2018
Information for the Clinical Faculty

Guidelines and Self Assessments for Clinical Education

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: Guidelines for Clinical Education Sites, Guidelines for Clinical Instructors (CIs), and Guidelines for Center Coordinators of Clinical Education (SCCEs). These guidelines were first adopted by the APTA Board of Directors in November 1992 and endorsed by the APTA House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by the APTA Board of Directors in 1999 and 2004.

The intent of these voluntary guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and SCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient’s home.

The self-assessment instruments for SCCEs, CIs, and clinical education sites, should be used in conjunction with the guidelines for clinical education. The assessment tools can be found after each of their respective clinical education guidelines. They are most effective when used as a comprehensive document for evaluating the effectiveness of the clinical education site’s program and its clinical teachers.

The purposes of these assessment tools are threefold:

1) To empower clinical education sites, SCCEs, and CIs to assess themselves in order to enhance the development and growth of student clinical education experiences;

2) To provide developing and existing clinical education sites with objective measures to evaluate their clinical education program’s assets and areas for growth; and

3) To provide clinical education sites with objective measures for the selection and development of SCCEs and CIs.

(Copied from the Preamble of Guidelines and Self Assessments for Clinical Education, APTA)

Site Coordinators and Clinical Instructors will find the Guidelines and Self Assessments for Clinical Education on the APTA webpage URL: http://www.apta.org/Educators/Clinical/SiteDevelopment/.
Rights and Privileges of Clinical Faculty

Clinical faculty volunteer to supervise Professional DPT students without any form of increased compensation from their employer or the university. The Professional DPT core faculty understand the need to support clinical faculty. In a gesture of thanks, the University of Michigan-Flint deems the clinical faculty (SCCE/CI) the following rights and privileges:

- Access to the Professional DPT Program book and video libraries
- Two hour in-services provided annually on a topic of their choice
- Assistance with clinical practice questions
- Assistance with clinical education questions
- Collaboration in research projects
- Financial support for registration to the APTA Basic and Advanced CI Credential Training (first come, first served with limited seating)
- Audit privileges of Professional DPT courses
- Free admission to teleconferencing in-services (first come, first served with limited seating)
- All clinical faculty within a reasonable distance (60 mile radius of our program) are invited to attend the formal student case study poster presentations each year
- The right of clinical faculty to temporarily or permanently withdraw a student from the facility

Clinical faculty are encouraged to take advantage of the above rights and privileges by contacting the Physical Therapy Department at (810) 762-3373.
# CLINICAL EDUCATION CURRICULUM

<table>
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<th>Fall Year 1</th>
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<th>Spring/Summer Year 1</th>
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<td>PTP 629 Integrated Clinical Experience I (2 credits) 3 observation experiences</td>
<td>PTP 630 Integrated Clinical Experience II (2 credits) 40 hours of clinical experience</td>
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<tr>
<td>PTP 730 Full Time Clinical Experience (4 credits) 6 weeks of full time experience</td>
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<th>Winter Year 3</th>
<th>Spring/Summer Year 3</th>
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<tr>
<td>N/A</td>
<td>PTP 823 Clinical Internship I (5 credits) PTP 824 Clinical Internship II (5 credits) Each are 10 weeks of full time clinical experience</td>
<td>PTP 825 Clinical Internship III (5 credits) 10 weeks of full time clinical experience</td>
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Academic Standards for Satisfactory Completion of Clinical Education Policy and Procedures
Professional DPT Program

UM-Flint PTD Policy Number: 340.01: Academic Affairs -Student

Effective: 7/1/2017

Revised: 11/8/2017

Responsible Party: ADCE

Scope: Clinical education policy and procedures related to preparation, prerequisites, and clinical education performance.

I. Purpose
a. To provide an understanding of the prerequisite courses required to complete clinical education courses.

b. To provide guidance for students, clinical instructors and physical therapy faculty on policies and procedures in response to evaluation of a student’s clinical performance.

c. To provide an outline of responsibilities of the Associate Director for Professional Education (Director of Professional DPT Program), core physical therapy faculty, Associate Director for Clinical Education (ADCE) clinical instructors, and students relative to these policies and procedures

d. To facilitate counseling of students by faculty in matters related to these policies and procedures

II. Definitions.

a. **Associate Director for Clinical Education (ADCE):** Core physical therapy faculty member appointed to this position or the individual who has been designated by the Associate Director for Professional Education to act in the absence of the Associate Director for Clinical Education. Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.

b. **Clinical Education Faculty:** The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Site Coordinators of Clinical Education (SCCEs), preceptors, or Clinical Instructors (CI’s). While the academic institution does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. Physical therapists responsible for the supervision of physical therapy students during clinical education.

c. **Didactic Curriculum:** Year 1 through Fall Semester Year 3 of the Professional DPT program. The component of the physical therapist professional education program that is comprised of the content, instruction, learning experiences, and assessment directed by the academic faculty

d. **Good standing:** A student with an overall GPA of 3.0 or higher and no current professional conduct
violations.

e. **Clinical Education:** A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.

f. **Clinical Performance Assessment:** Formal and informal processes designed to appraise physical therapist student performance during clinical education experiences. Assessment may be formative or summative in nature and performed for the purposes of providing feedback, improving learning, revising learning experiences, and determining successful attainment of student performance expectations during clinical education experiences.

g. **Physical Therapist Professional Education Program:** Education comprised of didactic and clinical education designed to assure that students acquire the professional knowledge, skills, and behaviors required for entry-level physical therapist practice.

h. **Clinical Education Curriculum:** The portion of a physical therapy education program that includes all part-time and full-time clinical education experiences as well as the supportive preparatory and administrative components.

i. **Full-Time Clinical Education Experience:** A clinical education experience in which a student is engaged for a minimum of 35 hours per week. Full-time clinical education experiences designated to achieve the minimum number of weeks set forth by CAPTE are directed by a physical therapist clinical instructor. An integrated clinical education experience may be a full-time clinical education experience.

III. Operational Procedures

a. The ADCE will review the Clinical Education handbook, which includes policies related to Clinical Education, with the students during new student orientation and in PTP 629 Integrated Clinical Experience I.

IV. Prerequisites

a. The prerequisite PTP 629 Integrated Clinical Experience I is entry into the Professional DPT program.

b. All courses and requirements in the Professional DPT curriculum that occur in a prior semester to a clinical education course are considered prerequisites to the clinical education course.

c. In the case of a part time track, all Track A courses must be passed prior to attending the clinical education course in Track B of the same year.

d. Students must complete all incomplete courses before being allowed to participate in clinical education.

e. A student who has a professional misconduct or is on academic probation may participate in clinical education courses. The clinical faculty will be informed of the student’s situation.

f. A student who has an academic or professional conduct appeal pending may not attend any clinical education course.

V. Academic Standards for Clinical Education

a. The Academic Standards Policy and Procedure of the Professional DPT Program are adhered to as part of the Academic Standards for Clinical Education.

b. PTP 629 and PTP 630 follow the grading system set forth by the Academic Standards Policy (please refer to the General Academic Standards Policy in the DPT student handbook). Student grade appeals also follow policy outlined in DPT student handbook.

c. PTP 730:
i. Follows the grading system set forth by the Academic Standards Policy for the 8 week didactic preparatory portion of the course (please refer to the General Academic Standards Policy in the DPT student handbook). Student grade appeals for the 8 week didactic portion will follow policy outlined in the DPT student handbook.

ii. Advanced Beginner performance on the Clinical Performance Instrument or higher is considered passing in the full-time clinical education experience. If the student fails to meet the performance criteria in the full-time clinical education experience as determined by the ADCE any or all of the follow steps can be taken:
   1. Require additional clinical time in the same or different facility to improve skills to meet course objectives and requirements. Student would receive an I grade.
   2. Arrange for more didactic course work to be successfully completed prior to clinical remediation or additional experience. This remediation of the clinical experience would occur in the summer break in July and August of the following year. The student would continue in their didactic coursework with their cohort and would receive an I grade.
   3. Require the student to repeat PTP 730 immediately beginning in January of the following year. This will delay progress in the curriculum. Student would receive an I grade. Upon successful completion the student will continue in the part time curriculum.
   4. Require the student to repeat PTP 730 immediately beginning in January of the following year. This will delay progress in the curriculum. Student would receive an I grade. Upon successful completion the student will resume their didactic course work 1 year later.
   5. Require the student to repeat PTP 730 in the fall of the following year. Student would receive an I grade and not be allowed to register for any further DPT courses until successful completion of remediation.
   6. Require the student to register for a remedial 1 credit PTP 604 independent study course.
   7. Dismissal from the Program in Physical Therapy and student will receive an E grade

iii. The student will be on probation until they have successfully remediated the failed internship.

   d. A, A-, B+, B, B- will be considered passing grades for PTP 823, 824, and PTP 825. A grade of C+ or below in one of the final clinical internships (PTP 823, 824, & 825) is a failing grade.

i. Procedures
   1. For a student who receives a grade of C+ or below:
      a. The student must meet with the Co-ADCE or the instructor of record to devise a remediation plan that addresses the areas of the Clinical Performance Instrument (CPI) where the student failed to meet advanced intermediate or entry level performance as appropriate based on the course requirements. This will result in a delay of graduation. Clinical faculty will be informed of the student’s situation. The student may be required to complete a remedial 1 credit 604 independent study course.
      b. The student will be on probation until they have successfully remediated the failed internship.
      c. Successful completion of a repeat internship will remove the student from probationary status.
   2. If the student fails the repeat internship, a grade of E will be assigned and the student will automatically be dismissed from the Professional DPT program.
   3. A student will be assigned an E grade on any of the full-time clinical internship courses (PTP 823, 824, or 825) for a Professional Misconduct violation and will automatically be dismissed from the Professional DPT program.
e. Grading stipulations will be outlined in the syllabus of each course and will include assessment of the student from clinical faculty as well as the instructor of the course. The Co-ADCE determines the grade and necessary action plans for PTP 730, PTP 823, PTP 824, and PTP 825 and makes consultative recommendations if the Co-ADCE is not the primary instructor for PTP 629 and PTP 630.
   i. The Co-ADCE will keep the student informed and notify the student in writing of the decision and course of action when his/her performance is evaluated as anything other than satisfactory. The Co-ADCE will follow the same guidelines as outlined in the Academic Standards Policy, Section on Advising.

f. The student will be allowed only one repeat of a full time internship.

g. If there is documentation of an academic or professional issue during a clinical education course, the clinical faculty and/or instructor of the course will notify the ADCE immediately. The ADCE will determine the course of action for the student and assess if the student may continue in the clinical internship.
   i. For courses PTP 730, PTP 823, PTP 824, PTP 825, the ADCE will decide if the student's performance in the Clinical Education course is satisfactory after careful review of the evaluation from the clinical faculty, which is the Clinical Performance Instrument (CPI), and review of all assignments and paperwork completion.
   ii. Removal from a clinical internship will result in a failing grade for the course. Examples of situations in which a student may be removed from a clinical internship include, but are not limited to:
      1. Unacceptable behavior that was previously identified and addressed through the Academic Standards or Professional Conduct Policy and procedures during the didactic portion of the Professional DPT program or during a prior clinical internship.
      2. Documented evidence of inability to perform the essential skills and abilities of a physical therapy student as outlined in the Essential Functions for Physical Therapy Students document (refer to the complete document).
      3. Documented evidence of persistent action or omission that endanger the health and/or safety of patients.
      4. Documented inability to gain from the clinical education opportunities available in that setting.
      5. Documented persistent failure to adhere to the policies and procedures and standards of practice in that clinical education facility.
      6. Inadequate performance on the CPI as outlined in the course syllabus.

h. The ADCE has the responsibility for determining whether to remove a student from a clinical internship. The ADCE may consult with the Professional DPT core faculty as needed. The decision to remove the student from the clinical facility may not be appealed. The student has no right of return to that clinical facility to continue a clinical internship.

i. The ADCE may take any of the following actions after seeking consultation with the core faculty with regard to appropriate remediation if student is removed from a clinical internship:
   i. Return the student to clinical education after providing academic counseling.
   ii. Require the student to undergo a series of remedial activities that may include cognitive, psychomotor or affective components.
   iii. Require the student to demonstrate basic competencies in order to gain from clinical education and establish criteria for minimal competency to return to clinical education. Assessment may be made by written, practical and/or oral examination utilizing a passing score of 80% in each required assessment.
   iv. Decisions about appropriate remedial action are determined on an individual case basis. In cases that result in a decision not to return the student to clinical education the student will be assigned an “E” grade.

VI. Appeal Process
a. Students to whom the academic discipline policy is applied have a right of appeal to the Associate Director for Professional Education if they believe any of the following conditions exist:
i. The decision is in violation of established departmental, school, or university policies or procedures.
ii. New evidence is presented which bears upon the validity of the faculty’s decision.
iii. The decision is clearly prejudicial, grossly inequitable, or academically indefensible.
b. The appeal to the Associate Director for Professional Education must be made on the PT Department Academic Standards Appeal Form. The appeals form must be received by the Associate Director for Professional Education no later than 7 business days after the student has received written confirmation of the faculty’s decision.
   i. The student must specify the basis for the appeal on the PT Department Academic Standards Appeal Form that is submitted to the Associate Director for Professional Education.
   ii. All evidence relevant to the appeal claim must be presented to the Associate Director for Professional Education prior to or at the time of the appeal hearing. The Associate Director for Professional Education is best able to make an informed decision only if all evidence pertinent to the case is presented before or during the departmental appeal hearing.
   iii. During the departmental and school appeal processes the student may not be enrolled in courses for which the student has not successfully completed the prerequisite courses.
c. Upon receipt of notification of appeal, the Associate Director for Professional Education will review the appeal and provide a written determination within 15 working days.
d. In cases involving issues of academic integrity as cited in the University catalogue, violations will be processed under the Professional Conduct Policy & Procedures for the Professional DPT Program.
e. Following appeal to the PT Department Director, the student may seek further appeal to the Academic Standards Committee of the SHPS.
   i. Student pursuing an appeal at the SHPS level will find instruction and appropriate forms on the SHPS webpage: http://www.umflint.edu/shps/GeneralInfo/shps_committees.html.
   ii. The decision of the Academic Standards Committee of the School of Health Professions and Studies shall be final.

VII. Record Keeping and Information Transmission
a. All student performance documentation related to full-time internships will be kept in the student file and electronically in the CPI website.
Professional Conduct Policy and Procedure for Professional DPT Program

Physical therapists should be consistently aware that the physical therapy profession is judged in part by the social and business conduct of its members. Students who enroll in the Professional DPT program within the Physical Therapy Department (PTD) agree to comply with certain obligations and responsibilities. As such, students admitted to the Professional DPT program are expected to observe approved standards of professional conduct, some of which relate to ethical principles and others which relate to expected behavior. The Professional Conduct Policy and Procedure is built on the premise that students uphold and conduct themselves at all times in a manner which demonstrates appropriate professional conduct with regard to the Core Values of the American Physical Therapy Association (APTA) (BOD P05-04-02-03): 1) accountability, 2) altruism, 3) compassion/caring, 4) excellence, 5) integrity, 6) professional duty, and 7) social responsibility emphasizing honesty, ethics, and sound professional behavior as they support others in maintaining these same values. The same personal integrity that prevents students from acting dishonorably or unprofessionally compels them to do something about unethical behavior that they observe in others. In the PTD collegial model, physical therapy faculty and students collectively have responsibility to uphold the standards of academic integrity, professional integrity, and accountability. This policy applies to physical therapy students in all settings including the classroom, laboratory, clinical settings, and professional activities and meetings. Physical therapy students should conduct themselves, in all situations, in a manner that reflects positively on the University, faculty, staff, profession, classmates, and on themselves.

This document describes the professional conduct policy and procedures, including the expectations for professional conduct and the responses to violations of professional conduct by students enrolled in the Professional DPT program in the PTD. The Professional Conduct Policy and Procedure covers all students’ nonacademic and extracurricular activities including use of electronic media\(^1\), whether these activities take place on or off campus and whether or not they are affiliated with, sponsored by, or sanctioned by the PTD, including work and clinical experiences. Students may be sanctioned for misconduct that has an adverse impact on the University of Michigan-Flint, the Physical Therapy Department and professional programs, the student’s fitness for continued enrollment or the student’s fitness for the physical therapy profession.

**Professional Conduct for Clinical Education.**

1.0 In all clinical settings, students are expected to:

1.1. Comply with the rules of the clinical facilities as established by the appropriate administrative authority in the settings.

1.2. Refrain from representing themselves as physical therapists.

1.3. Refrain from assuming the role of a student physical therapist unless they are in a clinical education course and have been assigned to the site by the PTD.

1.4. Refrain from accepting employment as physical therapy aides after being accepted in the Professional DPT program without adequate on-site professional supervision by a qualified physical therapist.

1.5. Refrain from accepting employment as a credentialed physical therapist assistant unless they are professionally qualified to do so.

1.6. Meet the expectations for their function as specified in the agreement for affiliation established by the

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\(^1\) Electronic media includes, but is not limited to: cell phones, iPhones, Blackberries, social networking pages, and web pages.
University with the clinical site in which they are placed.

1.7. Conduct their clinical education experiences in strict compliance with the APTA Code of Ethics and Guide for Professional Conduct or as modified by current legal decisions and guidelines.

1.8. Promptly report to the Associate Director for Clinical Education any violations of the Code of Ethics and Guide for Professional Conduct which they become aware of.

1.9. Conduct their activities in clinical education as described in the following documents: APTA Standards of Clinical Practice, Guidelines for Professional Conduct, Code of Ethics, and all policies and procedures found in the Clinical Education Handbook.


2.0 ATTENDANCE

The requirement for prompt attendance in course offerings is based upon professional realities and expectations in clinical practice as well as the educational model employed in the Physical Therapy department. The faculty, therefore, is responsible for ensuring that graduates of the program participate fully in the educational experiences of the program to maximize each graduate’s effectiveness as a physical therapist.

The curriculum often requires student presence, active engagement and student initiated learning experiences as important elements of the instructional process. Students give to as well as take from the richness of the curriculum. Therefore, student lateness or absence markedly diminishes the effectiveness of instructional efforts for both themselves and their classmates. To foster accountability as an essential, professional responsibility and to ensure that a student’s record reflects accurate attendance trends for recommendations sought for employment, education, or other purposes, records of non-attendance will be kept in the student’s file. The following additional specific rules, regulations, guidelines and remedies follow from professional requirements for responsibility, self-regulation and accountability.

2.1. Attendance in all Clinical Education courses is mandatory.

2.2. For any absences related to a clinical education class (PTP629, PTP630, PTP730, PTP823, PTP824, and PTP825), the student must notify the Co-ADCE who will determine if the absence is excused. For any absences related to clinical education courses in which the Co-ADCE is NOT the primary instructor the student will notify both the primary instructor AND the Co-ADCE of the absence. Both the primary instructor and Co-ADCE will determine together if the absence is excused or not.

2.2.1. For extended absences or restrictions due to a medical condition, students must submit a letter to the Associate Director for Professional Education, the Health Officer, and the Co-ADCE from their physician indicating any restrictions on classroom, laboratory, or clinical education. The physician letter should include: diagnosis, specific restrictions, and estimated duration of such restrictions. If restrictions are specified, it is up to the Associate Director for Professional Education, Health Officer, the Co-ADCE, or delegate to share this with the faculty. It is the student’s responsibility to update the Co-ADCE for any status change.

2.2.1.1. All changes in physical or mental health must be reported to Associate Director for Professional Education, Health Officer, the Co-ADCE, or delegate to share this with the faculty.

2.2.1.2 In order to clear previously established medical restrictions, a note from the physician must be submitted to the Associate Director for Professional Education, the Health Officer, and the Co-ADCE. The letter must include the date the restrictions are removed,
the physician name, clinic, clinic address, and phone number.

2.3 In the extreme case that a student cannot inform a PT Department staff member regarding lateness or absence, it is acceptable for another student, family member, or a designated proxy to act on the student's behalf. However, it remains the student’s responsibility to assure that he/she complies with provisions of the policy and procedure.

3 ATTIRE AND PERSONAL HYGIENE

3.2 Clinical Settings. Standards of clinical attire vary from clinic to clinic. Final approval for clinical attire is to be given by the clinical instructor of the facility to which the student is assigned. The standards below reflect general agreement of acceptability of all clinical education sites.

3.2.1 Standards for both men and women. Students are to abide by the dress regulations of the facility to which they are assigned and in all cases must be dressed in a professionally acceptable manner: neat, clean and well-coordinated with a conservative fit

3.2.1.2 Extreme colors and styles are not acceptable. Examples of extreme colors and styles include, but are not limited to: bright colors, unmatched patterns, or pant length.

3.2.1.3 No exposed midriff in the front or back is allowed.

3.2.1.4 Socks or hosiery are required at all times.

3.2.1.5 Shoes must be clean, comfortable, stable, secure, and have safe non-skid soles.

3.2.1.5.1 No sandals, backless shoes or tennis shoes

3.2.1.5.2 No open toed or sling back style shoes

3.2.1.5.3 brown, navy, black, or cordovan color preferred

3.2.1.6 A hip length, long-sleeved white lab coat is acceptable.

3.2.1.7 Name pins should be worn and must include the description "student physical therapist". If name tags are supplied by the clinical facility, there must be the description “SPT” or “Student” added after the student’s name.

3.2.1.8 Hair styles should be neat and off the face and shoulders. Long hair should be fastened with hair fasteners of neutral color and used for the purpose of securing the hair, not for decoration.

3.2.1.8.1 Hair color should be natural / neutral color.

3.2.1.9 Personal cleanliness and hygiene are to be maintained at all times. Perfumes, colognes or aftershave lotions should be used with caution since they can sometimes be disrupting to patient care and recovery.

3.2.1.10 Minimal amounts of conservative jewelry may be worn. Jewelry must be simple in taste and unobtrusive.

3.2.1.10.1 A watch with a second hand must be worn or available on their person.

3.2.1.10.2 Small earrings (no more than two per ear) may be worn. For safety reasons, dangle earrings are not acceptable. Size of the earrings should be no larger than the size of a dime.

3.2.1.10.3 No oversized rings or dangling necklaces are permitted. A ring with a flat band is acceptable if it does not interfere with treatment.
3.2.1.10.4 No bracelets are allowed.

3.2.1.11 Current cultural trends of body piercing are not acceptable in the health care environment, other than those specified above for the ear. Any piercing, other than the ears, for cultural beliefs must be approved by the ADCE. Students wishing to defend the need for exposed piercings must submit in writing an explanation discussing the need for exception to this policy.

3.2.1.12 Tattoos must be covered at all times.
3.2.1.13 Nails should be appropriate length (no longer than ¼ inch), clean, and manicured. Artificial nails and tips are not acceptable for infection control purposes.

3.2.2 Standards only for men:
3.2.2.2 Solid color full-length dress slacks (preferably khaki, black, navy or gray) that allow for appropriate movement during patient interactions.
3.2.2.3 Solid color dress shirt. Shirt tails must be tucked in.
3.2.2.4 Appropriate undergarments should be worn to include undershirt and appropriately fitting underwear.
3.2.2.5 Facial hair is to be clean shaven or kept neatly trimmed and clean. Beards and moustaches must be coverable by a mask and special masks must fit tight as deemed necessary by the CI.

3.2.3 Standards only for women:
3.2.3.2 Solid color full-length dress slacks (preferably khaki, black, navy or gray). No denim or corduroy.
3.2.3.2.1 No capri or crop pants.
3.2.3.2.2 Pant length must be 1 inch from bottom of shoes.
3.2.3.3 Solid color dress shirt or blouse
3.2.3.3.1 Shirt should be modest – low necklines and excessively loose or tight shirts are not acceptable. No cleavage should be visible in standing or when bending over.
3.2.3.3.2 No sleeveless or cap-sleeve shirts
3.2.3.3.3 No see-through fabrics
3.2.3.3.4 Appropriate undergarments should be worn to include bra, camisole if needed, and appropriate fitting underwear.

3.3 Personal Grooming/Hygiene. Students are expected to give consideration to those studying with them. It is expected that students will be clean and neat and aware of socially acceptable standards and methods of personal self-care and abide by them. Lack of such standards may lead to educational inefficiency as well as endanger the health of others.
Sections below Revised 8/96:
Section 2.2.1 - Attendance, Subsections 2.2.1.1., 2.2.1.2., 2.2.1.4., 2.2.1.7., 2.2.1.8
Section 2.3.4 - General Use of Facilities, Subsections 2.3.4.1., 2.3.4.2., 2.3.4.3.
Revised August 1999 (7.4.2. and 7.4.3.)
Revised June 2000 (2.2.1.)
Revised August 2001 to replace MPT with DPT and Section 2.1.7.
Revised August 2002 (2.3 & 2.3.4.)
Revised August 2003 (2.1.7)
Revised June 2006 (2.1.7)
Revised August 2006 (2.2.1.3)
Revised November 2007 (entire document)
Revised June 2008 (1.2, 1.3, 7.5)
Reviewed July 2009
Revised September 2010
Revised June 2012
Revised July 2014
Clinical Education Advising Policy and Procedure

Purpose:
The faculty and staff of the Physical Therapy Department (PTD) at the University of Michigan-Flint play an active role in the advisement of students in academic, professional, and clinical education realms. The purpose of academic advising is to provide an opportunity for students and faculty to discuss academic matters. The purpose of professional development advising is to provide assistance to the student in developing professional attributes and core values. Included in this endeavor are development of a professional portfolio and monitoring of students service activity. The purpose of clinical education advising is to provide direction to the student in pursuit of their professional goals. This document ensures a more comprehensive approach to advising and serves to demonstrate the multiplicity of the faculty advising role.

General Advising Principles:
- All students enrolled in the Professional Doctorate of Physical Therapy program are assigned to a faculty member holding an appointment in the Physical Therapy Department (PTD) for academic, professional and clinical education - development advising. Advising for clinical education is discussed during faculty-student meetings and follows the guidelines outlined in the student handbook. Students may also contact faculty who hold an administrative appointment in Clinical Education for guidance as well.
- Students are encouraged to meet with the Co-ADCE with specific concerns regarding the following topics:
  1.1 Current health concerns and discuss any reasonable accommodations for the student’s verified disability requested by the student with their clinical education advisor.
  1.2 Any Academic and Professional Conduct documented concerns that may negatively impact the student’s clinical performance.
  1.3 Discuss interests within the physical therapy field to assist in coordination of potential clinical education placements.
  1.4 Discuss current physical therapy experience
  1.5 Discuss goals of clinical education experiences for future growth and development as a professional.

Adopted July 2008
Revised July 2009
Revised June 2010
Revised June 2012
Attachment 1b
Revised July 2014
Health Assessment Policy and Procedure
Student Health with Regard to Participation in Clinical Education

A. PURPOSE: The purpose of this Health Assessment Policy and Procedure is to provide an understanding of the responsibility of student health care to students, clinical faculty, and academic faculty with regard to the student's health specifically as it relates to clinical education.

B. OBJECTIVES: The objectives of this Health Assessment Policy and Procedure are:

1. To support the health and safety of students enrolled in the Professional Doctorate of Physical Therapy (DPT) Program as well as faculty, staff, clinical faculty, clients and patients who interact with the students.

2. To provide core and clinical faculty with information necessary to:
   a. support the health and safety of students in both academic and clinical settings
   b. support the health and welfare of clients, patients, faculty and staff in the didactic and clinical setting
   c. design appropriate educational experiences for students
   d. comply with the terms of affiliation agreements between the University of Michigan-Flint and all clinical education sites
   e. ensure both access to information and confidentiality of student health information in keeping with relevant policy and procedures of the Physical Therapy Department and the University of Michigan-Flint policies and procedures.

C. STUDENT HEALTH RECORDS AND REQUIREMENTS:

At orientation during the first year, students are given all information needed to successfully document completion of health requirements. All documentation will be submitted and housed at university designated databases. Students will be required to purchase access to the appropriate database for secure upload of all documentation required. Each student will have an identification code.

The following documentation is REQUIRED for participation in any and all clinical education experiences. Failure to comply with due dates can result in failure of the clinical education class and/or delay graduation. See table below for requirements for documentation.

a. In keeping with the Physical Therapy Department's policy that students will comply with all policy and procedures of an affiliation site while participating in clinical education experiences, there may be additional tests/procedures required by some clinical education sites.

b. Student health records will be reviewed by Co-ADCE and may be reviewed by the Campus Health Officer. In the event of the identification of a student health problem which has potential impact on the students' or health care recipients' safety and welfare, a decision will be made by the Campus Health Officer and/or the Co-ADCE regarding information transmittal.

c. The only individuals who will have access to the student health record will be the, Co-ADCE (who may consult a healthcare practitioner), Assistant DCEs, Administrative Assistant Senior for Clinical Education, and the student.
## Immunizations, Health Documents, Attestation, and Consent Forms Check List

<table>
<thead>
<tr>
<th>Essential Functions for Physical Therapist Students</th>
<th>Read and sign the attestation form for Essential Functions for Physical Therapist Students</th>
<th>Aug. 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>Provide a copy of your current insurance card-both sides required or proof of coverage-YEARLY NOTE: If name on card doesn’t match, provide documentation of dependent coverage from insurance provider</td>
<td>Aug. 14</td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td>The background check is completed by provider as directed by ADCE. There is a fee for this service that the student is responsible for</td>
<td>Aug. 14</td>
</tr>
<tr>
<td>MMR</td>
<td>2 documented vaccinations from childhood OR + antibody titer for all 3 components, lab reports required OR 2 documented vaccinations as an adult</td>
<td>Sept. 30</td>
</tr>
<tr>
<td>Varicella</td>
<td>2 dated vaccinations OR Positive titer (lab report required) Note: TITER: if titer negative, must repeat series of 2 vaccinations History of disease is NOT acceptable</td>
<td>Sept. 30</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>Students are required to submit proof of at least the first two vaccination for Hepatitis B by the deadline. The final shot in the series need to be completed by the end of winter semester. 3 dated vaccinations OR + antibody titer (lab report required) Note:: if titer is negative, student repeats series</td>
<td>Sept. 30</td>
</tr>
<tr>
<td>TB</td>
<td>TB Skin Test and TB Skin Test Renewal: <strong>First year one of the following is required:</strong> 2 step TB skin test (1-3 weeks apart) OR TB blood test with lab report (QuantiFERON Gold Blood Test or T-SPOT Blood Test). If positive complete the TB Questionnaire with your healthcare provider and provide a clear Chest X-Ray. If confirmed or suspected TB infection advise your Co-ADCE. <strong>Renewal date will be set for one year.</strong> Upon renewal if previous testing was negative, one of the following is required: 1 step TB skin test OR TB blood test with lab report (QuantiFERON Gold Blood Test or T-SPOT Blood Test). If positive complete the TB Questionnaire with your healthcare provider and provide a clear Chest X-ray. If confirmed or suspected TB infection advise your Co-ADCE.</td>
<td>Sept. 30</td>
</tr>
<tr>
<td>Requirement</td>
<td>Description</td>
<td>Deadline</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>----------</td>
</tr>
<tr>
<td>Upon renewal if <strong>previous testing was positive</strong>:</td>
<td>complete the TB Questionnaire with your healthcare provider. If confirmed or suspected TB infection advise your Co-ADCE.</td>
<td></td>
</tr>
<tr>
<td><strong>DTP Primary Series</strong></td>
<td>Completed Primary DTP Series as infant documented (series of 4) OR As adult must have series of 3 vaccinations</td>
<td>Sept. 30</td>
</tr>
<tr>
<td><strong>Tdap Booster</strong></td>
<td>Tdap Booster within 10 years; must include pertussis (Healthcare provider must specify Tdap on the immunization form)</td>
<td>Sept. 30</td>
</tr>
<tr>
<td><strong>Polio</strong></td>
<td>Documentation of completed primary series (3 vaccinations) OR + Polio antibody titer acceptable OR Repeat 3 vaccinations as adult</td>
<td>Sept. 30</td>
</tr>
<tr>
<td><strong>CPR</strong></td>
<td>American Heart Association-Basic Life Support (BLS) for Healthcare Provider (infant, child, and adult training for CPR and a choking victim) Note: upload both front and back; MUST be signed OR signed certificate or letter from provider. <strong>Must have a face-to-face lab component. Fully online CPR classes are not accepted.</strong></td>
<td>Sept. 30</td>
</tr>
<tr>
<td><strong>Physical Exam and Report of Medical History Form</strong></td>
<td>Provide one page physical exam form completed and signed by provider (licensed physician, physician assistant, or nurse practitioner) 1st year only unless significant change in health status occurs. Provide completed medical history form, First year only, unless health changes significantly</td>
<td>Sept. 30</td>
</tr>
<tr>
<td><strong>Health Information Release Form</strong></td>
<td>Provide completed health information release form.</td>
<td>Sept. 30</td>
</tr>
<tr>
<td><strong>Informed Consent to Participant in Classroom, Laboratory, Clinical Setting</strong></td>
<td>Provide signed copy of consent to participant in classroom, laboratory and clinical settings. First year only.</td>
<td>Sept. 30</td>
</tr>
<tr>
<td><strong>Clinical Education Information Form</strong></td>
<td>Provide a signed copy of the clinical education information form; first year only.</td>
<td>Sept. 30</td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
<td>Flu shot administered during Flu season OR Signed Flu shot waiver of declination. Not recommended as can severely limited clinical internship options.</td>
<td>Nov. 1</td>
</tr>
<tr>
<td><strong>HIPAA Training Certificate</strong></td>
<td>Will complete HIPAA Training in PTP 629.</td>
<td>Refer to PTP 629 Syllabus</td>
</tr>
<tr>
<td><strong>Blood Borne Pathogen Training Certificate</strong></td>
<td>Will complete Blood Borne Pathogen Training in PTP 629.</td>
<td>Refer to PTP 629 Syllabus</td>
</tr>
</tbody>
</table>
D. INFORMATION TRANSMITTAL:

Following a review of the student’s health record, the Co-ADCE and the Accessibility office (when required) will determine if the student is fit for clinical practice or if the student is entitled to reasonable accommodations in response to the student’s verified disabilities. Information will be shared with core faculty, clinical faculty and staff with a legitimate need to know in order to facilitate reasonable accommodations.

E. REASONABLE RESPONSIBILITIES:

1. Each student will:
   a. sign that he/she has read and understands the Essential Functions for Physical Therapy Students document
   b. if accommodations are needed, the student will discuss this request with the Counseling and Psychological Services, as needed and the course instructor for didactic courses. For clinical education courses, the student will need to discuss the request with the ADCE and the clinical instructor. Note that on occasion, the need for accommodations may delay matriculation through the curriculum and the ability to be placed in clinical experiences in the regular time cycle.

F. MANAGEMENT OF STUDENT FITNESS FOR CLINICAL EDUCATION:

1. Students are required to be able to consistently and adequately perform at minimum the essential skills and abilities of a Physical Therapy Student as outlined in the Essential Functions for Physical Therapy students document and have the capacity to perform the duties inherent in the role of the physical therapist.

2. It is the responsibility of the of the Co-ADCE in consultation with appropriate faculty, the Campus Health Officer, and/or Accessibility Services Office to coordinate reasonable accommodations necessitated by a student’s verified disability and to refer the student to professional support services and to develop an appropriate remedial plan for successful completion of the program.

3. Under this Health Assessment Policy and Procedure a student may be removed from a clinical education experience if the student is deemed unfit either physically or mentally for clinical practice because the student is unable to perform the essential skills and abilities of a physical therapy student or if the student is a danger to him/herself or others in the clinical setting.

G. PROCEDURE

1. The Co-ADCE will establish the deadline for completion of health requirements submitted to the designated database for housing health documentation and forms.

2. There will be a reduction in the final grade for clinical education courses if health documentation is submitted past the due date or incomplete. Please see syllabi for specifics. Student will not be allowed to attend full-time clinical rotation if outstanding requirements remain. This may delay graduation should a student miss any time in the clinical rotation due to lapses in health documentation.

Revised June 2007
University of Michigan-Flint
College of Health Sciences
Physical Therapy Department

Special Full Time Clinical Experience Policy and Procedure

University of Michigan-Flint offers a wide variety of clinical affiliations with facilities throughout the United States and in a variety of practice settings.

Some students are interested in unique learning experiences that the current clinical affiliation sites do not offer. In this case the student may seek an alternative affiliation site under the following conditions:

1. **Conditions:**
   1.1. Students will be allowed to participate in a clinical experience that is outside of the 350 mile radius around Flint with Co-ADCE approval.
   1.2. Students will submit required information and will need to receive faculty approval to participate in special full time clinical experience.
   1.3. This opportunity is for the final two ten week clinical experiences, PTP 824 -Clinical Education II and PTP 825 -Clinical Education III. Consideration for out of state clinical experiences will be made on a case by case basis for PTP 730 and will need approval from Co-ADCE.
   1.4. There will be no on-site visit by a faculty member during the clinical experience, however, there will be electronic and phone communication between the CI, student, and Co-ADCE for a midterm check.

2. **Student Qualifications:**
   2.1. The student must be in good standing within the University of Michigan-Flint Physical Therapy Department which is defined by the Academic Standards Policy as an overall GPA of 2.7 or higher and no current professional conduct violations.
   2.2. Professional conduct issues will be taken into consideration.
   2.3. Student is not in the process of an appeal at the department or school level.

3. **Facility Qualifications:**
   3.1. Potential to provide an excellent learning experience for the student that is unique and different from University of Michigan-Flint PT Program offerings.
   3.2. Already affiliate with another accredited entry level physical therapy program.
   3.3. Visited by the student within the past year.
   3.4. Complete Clinical Site Information Form (CSIF).
   3.5. Letter affirming acceptance of the student for the clinical experience including student name, assigned CI and date of rotation.

4. **Procedures and General Timeline:**
   4.1. Students will meet with the Co-ADCE prior to contacting any clinical facility.
   4.2. Students are to contact only one clinical facility at a time and fill out the special affiliation information form provided by the Co-ADCE and return the completed form to move forward in the process.
4.3. Students will submit required information to the Co-ADCE. If the site is deemed appropriate by the Co-ADCE and the student wishes to pursue a rotation, he or she will be brought forth to the get faculty approval to participate in the special full time clinical experience.

4.4. Curriculum coursework, clinical courses, class, and/or lab times cannot be skipped in order to pursue a site visit.

   4.4.1. Once the student is approved by faculty for the special affiliation, the contract process will begin. Once a contract is signed with the university a letter of acceptance from the SCCE at the site much furnish an email with the student’s name, facility, assigned CI and date of rotation specifically stating the clinical facility agrees to provide the clinical experience. The letter must include the dates of the clinical experience.

   4.4.2. Copy of the Clinical Site Information Form (CSIF)

   4.4.3. Student writes a letter of interest to include statements of why the learning experience was chosen.

4.5. Co-ADCE reviews all of the information to determine if clinical experience is acceptable.

4.6. Co-ADCE submits the applicant pool to the faculty for approval. Approval results may take one to two weeks and Co-ADCE will notify the student of approval results via email or a face to face meeting.

4.7. Following faculty approval, the student is not able to cancel or change the Clinical experience.

4.8. Co-ADCE seeks a contract agreement between the University and clinical facility. The contract agreement must be reached by August of the end of Year 2.

4.9. Once a contract agreement has been reached between the University and a clinical facility, the student is then assigned to that clinical experience.

   4.9.1. The student must commit to being bound by the contract agreement arranged.

4.10. If the contract agreement is not reached, the student will be offered the opportunity to choose from available clinical experience sites offered to the University that year.

5. Considerations:

   5.1. The student is aware that expenses may be costly and should consider travel to visit site, travel to clinical experience, and housing.

   5.2. It is the student’s responsibility to cover all costs of the special affiliation.

   5.3. Students are encouraged to seek a special clinical experience primarily for learning experiences; however, students may consider geographic location or job prospects as reasons for setting up the special clinical experience.

   5.4. If the Co-ADCE feels the clinical site is a good experience based on one student attending the special clinical experience, the clinical site will be offered a continuation of contract and be placed into a special clinical experience pool. The special clinical experience pool will be made available to students at the YR 2 June/July meeting.

August, 2007
Revised June 2009
Revised June 2010
Revised June 2
Revised July 9, 2014
University of Michigan-Flint
College of Health Sciences
Physical Therapy Department

Conflict of Interest Between Student and Clinical Education Site

UM-Flint PTD Policy Number: 340.03 Conflict of Interest Between Student and Clinical Education Site

Effective: 2/1/2006

Revised: 11/7/2017

Responsible Party: ADCE

Scope: Clinical education policy and procedure related conflict of interest for work site relationships for clinical education experiences and employment acceptance/interview policy during the physical therapy program.

I. Purpose:
   a. The purpose of clinical education is to afford students the opportunity to integrate and apply all previously learned didactic knowledge and skills under the supervision of a physical therapist. During clinical education experiences students are assessed by the Clinical Education Faculty in consultation with the Associate Director for Clinical Education to ensure competence in clinical practice. It is the expectation of the Department of Physical Therapy that evaluation of student performance during clinical education experiences will be based strictly on objective and verifiable criteria. While the Department of Physical Therapy is supportive of students’ working and efforts to seek employment during their clinical education experiences, the Department is mindful of the potential (perceived or real) bias in the evaluation process that might occur when a student is being recruited by or works at the site he/she is assigned to for clinical education experiences. The purpose of this policy is to protect the student and the facility from a conflict of interest.

II. Definitions
   a. **Associate Director for Clinical Education (ADCE):** Core physical therapy faculty member appointed to this position or the individual who has been designated by the Associate Director for Professional Education to act in the absence of the Associate Director for Clinical Education. Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.
   b. **Clinical Education:** A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.
   c. **Clinical Education Faculty:** The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Site Coordinators of Clinical Education (SCCEs), preceptors, or clinical Instructors. While the academic institution does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.
   d. **Clinical Education Experience:** Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities, and
include physical therapy services for patients/clients across the lifespan and practice settings. While the emphasis is on the development of patient/client physical therapy skills, experiences may also include inter-professional experiences and non-patient/client service delivery such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.

e. **Clinical Education Site**: A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the educational program(s) through a contractual agreement.

f. **Health System**: An organization of clinical facilities that deliver health care services.

III. Policy

a. Work Site Relationship Policy

i. A student will not be assigned to a clinical education site at which they are presently employed.

ii. A student may be assigned to a clinical education site that they were previously employed as long as the student was not employed in the physical therapy department or related area.

iii. A student will not be assigned to a clinical education site or health system at which they have negotiated and committed to an employment contract upon graduation.

iv. A student will not be assigned to a clinical education site or health system at which a family member or close friend is employed who may have personal influence or authority over said student.

v. A student will not be assigned to a clinical education site where they have completed a significant amount of volunteer hours in the physical therapy department or related area.

b. Employment Acceptance/Interview Policy

i. A physical therapy student enrolled in clinical education courses is allowed and encouraged to interview at clinical education sites for the purposes of gaining valuable interview experience or to explore the site as a potential employment opportunity with the following exceptions.

   1. For clinical education sites that the student is currently or in the future assigned to the student must not be recruited, interview, or accept an employment position with that clinical education site or health system until the end of the clinical education experience at that clinical education site. The end of the clinical education experience is defined as the end of the day on the last day of the clinical education experience at that clinical education site and after the final paperwork/CPI and CI Evaluation has been reviewed, discussed, and signed off on by both parties at that clinical education site.

   2. A physical therapy student will not be allowed to participate in a clinical education experience at any clinical education site that they have interviewed at for a physical therapist position.

ii. A physical therapy student is encouraged to complete mock interviews at any clinical education site but not an interview for employment.

Adopted February 2006, reviewed June 2010, revised June 2012, revised Nov. 7, 2017
Student Attendance in Clinical Education Site Labor Strike

UM-Flint PTD Policy Number: 340.04 Student Attendance in Clinical Education Site Labor Strike

Effective: 1999

Revised: 3/6/2018

Responsible Party: ADCE

Scope: Student attendance in clinical education site labor strike

I. Purpose

a. In recent years, increasing numbers of labor strikes have occurred in health care facilities and agencies. Clinical education faculty sought guidance from academic programs regarding students attending clinical education affiliations where a labor strike is in progress. The purpose is to provide guidance for students and clinical education faculty in the event of a clinical education site labor strike.

II. Definitions

a. Clinical Education: A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.

b. Clinical Education Site: A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the educational program(s) through a contractual agreement.

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

d. Clinical Education Faculty: The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Site Coordinators of Clinical Education (SCCEs), preceptors, or clinical Instructors. While the academic institution does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.

III. Policy

a. In the event of a labor strike at a clinical education site that involves the provision of physical therapist services, the UM-Flint DPT students will consult with their assigned clinical education faculty and the ADCE for direction which may include being excused from the clinical education site.
IV. Procedures

a. The clinical education faculty will notify the ADCE or administrative staff in the UM-Flint physical therapy department at (810) 762-3373.
b. Clinical education faculty, the student, and the ADCE will determine the most appropriate course of action.
c. If excused from the clinical education site due to the labor strike, the ADCE will determine the most appropriate course of action for the remainder of the DPT student clinical education experience.

Adopted 1999, Reviewed June 2010, Revised March 2018
Student Scholarly Dissemination and Professional Development Request for Excused Absence Policy and Procedure

**Purpose**

The faculty and staff of the Physical Therapy Department are committed to providing students with experiences to enhance their professional growth by fostering student participation in the dissemination of scholarly activity and engagement in the APTA and its components. The following policy was developed to allow students the time to present a platform or poster presentation of their scholarly activity at state or national conferences or become involved as an officer at the national or state level. The faculty and staff support student professional activities by rearranging class time for the APTA National Student Conclave and the MPTA State Student Conclave.

Students seeking to participate in APTA or component national or state offices or activities that may interfere with DPT curriculum will be referred to the Director of the Physical Therapy Department. In the event that the time of the professional activity interferes with clinical education, the Co-ADCE will be consulted by the Director, research advisor or faculty to determine whether student participation best meets the student’s educational needs.

The amount of didactic or clinical education time that will be missed and the type of activity will be considered for all requests. Requests will be considered on an individual basis.

**Procedure**

1. Student submits request in writing to the Director, Co-ADCE, or faculty to include the following information:
   - Name of event or activity and location
   - Dates of event or activity
   - Reason student wishes to participate
   - Solutions to make up time in course work

2. Information submitted must be made in a timely manner. This will be determined by when the information of the event was publicly known and if reasonable time constraints for notification and changes can be made with faculty and/or clinical faculty.

3. Faculty action

   a. The information will be brought forth for faculty approval.
   b. If the time off interferes with UM-Flint class or lab times

      1. If the course instructor is core faculty then this faculty member will be included directly in the discussion and decision for the student request.
      2. If the course instructor is an associated faculty member and not included in the department meeting discussion, the Director or Co-ADCE will contact the course instructor prior to the meeting to bring forth the course instructors concerns.
c. If the requested time off occurs during Clinical Education

1. The Co-ADCE will contact the Center Coordinator for Clinical Education (SCCE) to make the request for time off on the student’s behalf. The SCCE will decide if he/she notifies the CI or the Co-ADCE may notify the CI directly.

2. It is expected the student will miss the least amount of clinical days. It is estimated the time off will average 2-3 days to take into consideration travel and the activity.

3. Disapproval of a request is the right of the SCCE and CI taking into account clinical performance and past attendance.

4. Students should assume they will be required to make up missed clinical education clinical experience time or may be required to perform a special assignment as determined by the SCCE, CI, or Co-ADCE.

d. Disapproval of a request is the right of the faculty taking into account academic and clinical performance and professional conduct.

e. If the request is approved, any terms or conditions for attendance at the event will be included in the written response to the student.

f. The student will be notified of the faculty decision by the Director or the Co-ADCE.

1. The student will sign the statement listed at the bottom of the decision letter indicating that he/she accepts the decision and conditions of missed time.

Approved 3/06
Revised 7/10
Reviewed June 2013
Clinical Education Form

Incoming DPT Class:

TO: New Professional DPT Students

FROM: Physical Therapy Department
       University of Michigan-Flint

The purpose of this document is to clarify with new students to the DPT Program some of the requirements and commitments which students undertake as part of the clinical and didactic components of our educational program.

Clinical education is a crucial part of the preparation of any physical therapist. It involves field trips to outside facilities as part of assigned course work, as well as longer, full-time assignments.

Due to the nature and location of these classes and assignments, a student who chooses to pursue this program must assume additional responsibilities and obligations. Students are responsible for providing their own transportation for field trips and clinical education assignments. The student will be required to make his/her own arrangements for housing as needed. Due to clinical experience assignment schedule the student may be required to work long hours and/or weekends.

Additional expenses beyond mandatory health requirements and documentation may be incurred. These include, but are not limited to: the cost of clinical attire and clinic shoes, a wristwatch with second hand, ID badge, parking, additional criminal background checks/drug testing and finger-printing.

It is important that those accepted into the Professional DPT program will recognize their responsibilities and conform to the policies and procedures that govern their rights and responsibilities as physical therapy students. Each student admitted to the program will receive electronic access to the student handbook and clinical education handbook covering these policies and procedures.

In signing your name below and uploading this document to Exxat, you acknowledge your understanding and commitment to upholding the policies, procedures outlined in the student and clinical education handbooks, and conditions and costs inherent in admission to the Professional DPT Program. Questions regarding these statements may be directed to the Department at (810) 762-3373.

Applicant’s Name (Printed)________________________________________

Applicant’s Signature____________________________________________

Date_________________________________________________________
Specific Needs of Students Assigned to Clinical Education Facilities

At the University of Michigan-Flint students have a Counseling, Accessibility, and Psychology Services which provides various free services to the student which include learning disability testing, test taking tips, counseling, and American Disability Act information.

If a student has a special need that requires specific equipment, accommodations, learning styles, or physical limitations then the student is required to obtain all special needs in writing. It is the student’s responsibility to submit the written statement to the Co-Associate Directors for Clinical Education. Students are also informed through a Health Information Policy if they have any medical needs - both physical and psychological - they must obtain a written statement from a qualified medical practitioner. The written statements from the Counseling, Accessibility, and Psychology Services or a qualified medical practitioner must include specific needs or limitations of the student and an ending date when the needs will be lifted.

The Co-Associate Director for Clinical Education first determines if the University can make reasonable accommodations for the restriction. The Co-Associate Director for Clinical Education will contact the Site Coordinator for Clinical Education to notify him/her of the requested accommodations. The Site Coordinator for Clinical Education must determine if the clinical site can make reasonable accommodations for the restrictions. The Site Coordinator for Clinical Education will need to put in writing the results of whether the accommodations can be met or not.

Statements from Counseling and Psychology Services or the qualified medical practitioner may address that there are no restrictions or accommodations necessary for the student in order to attend clinical experiences.
Medical Professional Liability Insurance For University of Michigan-Flint DPT Students

UM-Flint PTD Policy Number: 340.05 Medical Professional Liability Insurance for UM-Flint DPT students

Effective: 3/6/2018

Revised: 3/6/2018

Responsible Party: ADCE and Academic Faculty

Scope: Medical Professional Liability Insurance for UM-Flint DPT students.

I. Purpose
   a. The University of Michigan self-insures its Medical Professional Liability Insurance exposures. This program includes coverage for all enrolled physical therapy students while acting within the scope of University sponsored activities, including course-required activity to complete their degrees. This includes didactic and clinical education curriculum.

II. Definitions
   a. Associate Director of Clinical Education (ADCE): Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.
   b. Academic Faculty: Educators and scholars within the academic institution dedicated to preparing students with the skills and aptitudes needed to practice physical therapy.
   c. Clinical Education: A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.
   d. Didactic Curriculum: The component of the physical therapist professional education program that is comprised of the content, instruction, learning experiences, and assessment directed by the academic faculty.

III. Policy
   a. The University’s self-insurance program is permanently funded, non-cancelable and provides limits in excess of $1,000,000 each occurrence and $3,000,000 annual aggregate.
   b. If you have any questions, please contact the following:
      i. Chip Hartke, Underwriter, The University of Michigan, Risk Management Department, Argus II Building, 400 S. Fourth Street, Ann Arbor, MI 48103-4816. Office (723) 764-2200. Fax (734) 763-2043. Email: ehartke@umich.edu.

IV. Procedure
   a. Students can access the liability policy on the Clinical Education Organization page on blackboard or request from the ADCE’s

Revised June 2017, Reviewed March 2018.
Certification of OSHA Bloodborne Pathogens Training, HIPAA Training, and Student Health Screening

This statement certifies that all students enrolled in Clinical Education at the University of Michigan-Flint Professional DPT Program have completed:

- OSHA Bloodborne Pathogen Standard Training in accordance with OSHA Guidelines
- Handwashing hygiene
- Health Information Portability and Accountability Act (HIPAA) Training
- CPR Certification

The students have had a health evaluation that includes proof of current:

- Negative TB test
- Hepatitis B vaccine or waiver form
- MMR, Tetanus, Varicella (chicken pox) vaccine or titers
- Health Insurance
- Malpractice Insurance

We understand that you reserve the right to refuse to accept a student who does not have all the vaccinations required by your facility even though they have all vaccinations required by our Physical Therapy program. If you have any questions or require further information, please contact the Co-Associate Director for Clinical Education, (810) 762-3373.
Abuse and Neglect Education Modules

This statement certifies that all students enrolled in Clinical Education at the University of Michigan-Flint Professional DPT Program have completed education modules related to abuse, neglect and exploitation across the lifespan. Modular content includes the identification of signs and/or symptoms of abuse, the ethical obligations and the role of the physical therapist in the reporting processes, and the available resources to address abuse, neglect, and/or exploitation as a health care professional.

If you have any questions or require further information, please contact Karen Berg at karberg@umflint.edu or Erica Sherman at ericashe@umflint.edu, Co-Associate Directors for Clinical Education.

Thank you for your continued support of our clinical education program.

Dr. Karen Berg PT, DPT, OCS, Co-ADCE
Dr. Erica Sherman PT, MBA, DPT, Co-ADCE
Cancellation or Changes in Clinical Education Assignments

The UM-Flint Physical Therapy Program requests annual clinical education experiences every March. After the clinical sites return the available clinical experiences, the Co-Associate Director for Clinical Education will place students into the clinical education facilities.

Every attempt is made to notify the Site Coordinator for Clinical Education at least four weeks prior to the clinical experience so the clinical site is able to prepare for the student.

The university will make every attempt to cancel a student from a clinical placement as soon as the Associate Director for Clinical Education is aware the student will not be able to attend the clinical experience. Reasons for a student being cancelled may include, but are not limited to, academic performance, professional performance, personal illness, or family commitments. The Site Coordinator for Clinical Education will be notified either by telephone or email.

The clinical site will make every attempt to cancel a clinical experience as soon as the Site Coordinator for Clinical Education is aware the site is not able to supervise a student. Reasons for a student being cancelled may include, but are not limited to, staffing, personal illness, family commitments, or union work related strike occurring on the campus the student will be placed at (Please see the Policy for Student Attendance in Clinical Education Site Labor Strike– Clinical Education Handbook). The Co-Associate Director for Clinical Education will be notified either by telephone or email.
Safety, Rights, Privacy, and Dignity of Individuals and Clinical Education Sites
Policy and Procedure

Purpose: Many individuals and clinical sites are involved in the education of the DPT students. These individuals and sites have inalienable rights to safety, dignity and privacy.

Operational Definitions:
- Individual: a patient treated in a clinical education setting or, an individual brought in to the PTD for educational purposes or demonstration or an individual seen in a non-clinical, off-campus setting for educational purposes or demonstration.
- Clinical Education Site: any clinical education facility under contract with PTD for student educational purposes.

Procedures to Protect the Rights, Dignity and Safety:
- Students enrolled in the professional physical therapy program require education on patient privacy following HIPAA guidelines and Joint Commission standards on privacy, dignity and safety.
- Students are required to pass a computerized online exam regarding patient rights and pass with an 80% competency rate prior to participation in any clinical education course. This exam is part of the assessment of students in PTP 629.
- Clinical Education Facilities have individual orientation sessions that may review privacy, dignity and safety information as it pertains to patient rights.
- All practice pattern courses for Examination and Plan of Care discuss emergency response situations.
- Patient dignity is discussed in the Therapeutic Relations sequence

Patient Rights to Refuse Treatment:
- Students are educated to ask patient’s permission prior to treatment. Students are aware of state laws on the MI Patient Bill of Rights http://legislature.mi.gov/doc.aspx?mcl-333-20201
  In addition, most clinical facilities have similar individual patient bill of rights.

Guidelines for individuals who participate in demonstrations and practice for educational purposes:
- All individuals who participate in classroom and laboratory sessions, on or off campus, for educational purposes sign an informed consent form allowing such demonstration or practice. These consents will be kept for a period of 7 years within the Physical Therapy Department.
- Any information obtained from the individuals for educational purposes will be destroyed after the course is over.
- These individuals will be accorded the same rights, privacy, safety and dignity as the patients who would be seen in a clinical education facility.

Guidelines for use of information obtained from Clinical Education Sites (i.e, patient exercise or protocols or educational materials, equipment, promotional materials, etc. documentation templates and gifts from patients or clinical instructors or facilities, acceptance of freebies.)
- Students are expected to follow the rules and regulations of the Clinical Education Site. Any materials obtained from those clinics must be freely given to the student by the facility. Verbal consent is appropriate as most information is not copyrighted. Examples of these materials are patient education information sheets, surgical protocols for rehabilitation or exercise, evaluation forms, documentation templates etc.
• Students are not allowed to take gifts from Clinical Instructors or from patients except for what is allowed under MI law (worth less than $25 or can be equally shared by the facility)
• Stipends may be accepted through the clinical education site.

Guidelines for patient information obtained from Clinical Education Sites for purposes of educational instruction (Case Report, Poster Presentation, SOAP Notes or other Documentation assignments)

• Students are sometimes asked to bring back from clinical experiences real patient scenario's for case reports or teaching purposes. Students must follow HIPAA guidelines and remove all patient identifiers. Students, who want to utilize patient data from an outside health care provider for a university assignment, should obtain a HIPAA compliant written authorization from the patient or his/her authorized representative, prior to using or removing the information.

Incidents where students fail to demonstrate professional attributes of safeguarding patient rights, dignity and safety in any aspect will be addressed through the Professional Conduct Policy.

Adopted: June 25, 2010
Updated June 24, 2013
Updated July 7, 2014
Professional DPT Outcome Assessment in Clinical Education

UM-Flint PTD Policy Number: 340.02 Professional DPT Outcome Assessment in Clinical Education
Effective: 6/1/2013
Revised: 11/8/2017
Responsible Party: ADCE

Scope: Methods to assess and report on the clinical performance of DPT students and the appropriateness of clinical education sites and clinical education faculty. Provides feedback to the student, clinical education faculty, clinical education site, and physical therapy department core faculty.

I. Purpose
   a. Feedback is a highly valued process of the University of Michigan-Flint Physical Therapist Professional Education Program. It is important that the university and clinical sites maintain a collegial relationship that is open and honest. In order to assess the clinical performance of DPT students and the appropriateness of clinical education sites and clinical education faculty, multiple methods will be used to provide feedback to the student, clinical education faculty, clinical education site, and core faculty for competence, improvement, and to ensure the quality of the Professional DPT program meets professional standards.

II. Definitions
   a. Associate Director for Clinical Education (ADCE): Core physical therapy faculty member appointed to this position or the individual who has been designated by the Associate Director for Professional Education to act in the absence of the Associate Director for Clinical Education. Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.
   b. Clinical Instructor: The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience.
   c. Clinical Education Faculty: The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Site Coordinators of Clinical Education (SCCEs), preceptors, or clinical Instructors. While the academic institution does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.
   d. Clinical Education Site: A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the educational program(s) through a contractual agreement.
   e. Clinical Education Experience: Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings. While the
emphasis is on the development of patient/client physical therapy skills, experiences may also include inter-professional experiences and non-patient/client service delivery such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.

f. **Physical Therapist Professional Education Program:** Education comprised of didactic and clinical education designed to assure that students acquire the professional knowledge, skills, and behaviors required for entry-level physical therapist practice.

g. **Clinical Performance Assessment:** Formal and informal processes designed to appraise physical therapist student performance during clinical education experiences. Assessment may be formative or summative in nature and performed for the purposes of providing feedback, improving learning, revising learning experiences, and determining successful attainment of student performance expectations during clinical education experiences.

h. **Clinical Education:** A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.

i. **Full-Time Clinical Education Experience:** A clinical education experience in which a student is engaged for a minimum of 35 hours per week. Full-time clinical education experiences designated to achieve the minimum number of weeks set forth by CAPTE are directed by a physical therapist clinical instructor. An integrated clinical education experience may be a full-time clinical education experience.

j. **Terminal Full-Time Clinical Education Experience:** A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapist professional education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or last terminal experience is entry-level performance.

k. **Part-Time Clinical Education Experience:** A clinical education experience in which a student engages in clinical education for less than 35 hours per week. Part-time experiences vary in length. A part-time clinical education experience may be considered an integrated clinical education experience depending on the design of the experience and the learning objectives.

III. **Policy**

a. **Professional DPT Outcome Assessment in Clinical Education**

   i. Data collected from all methods will be analyzed by the ADCE and shared in a report with core faculty at an annual physical therapy department evaluation and planning retreat.

   ii. **Surveys**

      1. Any comment deemed a weakness and repeated by 10% of the participants of the survey will be discussed with core faculty in an attempt to improve the didactic or clinical education program.

      2. Individual responses under 10% may be considered, but may not be acted on. It is believed the responses under 10% may occur as isolated incidents and the expectation of a survey is there will always be a percentage of respondents who may not answer correctly or have other motives for providing feedback in a negative manner.

   iii. The ADCE will investigate if specific information provided by the student or clinical education faculty in the multiple methods, via phone call or email from the student or clinical education faculty needs action. When feedback indicates that some action is warranted with a clinical education site, clinical education faculty, or student, the ADCE will take the appropriate action or bring the issue(s) to the clinical education or core faculty as necessary. Results of this evaluation process may lead to the addition, deletion, modification, or substitution of clinical education sites.
1. Sharing of information will remain as confidential as possible.
2. The university uses the ADCE, the Associate Director for Professional Education, and the Director of the Physical Therapy Department whereas the clinical education site uses the Clinical Education Faculty and Supervisors/Directors of the Physical Therapy Department for discussion, input, and guidance.

IV. Procedures

a. APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Survey
   i. Completed by the physical therapist student at midterm and during the final week of the terminal full time clinical experiences along with the final week of the 6 week full time clinical experience.
   ii. Shared with the clinical instructor and ADCE during the midterm of the terminal clinical experiences and during the final week of all full time clinical education experiences.
      1. Obtains demographics about the clinical instructor to ensure appropriate credentials for clinical teaching and clinical practice.
      2. Student gains an understanding of the wealth of experience of the clinical instructor.
      3. Allows for immediate feedback to the clinical faculty on strengths and weaknesses to improve the learning experience.

b. Clinical Instructor Survey
   i. Completed by the clinical instructor after the completion of full time clinical education experiences.
   ii. Obtains information on student preparation, quality of the student, communication from the university, recommendations for change in the clinical education program, clinical instructor support for clinical education, type of facility, productivity, and caseload as it relates to entry level performance by a student.
   iii. Reviewed by the ADCE after each full time clinical education experience.

c. Physical Therapist Clinical Performance Instrument for Students
   i. Completed by the clinical instructor and the student at midterm and during the final week of the terminal full time clinical experiences along with the final week of the 6 week full time clinical experience.
   ii. Obtains information on clinical performance of the student and allows student to provide recommendations about the clinical education experience to the clinical instructor.
   iii. Reviewed by the ADCE at appropriate times in the clinical education experience with feedback provided to the student and clinical instructor.

d. On-Site Visit Report
   i. Completed by the ADCE or faculty member completing the site visit during terminal full-time clinical education experiences.
   ii. Obtains information on student fit with the clinical instructor and clinical education site, sharing of expectations, performance on the CPI, student academic preparation including strengths and weaknesses, professional behavior by the student, physical therapy curriculum, and professional development topics.
   iii. Allows the ADCE to provide immediate feedback to the clinical instructor and student.

e. Weekly Planning Forms
   i. Completed weekly by the student and clinical instructor to provide formative feedback during all full time clinical education experiences, to set goals, and identify areas of development as student progresses through the clinical education experience.
ii. Submitted to ADCE at midterm and at conclusion of clinical education experience.
iii. ADCE reviews at midterm to identify potential areas of concern and at final to support summative CPI feedback.

f. **Overall Clinical Instructor Assessment of Student Performance**
   i. Completed by the clinical instructor in part-time clinical education experience.
   ii. Provides immediate feedback to the student on strengths and areas to improve on in future clinical education experiences.
   iii. Shared on the final day of the clinical education experience by the CI to the student and reviewed by the ADCE.

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Evaluation

The Clinical Performance Instrument (CPI) is used for student evaluation during all full time clinical education experiences.

CPI User Training
Prior to the start of a full time clinical education experience, all users of the CPI (students, clinical instructors, site coordinators of clinical education) must complete online training (Using the APTA Physical Therapist Clinical Performance Instrument for Students: A Self-Guided Training Course) available through the APTA Learning Center http://learningcenter.apta.org/AdvancedSearch.aspx?KeyWord=CPI.

Accessing PT CPI Web 2.0
Once the APTA PT CPI online training and assessment is successfully completed and the CEU certificate printed the APTA CPI Web https://cpi2.amsapps.com is utilized to complete the student(s), or self-evaluation.

If you have not completed the APTA CPI Training and Assessment, or do not have a username for PT CPI Web, please contact the UM-Flint Physical Therapy Department at 810-762-3373 and ask for the ADCE or the clinical education Administrative Assistant for more information.

Additional Resources

- Quick Start Guide for the APTA Learning Center:
- PT CPI Web Instructions for a CI
  http://www.academicsoftwareplus.com/files/PT%20CPI%20Web%202.0%20Instructions%20for%20CI.pdf
- PT CPI Web Instructions for a Student
- A PDF copy of the Physical Therapist Clinical Performance Instrument (CPI) is available within the PT CPI Web
A PDF copy of the Definitions of Performance Dimensions and Rating Scale Anchors of the CPI is available within the PT CPI web. [https://cpi2.amsapps.com](https://cpi2.amsapps.com).

**Student Evaluation**
The CPI will be utilized for evaluation of student performance in all full time clinical experiences. The CI and student will complete a mid-term CPI evaluation at week 5 and a final CPI evaluation at week 10 for full time clinical experiences PTP 823 Clinical Internship I, PTP 824 Clinical Internship II, and PTP 825 Clinical Internship III. This midterm CPI evaluation process should contribute to the development of learning objectives and a learning plan for the second half of the clinical experience. The CI and student will meet to review and discuss the all CPI evaluations. Following the CPI review, each student and CI will sign off on both evaluations, indicating that they have been reviewed. ADCE or assigned faculty will review the CPI evaluations to ascertain that they student met the performance objectives and assign the appropriate grade.

Over the course of PTP 823, 824, and 825 each student will receive a site visit from a faculty member. The On-Site Visit Report will be completed by the faculty member after meeting with the student and CI. The ADCE will be notified if any concerns exist and the ADCE will review all On-Site Visit Reports.

The CI and student will complete a final CPI evaluation for PTP 730 Full Time Clinical Experience (2nd year students). The CI and student will meet to review and discuss the CPI evaluation. Following the CPI review, each student and CI will sign off on the evaluation, indicating that they have been reviewed. ADCE or assigned faculty will review the CPI evaluation to ascertain that they student met the performance objectives and assign the appropriate grade.

The weekly planning form is required for PTP 730, PTP 823, PTP 824 and PTP 825 to assist in the development of skills necessary to reach the course objectives.

The ADCE will provide additional support to the CI and student during all clinical experiences if needed. Additional forms including the Critical Incident Report or a Learning Contract may be utilized and can be found on the PT CPI Web at [https://cpi2.amsapps.com](https://cpi2.amsapps.com).

PTP 630 Integrated Clinical Experience II the CI will complete the Overall Clinical Instructor Assessment of Student Performance which will be reviewed by both the CI and student at the completion of the 5 day clinical experience. Both the CI and student will sign the assessment indicating that it has been reviewed. This form will be returned to UM-Flint for review by the ADCE.

**Clinical Site and CI Evaluation**
At the midterm of full time clinical experiences PTP 823, PTP 824, and PTP 825 the student is required to complete the midterm components of the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSE) and share the evaluation with the CI. This midterm PTSE process should contribute to the development of learning experience for the second half of the clinical experience. The PTSE can be found at [http://www.apta.org/Educators/Clinical/SiteDevelopment/](http://www.apta.org/Educators/Clinical/SiteDevelopment/).
At the final for full time clinical experiences PTP 730, PTP 823, PTP 824, and PTP 825 the student is required to complete PTSE and share the evaluation with the CI. Both the midterm and final PTSE evaluations will be reviewed by the ADCE.

**ADCE Evaluation**
Annually all first year students, second year students, CI’s, SCCE’s, and faculty are provided the opportunity to complete the APTA Academic Coordinator/Director of Clinical Education (ACCE/DCE) Performance Assessment for each ADCE which can be found at [http://www.apta.org/Educators/Assessments/](http://www.apta.org/Educators/Assessments/)
CLINICAL EDUCATION RESOURCES

APTA Clinical Site Information Form (CSIF) can be found at https://csifweb.amsapps.com.

APTA CSIF Web Instructions for a CCCE can be found at http://www.academicsoftwareplus.com/files/Docs/CPI%20Training%20Center/CSIF/APTA%20CSIF%20Instructions%20for%20CCCE.pdf.


APTA Guidelines and Self-Assessments for Clinical Education can be found at http://www.apta.org/Educators/Assessments/.

APTA Student Physical Therapist Provision of Services can be found at http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/StudentPTProvisionServices.pdf.

APTA Minimum Required Skills of Physical Therapist Graduates at Entry Level BOD G11-05-20-49 can be found at http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Education/MinimumRequiredSkillsPTGrads.pdf#search=%22minimum%20required%20skills%20of%20physical%20therapist%20graduates%20at%20entry%20level%22.

APTA Clinical Educator & Clinical Site Development (Includes clinical education resources and policies & positions related to students) can be found at http://www.apta.org/Educators/Clinical/.