# TABLE OF CONTENTS

## GENERAL INFORMATION
- Mission Statement Page 3
- Expected Clinical Education Outcomes Page 4
- Essential Functions for Physical Therapist Students Page 5

## CLINICAL SITE AND CLINICAL FACULTY
- Relationship Between Students, Clinical Faculty, and the ADCE Page 9
- Guidelines for the Establishment of an Effective Clinical Instructor-Student Relationship Page 10
- Clinical Education Site and Clinical Faculty Policy Page 12
- Information Privacy in Clinical Education Page 18
- Guidelines and Self-Assessments for Clinical Education Page 21
- Rights and Privileges of Clinical Faculty Page 22

## PHYSICAL THERAPIST STUDENTS
- Clinical Education Curriculum Page 23
- Academic Standards for Satisfactory Completion of Clinical Education Page 24
- Misconduct Policy Page 29
- Clinical Education Advising Policy Page 37
- Health Assessment Policy, Student Health with Regard to Participation in Clinical Education Page 38
- New Site Clinical Education Policy Page 43
- Out of State Clinical Education Experience Policy Page 46
- Conflict of Interest Between Student and Clinical Education Site Page 49
- Student Attendance in Clinical Education Site Labor Strike Policy Page 51
- Student Scholarly Dissemination and Professional Development, Request for Excused Absence Page 53
- Clinical Education Form Page 55
- Special Needs of Students Assigned to Clinical Education Sites Page 56
- Student Readiness for Clinical Education Experience Page 57

## GENERAL POLICIES
- Medical Professional Liability Insurance Page 59
- Certificate of OSHA, Blood borne Pathogen Training, HIPAA training, and Student Health Screening Page 60
- Abuse and Neglect Modules Page 61
- Cancellations or Changes in Clinical Education Assignments Page 62
- Safety, Rights, Privacy, and Dignity of Individuals and Clinical Education Sites Page 63

## ASSESSMENT
- Professional DPT Outcome Assessment in Clinical Education Page 65
- Evaluation/CPI Page 69

*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 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.

Professional Physical Therapist Program Mission Statement
The mission of the University of Michigan-Flint Doctor of Physical Therapy program is to educate students to become competent physical therapists through engagement in evidence-based practice, scholarship, and community service, thereby enhancing the health and well-being of the public.
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.

Behavior/ 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.
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

UM-Flint PTD Policy Number: 340.08 Clinical Education Site and Clinical Faculty Policy

Effective: 9/1/2009

Revised: 2/20/2019

Responsible Party: ADCE and Core Faculty

Scope: Guide the enhancement and development of clinical education sites and clinical faculty.

I. Purpose
   a. To provide an understanding of requirements of clinical education sites
   b. To provide an understanding of requirements of clinical faculty

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 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.
   c. Clinical Education Agreement: A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites or individual providers of clinical education that specifies each party’s roles, responsibilities, and liabilities relating to student clinical education.
   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 Environment: The physical space(s), and/or the structures, policies, procedures, and culture, within the clinical education site.
   f. 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.
g. **Clinical Instructor (CI):** 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.

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

i. **Physical Therapist Student:** Student enrolled in a CAPTE-accredited or approved developing physical therapist professional education program. Students should not be referred to as a physical therapy student.

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

k. **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.

l. **Clinical Performance Evaluation Tool:** A valid, reliable, and multidimensional clinical performance assessment tool utilized to determine if, and how well, a student meets established objectives during clinical education experiences.

m. **Supervision:** Guidance and direction provided to a physical therapist student by the preceptor or clinical instructor. This varies based on the complexity of the patient/client or environment; jurisdiction and payer rules and regulations; and abilities of the physical therapist student.

n. **American Physical Therapy Association (APTA):** A national professional organization of physical therapy professionals.

III. **Requirements of Clinical Education Sites**

a. Fully executed mutual clinical education agreement between the University of Michigan-Flint physical therapy program and the clinical education site.

b. The philosophies of the clinical education site and the University of Michigan-Flint physical therapy program must be compatible, but not necessarily identical or in complete accord.

c. Clinical education experiences for students are planned to meet specific objectives of the University of Michigan-Flint physical therapy program, the provider of physical therapy, and the individual student.

   i. A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.

   ii. Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.

   d. Clinical education site and physical therapy personnel demonstrate both the ethical and legal practice of physical therapy.

   i. 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](https://www.apta.org/), and policy, positions, standards, codes and guidelines of the APTA.

   ii. The clinical education site has evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate.

   e. Clinical education site is committed to the principle of equal opportunity and affirmative action.
i. The clinical education 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.

ii. The clinical education site does not discriminate against students and ensures that each student is provided equal opportunities, learning experiences, and benefits.
   1. The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.
   2. The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.
   3. The clinical education site makes reasonable accommodations for personnel and students according to ADA guidelines.

f. Selected support services are available to students.
   i. Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.

14
iii. The physical environment for clinical education should include adequate space for the student to conduct patient/client interventions and practice-management activities.
iv. The learning environment need not be elaborate, but should be organized, dynamic, and challenging.
j. The physical therapy personnel are adequate in number to provide an educational program for students.
i. Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines.
ii. Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, the state/jurisdictional practice act, and the length of the clinical education assignments.
iii. Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapist students.
k. The clinical education site encourages clinical educator (CI and SCCE) training and development.
i. Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.
l. The clinical education site demonstrates administrative support of physical therapy clinical education.
m. Roles and responsibilities of physical therapy personnel are clearly defined.
i. Students are informed of the roles and responsibilities of all levels of personnel within the clinical education site and provider of physical therapy and how these responsibilities are distinguished from one another.
n. Clinical education site must be willing to offer student placements on a consistent basis.
o. The clinical education site supports active career development for personnel.
i. There is evidence of support for a staff development program.
ii. Student participation in staff development activities is expected and encouraged.
p. Physical therapy personnel are active in professional activities.
i. Activities may include, but are not limited to, self-improvement activities; professional development and career enhancement activities; membership in professional associations, including the American Physical Therapy Association; activities related to offices or committees; paper or verbal presentations; community and human service organization activities; and other special activities.
ii. The physical therapy personnel should be encouraged to be active at local, state, component, and/or national levels.
iii. The physical therapy personnel should provide students with information about professional activities and encourage their participation.
iv. The physical therapy personnel should be knowledgeable of professional issues.
v. Physical therapy personnel should model APTA’s core values for professionalism.
q. Site Coordinator of Clinical Education (SCCE)
i. To qualify as a site coordinator of clinical education (SCCE), the individual should preferably be a physical therapist and/or a physical therapist assistant. Various alternatives may exist, including, but not limited to, non–physical therapy professionals who possess the skills to organize and maintain an appropriate clinical education program.
ii. Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the SCCE serving as the key contact person for the clinical education site with academic programs.
r. The physical therapy clinical education program should be reviewed and revised as changes occur in objectives, programs, and personnel.

IV. Requirements of Clinical Faculty
a. To qualify as a clinical instructor (CI) will have:
i. One year of full time (or equivalent) post-licensure clinical experience with demonstrated clinical competence.
ii. Individuals will be evaluated on their abilities to perform CI responsibilities.
iii. Demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
iv. CI will be licensed as a PT in the state of practice
v. Be an effective role model and clinical teacher.
b. CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.
   i. Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.
   ii. The CI is evaluated on the actual application of educational principles.
c. The primary CI for physical therapist students must be a physical therapist.
d. Professional skills
   i. Involvement in one or more professional development activities such as journal clubs, case conferences, case studies, literature reviews, post-professional education
   ii. Utilizes evidence based practice
e. Ethical Behavior
   i. Abides by the APTA Code of Ethics and Guide for Professional Conduct
   ii. Demonstrates APTA Core Values
f. Communication Skills
   i. Clearly defines student performance expectations
   ii. Develops goals and objectives for the clinical experience with the student
   iii. Utilizes active listening skills
   iv. Provides timely, positive, and constructive feedback
   v. Consults with ADCE as needed
g. Interpersonal Skills
   i. Functions as role model/mentor for the student
   ii. Demonstrates exemplary employee record with patients/clients, co-workers, and managers
h. Instructional Skills
   i. Demonstrate understanding of U of M-Flint didactic preparation and objectives of the clinical education experience
   ii. Integrates knowledge of various learning styles
   iii. Sequences learning experiences to progress toward objectives
   iv. Monitors and modifies learning experience as needed
   v. Requires students to use evidence based practice
i. Supervisory Skills
   i. Effectively communicates expectations to peers, personnel, students and others
   ii. Effectively provides formal and informal feedback to supervised personnel/students
   iii. Effectively supervises support personnel/others
j. Performance Evaluation Skills
   i. Understands how to properly use the Clinical Performance Instrument
   ii. Provides accurate and objective assessment
   iii. Confronts and identifies plan for correction of undesirable behaviors
k. Other preferred expectations
   i. CI is an APTA member
   ii. CI is an APTA Credentialed CI (Basic and Advanced)
   iii. CI is a certified clinical specialist
Adopted date: Sept. 2009
Reviewed March 2011
Revised May 2012
Revised May 2013
Revised Dec. 2014
Revised Feb. 2019

References:
APTA Guidelines and Self-Assessments for Clinical Education 2004 Revision
http://www.apta.org/Educators/Clinical/SiteDevelopment/

Reference Manual for Center Coordinators of Clinical Education
http://www.apta.org/Educators/ClinicalEducatorDevelopment/CCCEManual/
Information Privacy in Clinical Education

UM-Flint PTD Policy Number: 340.05 Information Privacy in Clinical Education

Effective: 10/3/2018

Revised: 6/1/2018

Responsible Party: ADCE and Academic Faculty

Scope: Method and description of the content to share information from the student to the clinical education faculty/site and from the clinical education faculty/site to the student.

V. Purpose
   a. Students enrolled at the University of Michigan-Flint have confidentiality rights related to personal information disclosed to sources outside of the university. The purpose is to describe the processes to maintain confidentiality.
   b. Students have the responsible to keep information about patients, clinical education faculty, and clinical education sites confidential. The purpose is to describe the processes to maintain confidentiality.

VI. Definitions
   a. Academic Faculty: Educators and scholars within the academic institution dedicated to preparing students with the skills and aptitudes needed to practice physical therapy.
   b. 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.
   c. Clinical Education Agreement: A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites or individual providers of clinical education that specifies each party’s roles, responsibilities, and liabilities relating to student clinical education.
   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 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.
f. **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.

VII. **Policy**

a. Family Education Rights and Privacy Act (FERPA) will be followed.
   i. UM-Flint FERPA  
      [http://www.umflint.edu/registrar/privacy.htm](http://www.umflint.edu/registrar/privacy.htm)
   ii. U.S. Department of Education FERPA  

b. Clinical Education sites that have a clinical education 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 site is allowed to be shared with the clinical education faculty.
   i. The University of Michigan-Flint faculty and staff advise students that it is recommended that the student disclose information on their own accord.
   ii. The student is advised to seek medical attention for physical and psychological conditions that will impact performance in the clinical education setting.
      1. Academic and clinical education 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.
      2. ADCE will notify the students clinical education faculty/site of the requested accommodations if the student provides a written statement from a medical practitioner specifying accommodations.
         a. Clinical education faculty in conjunction with the ADCE determine if the clinical education faculty/site can provide reasonable accommodations and ensure appropriate assessment of course objectives that allow the student the ability to participate in the clinical experience.

c. All YR1 students at the students cost have a criminal background check completed including a sexual offender background check prior to beginning the DPT program through a vendor specified by UM-Flint.
   i. The information obtained from these resources will be viewed by the ADCE or Administrative Assistant for Clinical Education.
   ii. During the course of the DPT program some clinical education sites will require a repeat background check, repeat sex offender check, drug screen, or fingerprinting which the student will be required to pay for.
      1. The information obtained from these resources will be viewed by the ADCE or Administrative Assistant for Clinical Education and results will be sent to the requesting clinical site.
   iii. Students with positive findings will have the information shared per the clinical education agreement with their assigned clinical education faculty/site.
      1. The clinical education faculty/site then makes a determination of whether to accept the student into their facility.

d. Clinical education faculty are required to keep all student information confidential.
   i. 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.

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

VIII. Procedures
a. Students are educated on and sign the Department Use of Student Contact Information and Permission Form as an incoming student during orientation for YR1.
   i. Basic release of student contact information is provided by the Physical Therapy Department to the assigned clinical education faculty for the student which includes:
      1. Name
      2. Address
      3. Telephone Number
      4. University of Michigan-Flint Email Address
b. Students are educated on and sign the Health Information Release Form during YR1 orientation.
   i. Allows personal health information to be viewed by the ADCE. The health information is to be used to assess the students ability to attend clinical education experiences at contracted clinical education sites.
c. Students are educated on and sign the Informed Consent to Participate in Classroom, Laboratory, and Clinical Settings at YR1 orientation.
   i. Attest that the student has consulted with their physician and that they may participate in classroom, laboratory, and clinical activities including advisement about their current state of health. Addresses any restrictions.
d. Students are educated on and sign the Clinical Education Form at YR1 orientation
   i. Reviews the additional requirements and responsibilities of students for clinical education including costs for background checks, drug screens, and fingerprinting.
e. Students are educated on Exxat software system during YR1.
   i. Student completes mandatory profile information in the software system including the clinical questionnaire, health documentation, personal statement, and basic contact information.
   ii. Student electronically signs in Exxat acknowledging and agreeing to have their profile information shared with clinical sites.
f. Students complete HIPAA and HITECH training in fall semester of YR1 prior to clinical experiences.

Attachments:
   Department Use of Student Contact Information and Permission form
   Health Information Release form
   Informed Consent to Participate in Classroom, Laboratory, and Clinical Settings form
   Clinical Education form

Adopted date: June 2013, Revised June 2018
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>
<thead>
<tr>
<th>Fall Year 1</th>
<th>Winter Year 1</th>
<th>Spring/Summer Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTP 629 Integrated Clinical Experience I (2 credits)</td>
<td>PTP 630 Integrated Clinical Experience II (2 credits)</td>
<td>N/A</td>
</tr>
<tr>
<td>3 observation experiences</td>
<td>40 hours of clinical experience</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fall Year 2</th>
<th>Winter Year 2</th>
<th>Spring/Summer Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTP 730 Full Time Clinical Experience (4 credits)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>6 weeks of full time experience</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fall Year 3</th>
<th>Winter Year 3</th>
<th>Spring/Summer Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>PTP 823 Clinical Internship I (5 credits)</td>
<td>PTP 825 Clinical Internship III (5 credits)</td>
</tr>
<tr>
<td></td>
<td>PTP 824 Clinical Internship II (5 credits)</td>
<td>10 weeks of full time clinical experience</td>
</tr>
<tr>
<td></td>
<td>Each are 10 weeks of full time clinical experience</td>
<td></td>
</tr>
</tbody>
</table>
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.

IX. 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

X. 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.

XI. 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.

XII. 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.

XIII. 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.

XIV. 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 condition 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 written 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.htm.
   ii. The decision of the Academic Standards Committee of the School of Health Professions and Studies shall be final.

XV. 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.
Misconduct Policy and Procedure for PTD Academic Programs

UM-Flint PTD Policy Number: 350.03

Effective: 08/01/1996

Revised: 7/17/2019

Responsible Party: The Student Progress Committee, PTD Professional, and Post-professional faculty as appropriate

Scope: Umbrella policy setting forth the academic and non-academic expectations for students enrolled in all PTD academic programs.

I. Purpose
   a. To establish standards of behavior and conduct consistent with professional, scholarly, and general expectations of PT students enrolled in the DPT, tDPT & Ph.D. program.

II. Definitions
   a. ADCE: Associate Director for Clinical Education
   b. ADPE: Associate Director for Professional Education
   c. ADPPCPD: Associate Director for the Post-Professional Clinical Professional Development
   d. ADPhDPT: Associate Director for the Ph.D. in Physical Therapy program
   e. False Accusations: making knowingly untrue accusations regarding misconduct of administrative staff, faculty, or student colleagues.
   f. Hearing Committee: the Hearing Committee will consist of a quorum of the Physical Therapy department faculty (with the exception of the ADPE, ADPPCPD, or ADPhDPT as appropriate).
   g. Retaliation: actions against administrative staff, faculty, or student colleagues because of their participation in the Conduct process.
   h. Student Consultant: a confidant of the student outside of the university that may or may not be the student’s legal representative.
   i. Student Progress Committee: a standing committee comprised of three faculty members of the Physical Therapy Department who will follow outlined process and procedures for conduct involving Professional DPT students. The committee for tDPT and PhD students will consist of three faculty members involved in the tDPT or PhD in PT programs, as appropriate.
   j. Violation of Confidentiality in Professional Conduct Process: intentionally and impermissibly breaching the confidentiality of those individuals participating in the outlined misconduct process.

III. Policy
   PT Students are expected to:
   a. Read and understand this Policy. Lack of knowledge of what is prohibited conduct is not an acceptable defense or justification for violations of this Policy, and it is the student’s responsibility to understand what is and isn’t prohibited conduct
   b. Understand that any attempts to commit an act prohibited by any portion of this policy may be punished to the same extent as a completed violation.
c. Abide by the University of Michigan-Flint Code of Student Conduct. ([https://www.umflint.edu/rights-and-responsibilities](https://www.umflint.edu/rights-and-responsibilities))

d. Abide by the University of Michigan-Flint Policy of academic integrity as outlined in the Students Rights and Responsibilities section of the University of Michigan Flint Catalog. ([http://catalog.umflint.edu/content.php?catoid=2&navoid=80](http://catalog.umflint.edu/content.php?catoid=2&navoid=80))

e. Abide by the University of Michigan-Flint Information Technology policies and procedures. ([http://www.umflint.edu/its/policies](http://www.umflint.edu/its/policies))

f. Comply with Federal and State of Michigan laws and regulations related to licensure and professional practice (e.g. HIPAA).

g. Comply with the policies, procedures, and guidelines established by the College of Health Sciences, the Physical Therapy Department, the Professional DPT program, the transitional DPT program, and the Ph.D. in PT program, and/or the clinical facility in which they are completing a clinical experience.


i. Maintain a personal appearance and demeanor that reflects their professional function. Personal attire should always be neat and appropriate to the situation. This entails following a particular course’s or clinical site’s dress code.

j. Comply with the required non-discrimination policies of the University and clinical sites and avoid any conduct that is discriminatory or harassing.

k. Exhibit courtesy and respect for instructors, staff, other students, patients, and facilities in all settings.

l. In all clinical settings, professional DPT students are expected to:
   ii. Refrain from representing themselves as physical therapists.
   iii. 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 a faculty member or are participating in a PTD sponsored activity.
   iv. Refrain from accepting or participating in employment as a physical therapy aide or technician after being accepted in the Professional DPT program without adequate on site professional supervision by a qualified physical therapist.
   v. Meet the expectations for their function as specified in the agreement for affiliation established by the University with the clinical site in which they are placed.
   vi. Promptly report to the Associate Director of Clinical Education any violations of the APTA Code of Ethics and Guide to Professional Conduct which they become aware of.

m. Follow attendance policies as outlined within individual course syllabi.
   i. Students may not attend other departmental educational opportunities that conflict with the regular class schedule (e.g. research, missing class to complete course assignments for another class, to get all of the clinical education paperwork completed on time) unless the student gets prior approval from the course instructor.
   ii. For all absences, students are responsible to seek out their course instructors in a timely manner to determine how to make-up any missed assignments or examinations if make-up is possible, reasonable and/or indicated in course syllabi.

n. Attend scheduled class meetings and comply with the requests of elected class officers.
o. Attend specially scheduled meetings with a faculty member as needed.

IV. Process and Procedure

a. Reporting an Alleged Violation

i. Anyone may report an alleged violation of this Policy. If appropriate, individuals may submit their report via a Professional Conduct Incident Report and may also report their concern to a relevant course instructor, to the student’s faculty advisor, a program director, or to the Chair of the Professional Conduct Committee directly. In turn, those individuals should report the matter to the Chair of the Professional Conduct Committee.

ii. Anyone reporting a suspected violation may request anonymity when reporting a potential violation. Anonymity will be maintained unless the submitter grants permission or we are otherwise required by policy or law to provide this information. Anonymity cannot be guaranteed.

iii. If possible, all reports should be made within 2 business days of the occurrence of the misconduct or when an individual becomes aware of the alleged misconduct.

iv. Retaliation and false accusations will not be tolerated and may result in additional conduct violations.

v. A student who is accused of a violation of this Policy is not required to participate in the resolution / investigative process. If a student wishes not to participate, the matter will continue in their absence. We encourage all students to participate fully in the process.

vi. Investigative, resolution and appeal processes are administrative functions and are not subject to the same rules of civil or criminal proceedings. Because some violations of these standards are also violations of law, students may be accountable to both the legal system and the University.

b. Case Disposition

i. Concerns or complaints submitted against a PT student will be reviewed to determine the appropriate body to intake, review and/or resolve the matter. Matters may be directed to the following resources and/or individuals depending on the nature of the complaint and alleged violation:

   1. Department Chair/Director/Associate Directors/advisor(s)
   2. Diversity, Equity, and Inclusion Officer
   3. Physical Therapy Department Student Progress Committee (SPC)
   4. An official in another University school/college (e.g., if student alleged misconduct occurred while enrolled in another program or school)
   5. University of Michigan-Flint Student Code of Conduct Resolution Process
   6. Office of Institutional Equity
   7. The Division of Public Safety and Security

ii. For those matters to be managed and resolved within the PT Program (which will typically include academic misconduct matters), refer to the Cases Managed by PT Program section.

V. Cases Managed by PT Program

a. The Initial Review

i. The appropriate SPC will promptly notify a student who is accused of a violation and, prior to the initiation of a full hearing, will conduct an initial review of the reported allegation.

ii. Within 5 business days of receipt of the alleged violation, the SPC conducts initial review. Results of the initial review could result in any of the following:

   1. SPC determined no further action is needed. Chair of SPC informs student in writing.
   2. SPC determines remediation is needed. Specifics on remediation will be determined on a case by case basis. Chair of SPC submits note to student with copies to faculty advisor, appropriate AD, and the PTD Director.
   3. SPC determines that a hearing is warranted to resolve the allegation. The PT department faculty will be made aware of the situation and the hearing will be scheduled within
three weeks. Chair of SPC will notify the student of the date and time of the full hearing. Please see appendix 1 for hearing procedures.

b. Hearing
i. The Hearing will be facilitated and orchestrated by the Chair of the SPC and the Hearing Committee will consist of a quorum of the Physical Therapy department faculty (with the exception of the ADPE, ADPPCPD, or AdPhDPT as appropriate).
ii. Students participating in a hearing may have an advisor present, who may be an attorney. The role of an advisor during the hearing is limited to providing advice directly to the accused student. The consultant will not be permitted to speak directly to the faculty or other witnesses.
iii. The Chair of the PTD Student Progress Committee has the right to limit the number of witnesses if their testimony is expected to be redundant or limit the amount of time provided to witnesses if the information is redundant or irrelevant to the case.
iv. Hearings are closed to the public and will be audio recorded except for deliberations. A party to the hearing may request a copy of the recording up and until the appeals process is exhausted. All recordings of the proceedings will be controlled by the Physical Therapy Department. No court reporters, stenographers, videographers, or similar professionals are permitted without the prior consent of the Physical Therapy Department.
v. Students who have allegations pending and that have not yet been heard by the Hearing Committee may continue to take classes but may only participate in clinical experiences at the discretion of the ADPE in consultation with the ADCE(s). If the ADPE permits the student to participate in clinical experiences, the ADPE may do so upon the condition that the allegations are disclosed to clinical sites.

VI. Appeal Process
a. A student found responsible for a violation has a right of appeal to the ADPE, ADPPCPD, or AdPhDPT, as appropriate utilizing the following process:
   i. The appeal to the appropriate Associate Director should be written on the PT Department Misconduct Appeal Form.
   ii. The appeal form must include the basis for appeal and be received by the Associate Director no later than five business days after the student has received written confirmation of the decision of the Student Progress Committee.
   iii. No new evidence is permitted in the appeal process.
   iv. During the appeal processes the student may continue to take classes as long as the student does not present a potential threat to others in the university. However, students will be prohibited from proceeding into any clinical internships (PTP 629, 630, 730, 823, 824, and 825) until their appeals are resolved since only students in good standing are permitted to proceed into these courses.

b. Within two weeks of receiving the Appeal Form, the AD will issue a written statement to the student either confirming, modifying or reversing the Hearing Committee’s decision. The appeal is final and no further appeals are permitted.

VII. Record Keeping and Information Transmittal associated with a Professional Conduct Violation
a. The Chair of the Professional Conduct Committee and the appropriate Associate Director shall record essential elements of the process and place them in the student's file in the PT Department.

Adopted date: 7-17-19 replaces old Professional Conduct Policy

Professional Conduct Policy:
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
Appendix 1

<table>
<thead>
<tr>
<th>At least 2 business days in advance of the Hearing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All potential witnesses’ names must be provided to the chair of the Student Progress Committee.</td>
</tr>
<tr>
<td>If the student wishes to have a consultant present at the hearing, he/she must submit the name of their consultant. If the consultant is an attorney, the student is required to divulge that information to the chair of the SPC.</td>
</tr>
<tr>
<td>Student under investigation may submit to the hearing committee a written statement regarding accusation and any supporting evidence.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The hearing will occur in this order:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student will make a presentation of his/her case to the committee.</td>
</tr>
<tr>
<td>The faculty can then question the student.</td>
</tr>
<tr>
<td>Witnesses will then testify.</td>
</tr>
<tr>
<td>Witnesses invited by the accused student will testify.</td>
</tr>
<tr>
<td>The committee can then question the accused students witnesses</td>
</tr>
<tr>
<td>Witnesses the chair invites based on the preliminary investigation will testify.</td>
</tr>
<tr>
<td>The student can then question the witnesses called by the committee chair.</td>
</tr>
</tbody>
</table>

| The student will be notified of the outcome of the hearing within 10 business days via a formal letter prepared by the Chair of Student Progress Committee informing the student whether they have been found “responsible” or “not responsible” for the alleged violation and the applicable sanctions. The letter will also inform the student of the appeals process. Sanctions are effective immediately, pending appeal, following a student notification of the hearing outcome unless otherwise specified in the notification letter from the Student Progress Committee chair. |
MISCONDUCT INCIDENT REPORT

The purpose of this document is to report incidents of suspected misconduct violations as specified in the Misconduct Policy and Procedure for PTD Programs. Suspected incidents may be reported by faculty, staff, or students. The “Student Comments/Plan for Improvement of Problem Area” will be filled out by the student after discussion with their faculty advisor or a faculty member if the incident occurred in a class session. The faculty member with whom the student met will fill out the “Resolution/Plan” section of the form. Turn in form to the Chair of the Student Progress Committee.

Student: ______________________  PT Course: ________________ Date Report Submitted __________

Incident Date: ________________

Faculty/Staff/Student Reporting Incident (optional): ________________________________

Description of Incident:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Student Comments (optional):
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Signature of Reporting Individual (optional): ______________________

Date: ______________________

Presence of student signature indicates that the student has read and discussed the incident with the reporting faculty/staff/student. This is not required for form completion. Incident Reports are subject to review by the Chair of the Student Progress Committee. Further action by the Committee will be considered on a case-by-case basis.

Copies to: Student’s File, Chair of PT Student Progress Committee File, Faculty advisor and appropriate Associate Director notified of the incident
Misconduct Appeal Form

Submit this form to the ADPE, ADPPCPD, or ADPhDPT as appropriate within 5 business days of receiving written confirmation of the decision of the Hearing Committee

Student Name: ____________________________ Date Filed: ____________________________

Student Signature: ________________________________________________________________

Basis for appeal: (Check all that apply)

_____ The decision made by the Hearing Committee is in violation of established departmental, school or university policies or procedures.

_____ The decision of the Hearing Committee is clearly prejudicial, grossly inequitable, or academically indefensible.

_____ The sanctions are disproportionate to the nature of the violation.

Statement citing evidence to support the indicated basis for appeal:

Form approved by Physical Therapy Faculty: Nov. 2007
Revised 6/08
Revised 6/12
Revised 3/2019
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>ACCEPTABLE DOCUMENTATION</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read and sign the attestation form for Essential Functions for Physical Therapist Students</td>
<td></td>
<td>Aug. 14</td>
</tr>
</tbody>
</table>

| Health Insurance | 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. | Aug. 14 |

| Criminal Background Check | The background check is completed by provider as directed by ADCE. There is a fee for this service that the student is responsible for. | Aug. 14 |

| MMR | 2 documented vaccinations from childhood OR + antibody titer for all 3 components, lab reports required OR 2 documented vaccinations as an adult | Sept. 30 |

| Varicella | 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 | Sept. 30 |

| HEPATITIS B | 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 | Sept. 30 |

<p>| TB | 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. | Sept. 30 |</p>
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon renewal if <strong>previous testing was positive</strong>: complete the TB Questionnaire with your healthcare provider. If confirmed or suspected TB infection advise your Co-ADCE.</td>
<td></td>
<td></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>
</tbody>
</table>
| **Polio** | Documentation of completed primary series (3 vaccinations)
OR
+ Polio antibody titer acceptable
OR
Repeat 3 vaccinations as adult | Sept. 30 |
| **CPR** | **American Heart Association**-Basic Life Support (BLS) for Healthcare Provider (infant, child, and adult training for CPR and a choking victim)
Note: upload card both front and back; MUST be signed OR signed certificate or letter from provider.
**Must have a face-to-face lab component. Fully online CPR classes are not accepted. American Red Cross NOT accepted.** | Sept. 30 |
| **First Aid** | Documentation for first year only. Can be fully online.
Recommended Providers:
[www.americanheart.org](http://www.americanheart.org)
[www.redcross.org](http://www.redcross.org)
[www.nsc.org](http://www.nsc.org) (National Safety Council) | Sept. 30 |
| **Physical Exam and Report of Medical History Form** | 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 | Sept. 30 |
| **Health Information Release Form** | Provide completed health information release form. | Sept. 30 |
| **Informed Consent to Participant in Classroom, Laboratory, Clinical Setting** | Provide signed copy of consent to participant in classroom, laboratory and clinical settings. First year only. | Sept. 30 |
| **Clinical Education Information Form** | Provide a signed copy of the clinical education information form; first year only. | Sept. 30 |
| **Influenza** | Flu shot administered during Flu season
OR
Signed Flu shot waiver of declination. Not recommended as can severely limited clinical internship options. | Nov. 1 |
| **HIPAA Training Certificate** | Will complete HIPAA Training in PTP 629. | Refer to PTP 629 Syllabus |
| **Blood Borne Pathogen Training Certificate** | Will complete Blood Borne Pathogen Training in PTP 629. | Refer to PTP 629 Syllabus |
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
New Site Clinical Education Policy

UM-Flint PTD Policy Number: 340.09

Effective: 8/1/2007

Revised: 5/15/2019

Responsible Party: ADCE and Core Faculty

Scope: Development of new clinical education agreements for clinical education experiences within and outside of the state of Michigan.

I. Purpose
   a. The purpose of this policy is to define the process and requirements for new clinical education sites and agreements.

II. Definitions
   a. Academic faculty: Educators and scholars within the academic institution dedicated to preparing students with the skills and aptitudes needed to practice physical therapy.
   b. Clinical education agreement: A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites or individual providers of clinical education that specifies each party’s roles, responsibilities, and liabilities relating to student clinical education.
   c. 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.
   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. 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.
   f. Site Coordinator of Clinical Education (SCCE): A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.
III. Policy: University of Michigan-Flint offers a wide variety of clinical education experiences at clinical education sites throughout the United States in a variety of practice settings. However, some students maybe interested in a new clinical education site within or outside of the state of Michigan.
   a. Student must meet with the ADCE to discuss their interest in a new site.
   b. Students will submit required information to the ADCE by the due date for these requests.
   c. Students will need to receive ADCE and faculty approval to participate in a new full time clinical education experience.
   d. New out of state clinical education experience requests are reserved for the final two ten week clinical experiences, PTP 824 - Clinical Internship II and PTP 825 - Clinical Internship III.
   e. There will be no on-site visit by a faculty member during new out of state clinical education experiences, however, there will be electronic and phone communication between the CI, student, and ADCE for a midterm check.
   f. Student Qualifications:
      i. 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 3.0 or higher and no current professional conduct violations.
      ii. A history of professional conduct issues may disqualify a student from consideration.
      iii. Student is not in the process of an appeal at the department or school level
   g. Facility Qualifications:
      i. Meet the requirements of the Physical Therapy Department Clinical Education Site and Clinical Faculty Policy.
   h. Students are responsible for all expenses including travel, healthcare, food, and housing.
   i. Students are encouraged to request a new clinical education experience primarily for learning experiences; however, students may consider geographic location or job prospects as reasons for requesting a new clinical education experience.
   j. The development of new clinical education experiences at new sites may be terminated at any time by the ADCE, faculty, site, or UM-Flint Office of General Counsel.
   k. The ADCE reserves the right to cancel the new clinical education experience if the student:
      i. is not in good standing
      ii. does not demonstrate the knowledge, skills or abilities in preceding clinical experiences to indicate that they will perform well in the clinical experience
      iii. has a significant professional conduct violation
      iv. demonstrates other significant concerns as determined by the ADCE
   l. Students will not be allowed to begin clinical education experience at a new site until the clinical education agreement has been fully executed.
      i. Clinical education agreements must be fully executed no later than 2 months prior to the start of the clinical education experience.

IV. Procedures
   a. Students must meet with the ADCE to discuss their interest prior to contacting any clinical facility.
   b. Students are to contact only one clinical facility at a time as directed by the ADCE, to gather information to complete the new clinical education experience form.
c. Students will submit the New Clinical Education Experience Form via email to the ADCE confirming that the student commits to a clinical education experience at that site for the requested clinical education course(s).

d. The clinical education site and staff will be vetted by the ADCE.

e. Out of state clinical sites require consultation with UM-Flint Office of Extended Learning (OEL) to confirm that DPT students may participate in clinical experiences. OEL consults with NC-SARA.

f. If the proposed clinical site meets the requirements, the ADCE will submit the student’s New Clinical Education Experience Form to the faculty, along with information regarding the site acquired during the vetting process.

g. Faculty feedback is required to proceed with the new clinical education agreement process.

h. Following faculty feedback, the student is not allowed to cancel or change the new clinical education experience unless significant extenuating circumstances arise as determined by the ADCE.

i. Cancellation or change must be communicated to the site only by the ADCE.

j. The ADCE reserves the right to cancel the clinical education experience if there is a change in status such that the clinical education site is unable to provide a quality clinical education experience.

k. The clinical education agreement should be fully executed prior to the selection of available clinical education slots for the requested course.

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

Adopted date: August, 2007
Revised June 2009
Revised June 2010
Revised June 2
Revised July 9, 2014
Revised May 15, 2019
Out of State Clinical Education Experience Policy

UM-Flint PTD Policy Number: 340.10

Effective: 5/15/2019

Revised: 5/15/2019

Responsible Party: ADCE and Core Faculty

Scope: Defines eligibility and requirements to complete out of state clinical education experiences with clinical education sites that UM-Flint has a current clinical education agreement with.

I. Purpose
   a. The purpose of this policy is to define the process and requirements for requests to complete clinical education experiences outside the state of Michigan in clinical education sites that UM-Flint has a current clinical education agreement.

II. Definitions
   a. **Academic faculty**: Educators and scholars within the academic institution dedicated to preparing students with the skills and aptitudes needed to practice physical therapy.
   b. **Clinical education agreement**: A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites or individual providers of clinical education that specifies each party’s roles, responsibilities, and liabilities relating to student clinical education.
   c. **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.
   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. **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.
   f. **Site Coordinator of Clinical Education (SCCE)**: A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical...
education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.

III. Policy
a. Out of state clinical experiences are limited to full time experiences PTP 730, 823, 824, and 825.
b. One terminal clinical experience PTP 823, 824 or 825 must be completed in the state of Michigan.
c. Students must meet with the ADCE to discuss their interest and plans for the experience by the due date for these requests.
d. PTP 730:
   i. Out of state clinical experiences are limited to students with exemplary performance in the DPT program
   ii. Require ADCE and faculty approval
e. PTP 823, 824 and 825:
   i. Students may select out of state clinical education sites that routinely offer slots to UM-Flint without faculty approval.
   ii. Affiliated clinical education sites that do not routinely offer slots require a meeting with the ADCE to discuss the student’s interest
      1. The ADCE will determine whether to initiate the process to request a slot.
      2. Do not require faculty approval
f. An electronic or phone communication site visit will be conducted between the CI, student, and ADCE or faculty member for a midterm check.
g. Student Qualifications:
   i. 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 3.0 or higher and no current professional conduct violations.
   ii. A history of professional conduct issues may disqualify a student from consideration.
   iii. Student is not in the process of an appeal at the department or school level
h. Facility Qualifications:
   i. Meet the requirements of the Physical Therapy Department Clinical Education Site and Clinical Faculty Policy.
   ii. Students are responsible for all expenses including travel, healthcare, food, and housing.
j. Students are encouraged to request out of state clinical education experience primarily for learning experiences; however, students may consider geographic location or job prospects as reasons for out of state clinical education experience.
k. The ADCE reserves the right to cancel the new clinical education experience if the student:
   i. is not in good standing
   ii. does not demonstrate the knowledge, skills or abilities in preceding clinical experiences to indicate that they will perform well in the clinical experience
   iii. has a significant professional conduct violation
   iv. demonstrates other significant concerns as determined by the ADCE
l. The development of out of state clinical education experiences may be terminated at any time by the ADCE, faculty, or site.
IV. Procedures

a. Students must meet with the ADCE to discuss their interest and plans for the out of state experience for PTP 730, 823, 824 and 825.

b. ADCE will consult with UM-Flint Office of Extended Learning (OEL) to confirm that DPT students may participate in the requested out of state clinical experiences. OEL consults with NC-SARA.

c. PTP 730 Out of State Requests
   i. Student will provide the ADCE with a short statement on their rationale
   ii. ADCE will bring student’s request to faculty for consideration
   iii. If not approved student will select from the regular in state offerings for PTP 730

d. For sites that do not routinely offer out of state clinical education experience slots:
   i. The ADCE will determine if the out of state clinical experience appears to be a good fit for the student and site.
      1. Student will be informed if the process will move forward
      2. If denied the student may request another site or select from routine offerings
   ii. The ADCE will contact the SCCE to inquire about the possibility of a slot offer for the specific requested clinical education experience.
   iii. If the site offers a slot for the requested clinical education experience it will be accepted on the student’s behalf by the ADCE.

e. The student is not allowed to cancel or change the new clinical education experience unless significant extenuating circumstances arise as determined by the ADCE.

f. Cancellation or change must be communicated to the site only by the ADCE.

g. The ADCE reserves the right to cancel the clinical education experience if there is a change in status such that the clinical education site is unable to provide a quality clinical education experience.

h. If the clinical education experience slot offer is not acquired from the out of state site, then student will be offered the opportunity to choose from available clinical education experience sites offered to the University that year.

Adopted: May 15, 2019
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

Clinical Education Form

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 clinical education assignments. It is UM-Flint’s policy that you will be required to drive up to 1 hour to a clinical site for a clinical experience. Weather, construction, traffic, etc. may add to your drive time. In addition, you may not complete clinical experiences directly in PT facilities where family members or people you have personal relationships with work.

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. The clinical experience assignment schedule may require you 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, clinic orientation programs, additional criminal background checks/drug testing and finger-printing. In addition, the student is responsible for determining the accessibility and is responsibility for the cost of emergency services in off-campus educational experiences unless otherwise stipulated by the clinical facility in the affiliation agreement.

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: __________

Updated 4.15.19
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.
Student Readiness for Clinical Education Experience

UM-Flint PTD Policy Number: 340.06 Student Readiness for Clinical Education Experience

Effective: 1/9/2019

Revised: 1/9/2019

Responsible Party: Core Faculty

Scope: Policy and process for determining student readiness to participate in clinical education experiences.

I. Purpose
   a. To delineate the process for determining DPT student readiness including competence and safety to participate in clinical education experiences.

II. Definitions
   a. **Associate Director of 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 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 care of patients/clients across the lifespan and practice settings. While the emphasis is on patient-care skills, experiences may also include inter-professional experiences and non-patient care duties such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment
   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. **Core Faculty**: Teachers and scholars within the academic institution dedicated to preparing students in the skills and aptitudes needed to practice physical therapy
   e. **Critical Safety Elements**: Elements of student performance where failure may result in one or more of the following outcomes: death or serious injury to people, loss or severe damage to equipment/property, or environmental harm.

III. Policy
   a. Determining student readiness to participate in clinical education experiences.
      i. Defines expectations that students are competent and safe prior to engaging in clinical education experiences
      ii. Determines which knowledge, skills and abilities (KSA) students must demonstrate competent and safe performance prior to engaging in clinical education
IV. Procedures

a. Student readiness to participate in clinical education experiences

   i. Core faculty determine student knowledge, skills, and abilities (KSA) to be competent and safe to participate in clinical education experiences via standards from:
      1. American Physical Therapy Association
      2. Legal entities
      3. Commission on Accreditation of Physical Therapy Education
      4. Academy of Physical Therapy Education
      5. American Council of Academic Physical Therapy

   ii. KSA required to be demonstrated by students to show they are competent and safe prior to participation in clinical education experiences include:
      1. Satisfactory completion of all didactic coursework required prior to the clinical education experience with C+ or higher. Components include:
         a. Professional behavior
         b. Ethical behavior
         c. Written examinations
         d. Practical examinations including critical safety elements
         e. Other appropriate assessments
      2. Confirmation of individual student readiness by core faculty via discussion in a faculty meeting prior to student participation in clinical education experiences
      3. Students that do not meet any component of the above criteria will not be allowed to participate in clinical education experiences until safe and competent KSA in all areas are demonstrated by the student as determined by core faculty
         a. The student will be required to complete remediation in areas that do not meet the safe and competent KSA requirements. This may include:
            i. Additional coursework
            ii. Written examinations passed C+ or higher
            iii. Practical examinations including critical safety elements passed with C+ or higher
            iv. Professional and ethical behavior demonstration
            v. This may delay the students matriculation through the DPT program
            vi. The student must demonstrate competent and safe KSA as determined by section IV, a, ii, 1 and 2 above.
            vii. A student that is unable to successfully demonstrate safe and competent KSA upon completion of remediation will be expelled from the program

   4. Each didactic and clinical education course has specific objectives in the syllabus that the student must meet to demonstrate competent and safe KSA. This information is shared with the student at the start of each course and all students receive a copy of the syllabus

   5. Clinical education faculty are advised of the specific skills that students must be competent and safe in via:
      a. Course syllabus objectives
      b. Email from the ADCE describing the educational level of the student and expectations for performance
      c. CPI expectations of performance

Adopted 1/9/19
Medical Professional Liability Insurance For University of Michigan-Flint DPT Students

UM-Flint PTD Policy Number: 340.07 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-cancellable 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
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

UM-Flint PTD Policy Number: 340.11
Effective: June 2010
Revised: May 1, 2019
Responsible Party: Students, ADCE, Faculty

Scope: Define the process and expectations of students during patient care for safety, rights, privacy and dignity of the patient.

I. Purpose
   a. 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. This policy defines the expectations for students including education on the Patient Bill of Rights and HIPAA.

II. Definitions
   a. 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.
   b. Clinical Education Site: any clinical education facility under contract with PTD for student educational purposes.

III. Policy
   a. Patient Rights to Refuse Treatment:
      ii. In addition, most clinical facilities have similar individual patient bill of rights.
   b. Guidelines for individuals who participate in demonstrations and practice for educational purposes:
      i. 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.
      ii. Any information obtained from the individuals for educational purposes will be destroyed after the course is over.
      iii. These individuals will be accorded the same rights, privacy, safety and dignity as the patients who would be seen in a clinical education facility.
   c. Guidelines for use of information obtained from Clinical Education Sites (i.e, patient exercise templates, protocols, educational materials, equipment, promotional materials, documentation templates, and gifts from patients, clinical instructors or facility).
      i. 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.

ii. 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).

iii. Stipends may be accepted through the clinical education site.

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

i. Students are sometimes asked to bring back from clinical internships 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.

e. 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.

IV. Procedures

a. Procedures to Protect the Rights, Dignity and Safety:

i. Students enrolled in the professional physical therapy program receive education on patient privacy following HIPAA guidelines and Joint Commission standards on privacy, dignity and safety.

ii. Students are required to pass a computerized online exam with 80% competency rate or higher regarding patient rights and HIPAA prior to participation in any clinical education course. This exam is part of the assessment of students in PTP 629.

iii. Clinical Education Facilities have individual orientation sessions that may review privacy, dignity and safety information as it pertains to patient rights.

iv. All practice pattern courses for Examination and Plan of Care discuss emergency response situations.

v. Patient dignity is discussed in Therapeutic Relations course.

Adopted date: June 2010
Revised June 24, 2013
Revised July 7, 2014
Revised May 1, 2019
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 the 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.

Approval date: 6/1/2013
Revised 11/8/2017
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 CPI New User Training Modules (APTA PT CPI) located in the Clinical Assessment Suite Help Center hosted by Liaison International and pass a CPI Assessment located in the APTA Learning Center. Directions and modules can be found here: https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/Customer_Support_and_Resources/Webinars_and_Downloads/CPI_Training_Files

Accessing PT CPI Web 2.0
Once the APTA PT CPI online training and assessment is successfully completed you will access the APTA CPI Web https://cpi2.amsapps.com then go to the evaluations tab to complete the student(s), or self-evaluation along with verify that you successfully completed the training and assessment.

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

- PT CPI Web Instructions for a CI, SCCE, and Student
  https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/CPI/PT

- A PDF copy of the Physical Therapist Clinical Performance Instrument (CPI) is available within the PT CPI Web


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 found on the PT CPI Web at 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/.

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/
University of Michigan-Flint
College of Health Sciences
Physical Therapy Department

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/.