



**University of Findlay®**

## **Doctor of Physical Therapy Program**

**Traditional Physical Therapy Curriculum**

***Weekend PTA to DPT Bridge Curriculum***

## **Student Handbook**

### **Part II: Clinical Education**

**All cohorts**

**01/29/2026**

# Student Handbook Acknowledgement Form

Student's Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I acknowledge that I have received an electronic copy of ***The University of Findlay Doctor of Physical Therapy Program Student Handbook, Part I and II.*** I also acknowledge there are two parts to the handbook: Part I Didactic Education and Part II Clinical Education. I also acknowledge that it is available during my enrollment at UF. I understand that program faculty will inform me of any changes and those changes will be presented at communication hour and posted on the Cohort SharePoint Site. The student handbook also includes clinical education policies and procedures.

I have read or will read the material contained within The University of Findlay Doctor of Physical Therapy Program Student Handbook (Part I Didactic Education and Part II Clinical Education). I have had the opportunity to ask questions about this handbook.

I understand that I will be held responsible to understand and abide by the policies in The University of Findlay Doctor of Physical Therapy Program Student Handbook and The University of Findlay Graduate Catalog for the duration of my enrollment at the university, both the academic and clinical education components.

The Department of Physical Therapy reserves the right to make changes in policies, procedures and regulations subsequent to the publication of this Student Handbook. Notice of changes, revisions, or any additions to the Physical Therapy Student Handbook will be posted on SharePoint and distributed to each student verbally and in writing by the Associate Chair of the Physical Therapy Program.

---

Signature (Student)

---

Date

I further acknowledge that I have received a copy of the Technical Standards and Essential Functions required for the program. I understand that if I require reasonable accommodation to perform any of the required activities, it is my responsibility to contact the Office of Accommodation and Inclusion.

---

Signature (Student)

---

Date

*The Student Handbook is intended only as a reference guide and does not constitute a contract between the student and The University of Findlay or its Physical Therapy Program.*

<b>STUDENT HANDBOOK ACKNOWLEDGEMENT FORM .....</b>	<b>i</b>
<b>OVERVIEW .....</b>	<b>1</b>
<b>CHAPTER I: CLINICAL EDUCATION DEFINITIONS, ROLES, &amp; RESPONSIBILITIES.....</b>	<b>2</b>
A. CLINICAL EDUCATION DEFINITIONS .....	3
B. ROLES AND RESPONSIBILITIES OF PARTICIPANTS .....	4
<b>CHAPTER II: DEVELOPMENT OF CLINICAL EDUCATION SITES .....</b>	<b>7</b>
A. SELECTION/ESTABLISHMENT OF CLINICAL EDUCATION SITES .....	8
B. AGREEMENT FOR CLINICAL EDUCATION .....	9
C. ONGOING SUPPORT FOR THE CLINICAL EDUCATION SITES .....	9
D. RECRUITMENT BY CLINICAL EDUCATION SITE.....	11
E. CI CERTIFICATE .....	11
<b>CHAPTER III: STUDENT PREPARATION &amp; ASSIGNMENTS .....</b>	<b>12</b>
A. CLINICAL EDUCATION SITE ELECTRONIC FILES .....	13
B. STUDENT INTRODUCTION PACKET .....	13
C. REQUIRED PHYSICAL EXAM/MEDICAL TESTS AND PROCEDURES .....	14
D. MALPRACTICE/LIABILITY INSURANCE.....	16
E. HEALTH INSURANCE .....	16
F. CPR & FIRST AID CERTIFICATION.....	16
G. OSHA & HIPAA CERTIFICATION.....	16
H. CRIMINAL BACKGROUND CHECK .....	16
I. BADGE REPLACEMENT POLICY .....	17
J. STUDENT ASSIGNMENT/READINESS.....	17
K. REQUEST FOR CLINICAL ACCOMMODATIONS .....	20
L. CPI 3.0 TRAINING .....	20
<b>CHAPTER IV: CLINICAL EDUCATION EXPERIENCES .....</b>	<b>21</b>
A. TRANSPORTATION AND LODGING .....	22
B. CLINICAL DRESS CODE.....	22
C. DRUG PREVENTION PROGRAM POLICY .....	22
D. CLINICAL ATTENDANCE.....	22
E. CLINICAL INSERVICE .....	24
F. BACKUP SUPERVISION .....	24
G. DOCUMENTATION.....	24
H. CLINICAL EDUCATION DATA COLLECTION .....	25
I. MIDTERM CONTACT.....	25
J. GRADING FOR CLINICAL EDUCATION EXPERIENCE .....	26
K. EVALUATION OF THE CLINICAL EDUCATION FACULTY (SCCE & CI) .....	28
L. EVALUATION OF THE DIRECTOR OF CLINICAL EDUCATION.....	28
<b>CHAPTER V: INTERVENTION STRATEGIES .....</b>	<b>29</b>
A. EXCEPTIONAL STUDENT SITUATIONS .....	30

B. STUDENT WITHDRAWAL BY ACADEMIC PROGRAM.....	31
C. RESCHEDULING OF CLINICAL EDUCATION EXPERIENCES .....	32
D. APPEALING THE CLINICAL EDUCATION PORTION OF A GRADE.....	32
<b>CONCLUSION .....</b>	<b>33</b>
<b>APPENDIX A.....</b>	<b>34</b>
APTA CODE OF ETHICS & STANDARDS OF PRACTICE .....	34
<b>APPENDIX B.....</b>	<b>36</b>
CLINICAL CHOICES FORM EXAMPLE .....	36
<b>APPENDIX C.....</b>	<b>46</b>
CLINICAL SITE INFORMATION FORM - MINIMUM DATA.....	46
<b>APPENDIX D.....</b>	<b>48</b>
CLINICAL EDUCATION AGREEMENT TEMPLATE.....	48
<b>APPENDIX E.....</b>	<b>54</b>
CI SUPERVISION CERTIFICATE.....	54
<b>APPENDIX F .....</b>	<b>56</b>
HEPATITIS B VACCINATION WAIVER FORM.....	56
<b>APPENDIX G .....</b>	<b>58</b>
IMMUNIZATION FORM .....	58
<b>APPENDIX H .....</b>	<b>61</b>
COVID-19 VACCINE MEDICAL EXEMPTION REQUEST FORM.....	61
<b>APPENDIX I .....</b>	<b>63</b>
COVID-19 VACCINE RELIGIOUS EXEMPTION WORKDAY INSTRUCTIONS.....	63
<b>APPENDIX J .....</b>	<b>65</b>
OSHA/HIPAA CERTIFICATE OF TRAINING .....	65
<b>APPENDIX K .....</b>	<b>67</b>
INFORMATION AND TIPS ON OBTAINING A BACKGROUND CHECK .....	67

<b>APPENDIX L .....</b>	<b>70</b>
THE NON-EMERGENT CLINICAL ABSENCE DECISION TREE .....	70
<b>APPENDIX M.....</b>	<b>72</b>
INSERVICE EVALUATION FORM .....	72
<b>APPENDIX N.....</b>	<b>74</b>
AGREEMENT FOR BACKUP SUPERVISION.....	74
<b>APPENDIX O .....</b>	<b>76</b>
CE SITE AND CLINICAL INSTRUCTOR FORM.....	76
<b>APPENDIX P .....</b>	<b>78</b>
PT STUDENT EVALUATION OF SITE.....	78
<b>APPENDIX Q .....</b>	<b>85</b>
PT STUDENT EVALUATION OF CLINICAL INSTRUCTION.....	85
<b>APPENDIX R.....</b>	<b>89</b>
MIDTERM CONTACT FORM .....	89
<b>APPENDIX S .....</b>	<b>92</b>
SYLLABUS .....	92
<b>APPENDIX T .....</b>	<b>106</b>
DCE ASSESSMENT QUESTIONNAIRE.....	106
<b>APPENDIX U.....</b>	<b>110</b>
SAMPLE LEARNING CONTRACT .....	110

# Overview

The **Clinical Education portion, Part II of the Student Handbook** was developed to provide you with information about the clinical education component of the physical therapy curriculum. The University of Findlay has two physical therapy programs including the *Weekend PTA to DPT Bridge Program* and the Traditional DPT Program. **The sections that pertain uniquely to the Bridge program will be in *italics*.** The full-time clinical education experiences are designed to provide the student with a supervised, concentrated course of study in which the student is given opportunities to apply theory and practice learned skills in the clinic setting.

*Clinical education in the Weekend PTA to DPT Bridge Program includes integrated clinical education experiences, intermediate full-time clinical education experiences, and a terminal full-time clinical education experience. Integrated clinical education (ICE) assignments and ICE courses are intended to assist the student with understanding the academic course work in the clinical setting, as well as demonstrate readiness for formal full-time clinical education experiences. For example, the ICE assignments may include observation of treatment/evaluation techniques, chart reviews, and data gathering. If clients are used in assignments, then the student is to obtain client consent and to maintain confidentiality of all information.*

*The ICE courses are developed in collaboration with the Director of Clinical Education, selected course instructor, and a community health care provider. An example of an ICE course would be the development of advanced wheelchair specifications for a geriatric patient.*

*In the Weekend PTA to DPT Bridge Program, three full-time clinical education experiences are required at the end of the student's academic course work. All three experiences are ten weeks in length. Experiences in inpatient (neuromuscular, cardiopulmonary, and integumentary emphasis) and outpatient (musculoskeletal emphasis) settings are obligatory. In addition, the student has the opportunity to continue with a general experience or to specialize in an area of their choice for the final clinical experience.*

In the Traditional DPT Program, a series of four full-time clinical education experiences, ranging from seven weeks to ten weeks occur throughout the curriculum. The clinical experiences begin with a seven-week clinical experience, commencing during the second summer, in any setting except specialty settings. Upon completion of the second year of coursework, the students complete an eight-week clinical in outpatient orthopedics. The fall of the student's third year, the students complete an eight-week clinical in an acute or subacute setting. Upon completion of the remainder of the didactic portion, students complete a terminal ten-week experience in the setting of the student's choice. The sequence is designed to give students experience in a variety of clinical settings. Students are encouraged to pursue physical therapy practice in small rural, suburban, as well as large urban settings. Students are also encouraged to participate in at least one out-of-state setting.

We hope that you will find the *Student Handbook, Part II: Clinical Education* helpful with your clinical education experiences. If you have additional questions or concerns, please contact the **DCE of the Weekend PTA to DPT Bridge Program at 419-434-5884; the DCE of the Traditional DPT Program at 419-434-6943; or the Experiential Educator 419-434-5743.**

# **Chapter I:**

## **Clinical Education Definitions, Roles, &**

## **Responsibilities**

## **A. Clinical Education Definitions**

To ensure proper communication, several definitions concerning clinical education are listed:

**1. 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. The DCE shall utilize the document *Guidelines and Self-Assessments for Clinical Education*, published by the APTA, and guidelines established by the American Council of Academic Physical Therapy (ACAPT) when selecting and developing clinical education facilities.

**2. Academic Institution (AI)**

The academic institution provides the entry-level curriculum in the professional preparation of the physical therapist student leading to a doctoral degree.

**3. Site Coordinator of Clinical Education (SCCE)**

The individual employed and designated by the clinical education site to organize, direct, supervise, coordinate, and evaluate the activities of the physical therapist student assigned to that clinical education site by the program. The SCCE is encouraged to utilize the document, *Guidelines and Self-Assessments for Clinical Education*, published by the APTA, and guidelines established by ACAPT to enhance the student's clinical experience. The SCCE must complete training for the *Clinical Performance Instrument* (CPI) tool. Completion of the APTA Clinical Education Credentialing Program is also encouraged.

**4. Clinical Education Site (CES)**

An accredited or approved health care facility or agency that provides the physical therapist student with a learning environment and patient contact for the development and acquisition of the PT competencies. Occasionally referred to as the Clinical Education Facility (CEF).

**5. Clinical Instructor (CI)**

The licensed physical therapist employed by the clinical education site that is designated by the SCCE to supervise and evaluate the activities of the assigned PT students. The CI has at least one year of clinical experience. The CI is encouraged to utilize the document *Guidelines and Self-Assessments for Clinical Education*, published by the APTA, and guidelines established by ACAPT to enhance the student's clinical experience. The CI must complete training for the CPI tool. Completion of the APTA Clinical Education Credentialing Program is also encouraged.

**6. Experiential Educator (EE)**

The individual employed by the academic institution that supports the duties of the Directors of Clinical Education. Besides supporting the DCE, the EE shall complete development of the clinical education contracts; coordinate the CPI tool; and compile clinical education statistics and surveys.

## **B. Roles and Responsibilities of Participants**

### **1. Director of Clinical Education**

#### Role:

The licensed physical therapist employed by the academic institution that organizes, directs, supervises, coordinates, and assesses the clinical education component of the curriculum.

#### Responsibilities:

The DCE is responsible for:

- selecting clinical sites that will provide quality clinical education experiences for the students enrolled in the PT Program
- developing and coordinating the selected clinical sites with the SCCEs
- developing, organizing, directing, supervising, coordinating, and evaluating the series of clinical education courses
- assisting with the development, implementation, and evaluation of clinical education faculty development programs
- ongoing assessment and professional development in clinical education

### **2. Site Coordinator of Clinical Education**

#### Role:

A professional who is employed and designated by the clinical site to organize, direct, supervise, coordinate, and evaluate the clinical education program of the clinical site.

#### Responsibilities:

The SCCE is responsible for:

- identifying, organizing, and coordinating (e.g., confirmation form and clinical education contracts) the specific learning experiences within the clinical site
- organizing, directing, supervising, coordinating, and evaluating the activities of the student assigned to the respective clinical site
- participating in clinical education faculty development programs and the CPI training
- maintaining communication with the DCE and the assigned student during the course of the clinical education experience (e.g. notification of progress and/or problems)
- abiding by the profession's *Code of Ethics*, and *Standards of Practice*, as published by the APTA and the *Physical Therapy Ohio Revised Code* (see **Appendix A**)
- evaluating, formally, the effectiveness of the DCE on a random basis

### **3. Clinical Instructor (CI)**

#### Role:

The licensed physical therapist who is employed and designated by the clinical site to directly organize, supervise, coordinate, and evaluate the activities to facilitate the assigned student's development.

#### Responsibilities:

The CI is responsible for:

- identifying, organizing, and coordinating the specific learning experiences within the clinical site

- organizing, directing, supervising, coordinating, and evaluating the activities of the student assigned to the respective clinical site
- assessing personal strengths and weaknesses as a CI and participating in clinical education faculty development programs and the CPI training
- maintaining communication with the DCE and the assigned student during the course of the clinical education experience (e.g., notification of progress and/or problems)
- abiding by the professions *Code of Ethics*, and *Standards of Practice*, as published by the APTA and the *Physical Therapy Ohio Revised Code*

#### 4. **Experiential Educator (EE)**

##### Role:

The individual employed by the academic institution that supports the duties of the DCE. Besides supporting the DCE, the EE shall complete the development of the clinical education contracts; coordinate the CPI; and compile clinical education statistics and surveys.

##### Responsibilities:

The EE is responsible for:

- supporting the DCE duties of both programs
- completion of clinical education contracts with advisement from the DCEs
- coordination of the set-up of the CPI
- compiling clinical education statistics, such as CPI results, compilation of CI and clinical site demographics, and summary of DCE results
- assisting with communication to clinical sites for clinical education placements
- update Database with information given from the clinical sites

#### 5. **Student**

##### Role:

The individual who has successfully completed all designated Physical Therapy Program course work, has adhered to all policies and procedures of the academic institution and the clinical education site, and has completed the responsibilities and assignments specific to clinical education.

##### Responsibilities:

##### **PRIOR to the clinical site assignment,**

The student is responsible for:

- reviewing the information concerning the assigned clinical site in the Exxat system Database
- reviewing the responsibilities of the student, the academic institution, and the clinical site as stated in the Exxat Database
- reviewing and adhering to the policies and procedures found within the Physical Therapy Program's *Student Handbook, Part I and Part II*
- completing the Student Profile in Exxat, uploading required compliance documents into Exxat, signing off on student profile, and having it approved by the DCE
- adhering to the policy regarding health and malpractice/liability insurance
- completing all medical tests, procedures, and other special requirements of the clinical site (e.g. interviews, drug screens)
- acquiring proper attire as required by the clinical sites (e.g. scrubs, student badges)

- successfully completing the CPI training
- completing onboarding requirements, which may include a fee, if it applies to the clinical site

## **DURING the clinical site assignment**

The student is responsible for:

- designating and implementing an in-service education program for at least two affiliations
- participating in professional activities of the clinical site, as requested by the CI and in accordance with the policy established between the clinical site and the academic institution
- adhering to the rules and regulations of the clinical site and its Physical Therapy Department and student handbooks
- adhering to the rules and regulations of The University of Findlay's PT program
- arranging for health/medical service in the event of illness or accident according to the policy of The University of Findlay
- participating with the midterm phone session, including both CI and DCE together with the student
- participating in the evaluation of the physical therapist skills, as stated in the *Physical Therapist Clinical Performance Instrument (PT CPI)*. This includes a self-assessment component
- evaluating the effectiveness of the clinical experience at the clinical site and clinical instruction by the CI using the Exxat system assessment forms
- students refer to the Exxat system for clinical education assignments and documents
- completing additional assignments as designated by the course syllabi. Course syllabi can be found in the clinical education Exxat course and online at <https://www.findlay.edu/health-professions/physical-therapy/traditional-syllabi> and <https://www.findlay.edu/health-professions/physical-therapy/weekend-syllabi>

## **Chapter II:**

### **Development of Clinical Education Sites**

## **A. Selection/Establishment of Clinical Education Sites**

### **Policy:**

Each clinical site is screened and its type is classified on the Database and/or in Exxat. Students are encouraged to review the Database of clinical sites and the Exxat system to assist with the placement process. Students may suggest potential sites not found on the Database or Exxat by a set deadline date. However, it is the DCE's sole responsibility to select the appropriate clinical sites and classify their type.

### **Procedure for Selecting Clinical Sites:**

**The student** is responsible for:

- reviewing the electronic clinical site files to determine available sites (access through SharePoint and/or the Exxat system)
- if applicable, collecting contact information for potential clinical sites using instructions provided by the DCE.
- completing a clinical site preference list as designated by the DCE (for an example see **Appendix B**). The needed information is the following: a) name of the potential clinical site, b) address of the potential clinical site, c) telephone number of the potential clinical site d) fax number of the potential clinical site, e) name of the Director or SCCE, d) email of Director or SCCE.
- The clinical site may be contacted to gain the information listed above to complete their clinical site preference list. **The student should NOT contact a clinical site to set up clinical rotations or check on the status of clinical placement requests. Such enquiries must go through the DCE.**
- acknowledging and accepting clinical placement via the Exxat system once placed by DCE
- Notifying the DCE immediately upon assignment of any concerns regarding assigned placement

**The DCE** is responsible for:

- determining the interest of potential clinical sites
- screening potential clinical sites through multiple venues: a) Email/Phone contact with SCCE; b) Access to Student Evaluation Review Form information found within the Exxat system; c) Review of web postings of site information; and d) Student collection of information with the Clinical Site Information Form - Minimum Data (see **Appendix C**) or other assessment tool.
- adhering to the *Guidelines and Self-Assessments for Clinical Education*, published by the APTA, and guidelines established by ACAPT and utilizing the Clinical Site Information Form - Minimum Data for Clinical Education Facilities or other assessment tool to determine adequate adherence to APTA's guidelines
- classifying the type of clinical site experience as being an inpatient (e.g. subacute, acute, inpatient rehab), outpatient with musculoskeletal emphasis, or specialty experience (e.g. home health, sports medicine clinic, school system, pediatric)
- organizing the information from the clinical sites into an electronic file system for the student
- communicating concerns resulting from the screening process to the clinical education team by flagging a site in the Exxat system.

The SCCE is responsible for:

- Providing accurate information regarding the clinical site, available settings, and patient population
- completing and updating site requirements and required onboarding paperwork
- organizing the clinical site and orientation information for the student in a designated place

## B. Agreement for Clinical Education

### Policy:

A written agreement is made between the academic institution and the clinical education site for the clinical education of physical therapist students and other health professions students, as appropriate (see **Appendix D - Clinical Education Agreement Template**). Within the clinical education agreement, the responsibilities of the academic institution and the clinical education site are listed. The clinical education site may choose to use their agreement or add an addendum to the agreement provided by The University of Findlay or modify the agreement provided by The University of Findlay. All modifications are reviewed by the University's legal counsel.

### Procedure:

The **student** is responsible for:

- reviewing the terms of the agreement prior to his/her clinical education experience
- adhering to the terms of the agreement

The **academic institution** is responsible for:

- completing the effective date and the name of the clinical education site and/or health system
- acquiring the signatures of the designated administrators, the DCE, and other appropriate signatures
- reviewing, through the University's legal counsel, any modifications in the agreement to determine if the agreement is congruent with the University's policies
- sending one copy of the fully executed agreement to the clinical education site and maintaining a fully executed copy at the academic institution

The **clinical education site** is responsible for:

- completing the clinical education site's address and the section that indicates the type of student accepted (e.g. physical therapist student and/or occupational therapy student)
- notifying the academic institution of any changes made in the agreement
- acquiring the authorizing signature(s)

## C. Ongoing Support for the Clinical Education Sites

### Policy:

Development of the selected clinical education sites results from interaction between the academic and clinical education faculty. The DCE and the SCCEs coordinate this process. The program of clinical education faculty development includes the following:

## 1. Recommended Clinical Education resources

There is a clinical educator's page, <https://www.findlay.edu/health-professions/physical-therapy> available on the University website. Click on the Clinical Educator tab to find resources, including recommended web links, videos, syllabi, recommended articles and other documents. There is also a University of Findlay Clinical Site Information Page on Exxat, <https://steps.exxat.com/account/login>

## 2. Clinical Education References

Found on the Clinical Education Website: <https://www.findlay.edu/health-professions/physical-therapy/resources>

## 3. Ohio/Kentucky Consortium of Physical Therapy Programs and Northwest Ohio Clinical Education Consortium

These organizations provide educational opportunities and support for Ohio and Kentucky academic and clinical education faculty. Meetings are held at least once/year for both consortia. Educational opportunities are offered yearly through these organizations. Additional information can be obtained from the DCE and the website, [www.OKPTCE.com](http://www.OKPTCE.com).

## 4. American Council of Academic Physical Therapy (ACAPT) Clinical Education Commission (CEC)

This organization provides clinical education resources, support, and list of regional contacts for clinical education. Resources can be accessed via their website at <https://acapt.org/resources/clinical-education>

## 5. Research Forum

The University of Findlay offers an opportunity for continuing education in which members of the district, faculty members and students present research endeavors.

### **Procedure:**

The **DCE** is responsible for continual development of the clinical education program through:

- communicating with the SCCE and CI on an ongoing basis (e.g. informal phone calls, site visits, written comments made on feedback form)
- organizing learning experiences for the clinical education and academic faculty
- Providing resources concerning clinical education
- maintaining close contact with the members of the Ohio/Kentucky Consortium of Physical Therapy Programs
- collecting data and providing feedback to the clinical education faculty with regards to the student's clinical education experience through student assessments
- notifying the SCCE of significant student concerns specific to ethical, legal and patient safety.

The **SCCE** is responsible for continual development of the clinical education program through:

- communicating with the DCE on an ongoing basis, as needed
- participating in continuing education for the development of the CI and SCCE, such as the Clinical Education Faculty Development Seminar, the Ohio/Kentucky Consortium of Physical Therapy Programs

- reviewing clinical performance assessments and other forms of feedback from the DCE and determining a plan of development for the clinical education program

## **D. Recruitment by Clinical Education Site**

### **Policy:**

Career Services will post potential employment opportunities. If interested check out the website, <https://www.findlay.edu/offices/student-affairs/internships/job-listing>

### **Procedure:**

The prospective employer of a clinical education site may:

- contact the Center for Career & Professional Development
- provide necessary information for the announcement, such as a) type of a position, b) job description, c) job requirements, d) deadline for application, e) person to contact, f) phone number, and g) address

## **E. CI Certificate**

### **Policy:**

Per Ohio laws and rules, serving as a credentialed clinical instructor will qualify for one contact hour for each eighty hours of clinical instruction. See

<https://otpat.ohio.gov/Physical-Therapy/Continuing-Education> for specific details.

**Appendix E** contains the sample certificate that credentialed clinical instructors may use to claim continuing education.

## **Chapter III:**

### **Student Preparation & Assignments**

## A. Clinical Education Site Electronic Files

### **Policy:**

Information concerning the approved clinical education facilities is found in an electronic file system. At a minimum the information includes the clinical education agreement between the academic institution and the clinical education site, the Clinical Site Information Form - Minimum Data or other assessment, and copies of PT Student Evaluation of Site.

The Database of clinical sites is found on the Clinical Education Facilities Database via Google.doc and/or the Exxat system. Permission is granted for access to this information by the Director of Clinical Education and Exxat. *BRIDGE students may also access the Clinical Education Facilities Database through your cohort organization on SharePoint.* Students are encouraged to review any pertinent information for their clinical education learning experiences.

## B. Student Introduction Packet

### **Policy:**

The Exxat Student Profile and Student Compliance documents are used to provide information to the assigned SCCE and the DCE about the individual student. The DCE is to approve the Exxat Student Profile and Compliance documents. The Student Profile link and appropriate compliance documents will be sent via the Exxat system to SCCEs **AT LEAST TWO MONTHS** prior to the clinical education affiliation. Certifications and medical procedures must be completed **within one year** from the start date of your clinical education experience, unless otherwise specified.

### **Procedure:**

The **student** is responsible for:

- creating and maintaining a student profile in the Exxat system
- uploading a completed Resumé into their Exxat student profile
- obtaining a physical examination, 2-step PPD Mantoux test or QuantiFERON®-TB Gold test, Hepatitis B vaccination (surface antibody test) or waiver, and proof of prior immunizations. The Physician's Exam Form will be provided for the physician to complete. All procedures for the University must be within one year from the start of the clinical education experience. Any additional requirements designated by the clinical education site are the responsibility of the student
- upload annual clinical education compliance documents and site-specific requirements as indicated in the Exxat system no later than two months prior to the start of the affiliation or date specified by the DCE

The **DCE** is responsible for:

- maintaining student and clinical site data within the Exxat system
- providing the student with the Physician's Exam Form and other pertinent forms
- monitoring and approving Student Profile and Compliance documents in the Exxat system
- sending Student Profile and Compliance Documents along with site-specific requirements to the clinical site once students have completed requirements

The **SCCE** is responsible for:

- utilizing the provided information to organize and plan the clinical education experience for the student
- sharing appropriate information with the CI, unless the student requests that certain pieces of information be withheld

### C. Required Physical Exam/Medical Tests and Procedures

#### Policy/Procedure:

A physical examination by a physician or healthcare provider must be completed within one year or less prior to the clinical education experience for students. In addition to the physical examination, the student is required to complete the 2-step PPD Mantoux test and 1 step annually, Hepatitis B vaccination (or waiver – see **Appendix F**), and Hepatitis B surface antibody test/titer or waiver. Please refer to the Hepatitis B vaccination policy and procedure found in the Student Handbook, Part I. In addition, students must provide proof of vaccination of Measles-Mumps-Rubella (MMR) or titer, Varicella vaccination or titer, and Tetanus-Diphtheria-Pertussis (Tdap) vaccination. It is highly recommended that students are current with these vaccinations based on Center for Disease Control (CDC) Healthcare worker guidelines (<https://www.cdc.gov/vaccines-adults/recommended-vaccines/index.html>) and Cosiano Health Center recommendations. If the student does not have proof of the vaccinations listed above or plan to update these vaccinations per CDC guidelines, the student must notify the DCE immediately as this may impact student clinical placement. The completed immunization form (**Appendix G**) along with the completed Physician's Examination Form, needs to be uploaded into the Compliance section in Exxat.

Immunization records should be submitted to Cosiano Health Center via the following link ([Findlay.studenthealthportal.com](https://Findlay.studenthealthportal.com)). Traditional students should send their immunization records to Cosiano Health Center or have a health care provider complete by the end of Fall semester, first year. *Bridge students should submit their immunization records to Cosiano Health Center via the following link ([Findlay.studenthealthportal.com](https://Findlay.studenthealthportal.com)) or have a health care provider complete by end of fall term, second year.* The completed immunization form along with the completed Physician's Examination Form, needs to be uploaded into the Compliance section in Exxat.

Clinical sites may have additional onboarding requirements to participate in a clinical education experience at their site. For example, the site may require a vaccine and may or may not have an exemption process. By proceeding with the clinical education experience, you are agreeing to all guidelines and recommendations from both the academic and clinical institution.

The University of Findlay has a COVID-19 vaccination exemption process for both medical and religious reasons. If you have a medical exemption to the vaccine and have not already done so, please have your healthcare provider complete the exemption form. This form should then be sent to the Cosiano Health Center and the DCE. See **Appendix H** for the Covid-19 Vaccine Medical Exemption Request Form.

If you wish to apply for a religious exemption to the COVID-19 vaccine, you may do so by submitting your application in Workday according to the directions contained in the attached document (see **Appendix I**). Please have any supporting documentation ready to

upload at the time of your submission. Human Resources reserves the right to communicate directly with you if further explanation or clarification is deemed necessary.

If your request is approved, you and your DCE will be notified. If your request is denied, only you will be notified. Personnel from your program of study will not be notified by the University that you applied for a religious exemption unless it is approved. You are encouraged to complete your application as soon as possible in order to minimize delays in your experiential learning requirements. All students have the option of declining placement due to concerns about site specific requirements including, but not limited to, the COVID-19 vaccination.

Failure to provide proof of vaccination with those listed above and additional vaccination(s) required by the clinical education site (annual influenza vaccination, COVID-19 vaccination, Polio vaccination, meningococcal vaccination, etc) may result in a delay in clinical placement and progression in the program, as some clinical sites require some, or all, of the vaccines.

Students are responsible for accessing information in the Exxat system to determine all immunizations and procedures required of their assigned clinical education sites and are responsible for any fees incurred as a result of completing the required health forms and immunizations.

The student has the right to keep medical information confidential between themselves and their physician. However, the physician still needs to verify that the student does not have any physical and/or emotional conditions, which may interfere with functioning as a physical therapist student.

Individuals who have any physical and/or mental condition, which may interfere with their ability to function as a student physical therapist, are advised to inform the DCE and Office of Accommodation and Inclusion as early in the professional curriculum as possible and to complete an application via The University of Findlay Health Portal to determine eligibility for accommodations. The link to the health portal is: <https://findlay.studenthealthportal.com>

Such individuals may be asked to provide a medical release to facilitate participation, optimal benefits, and safety while participating in clinical education experiences. Please know that at any time when a student suffers an injury or condition that requires the student to limit their activities in classes/clinical education experiences, a release to return to normal student activities is necessary.

Students who are pregnant or become pregnant while in the program are encouraged to notify the Office for Civil Rights to request reasonable modifications.

Since some procedures used in physical therapy are contraindicated during pregnancy, students are encouraged to inform the Office for Civil Rights and the DCE so reasonable modifications and proper precautions may be taken. Pre-natal, birthing, and post-natal situations may require a reasonable modification and/or accommodations such as lifting limitations, delay of clinical education experiences, or designated lactation spaces. Clinical sites have the right to determine whether a reasonable modification or an accommodation is reasonable in their setting.

Pregnant and Parenting information may be found on page 9 of the [Resource Guide](#) made available by the Office for Civil Rights. This office may also provide a Flexible Attendance Form.

#### **D. Malpractice/Liability Insurance**

##### **Policy:**

The University of Findlay has a blanket policy of student malpractice/liability insurance titled the Certificate of Liability Insurance. The individual is covered ONLY as a student and ONLY during the scheduled clinical education experience. The clinical education site occasionally requires a higher amount of coverage and in those circumstances, it is the student's responsibility to acquire such insurance. Proof of student malpractice/liability insurance will be uploaded into the Compliance section in the Exxat system by the program.

#### **E. Health Insurance**

##### **Policy:**

Students are expected to obtain personal health insurance coverage and must show proof of coverage with a copy of their card prior to being accepted for clinical education placement.

#### **F. CPR & First Aid Certification**

##### **Policy:**

It is mandatory for Traditional students to receive a Basic Life Support Certification (BLS). The BLS will meet the Traditional student's CPR and first aid requirement. Clinical sites may require an additional first aid certification. *Bridge program students must have CPR training, but may have the first aid training, if the clinical education site requires it. CPR and first aid certification should be at the Health Care Provider Level for all age levels.* It is recommended that the CPR course is completed through the American Heart Association. A copy of the student's CPR and first aid cards are to be uploaded into the Compliance documents in the Exxat system. These certifications are to be kept up to date and current for each clinical education experience, thereafter.

#### **G. OSHA & HIPAA Certification**

##### **Policy:**

It is mandatory for students to receive OSHA and HIPAA training certification within 1 year from the start date of the clinical education experience. The student is required to score an 80% on both the HIPAA and OSHA quizzes to receive a certificate of completion. A copy of the student's OSHA/HIPAA training certificate will be uploaded into the Compliance section in Exxat by the Experiential Educator upon successful completion of the quizzes. A sample *Certificate of Completion for OSHA/HIPAA Training* is in **Appendix J**.

#### **H. Criminal Background Check**

##### **Policy:**

A state of residence background check and FBI background check will be required within the first academic term for the Weekend PTA to DPT Bridge Program and at the start of the first Fall academic term for the Traditional Program. Traditional students are also required to obtain a background check on an annual basis. If a criminal offense is reported on this or any subsequent background check, this may impact the student's ability to progress in the

DPT program. Students will be informed of any criminal offense reported on their background check by Associate Chair of Students. Students will be encouraged to contact their state licensing board to determine eligibility for licensure. Students are encouraged to read and understand the Background Check policy in the Graduate catalog regarding potential implications of misdemeanor or felony charges or convictions. This is particularly relevant to the ability to progress in the program and obtain professional licensure.

<https://findlay.smartcatalogiq.com/current/graduate-catalog/student-rights-and-responsibilities-statement/ix-policies-regulating-experiential-learning/background-check/>

Individual clinical education sites may require an additional background check of their own specifications of which you will need to comply. The results of the background check will be uploaded into the Compliance section of the Exxat system by the Director of Clinical Education after review. It is the student's responsibility to review and adhere to the information provided by the clinical education site to ensure that all requirements are met. Information and tips on obtaining a background check may be found in **Appendix K**.

### **I. Badge Replacement Policy**

#### **Policy:**

All PT students are expected to utilize a University of Findlay provided student identification badge for all clinical education experiences, unless the clinical site provides one. Students are required to wear the student identification badge for other program related activities such as during experiential learning activities. If a replacement University of Findlay student identification badge is needed for any reason, students will need to get the pre-approval form signed by a PT Faculty member. Students will be charged \$5 per badge for the replacements and this fee is payable at the Business office prior to the badge being printed.

### **J. Student Assignment/Readiness**

#### **Policy:**

The student is to be assigned to the clinical education experiences by the DCE. The assignment shall be based on:

- type of a clinical education site
- successful completion of all course work (to date)
- *successful completion of ICE I and ICE II for the Bridge program students*
- successful progress in the Professional Development Portfolio
- availability of the approved clinical education site (*As of January 1, 2016, MUST be located in a State Authorization Reciprocity Agreement (SARA) approved state, as determined by the National Council for State Authorization Reciprocity Agreements; see <https://www.nc-sara.org/guide/state-authorization-guide> or in a state where The University of Findlay has obtained separate state authorization*)
- consideration of student's preferences
- type of student contact with the clinical education site (i.e. past/present employment, pre-employment agreement)
- weaknesses, strengths, and goals of the student
- variety and type of clinical education experiences to date
- Student hardship application for clinical education submitted to program DCE

The student must successfully complete academic course work to date prior to the onset of each clinical education experience. In addition, the student must successively complete each clinical education experience with a Satisfactory grade.

If the availability of the clinical education site is limited, the student may not receive his/her own preference for a site. If more than one student chooses the same site, after all considerations by the DCE (for example, hardship), then a random selection process shall be used.

The student's preference for a particular site is considered by the DCE. The reasons for the preference are to be communicated to the DCE during a scheduled appointment or other method of communication. Appropriate reasons can include location, type of a clinical education site, or a particular clinical instructor with special skills. In addition, the student with an approved hardship application may be given special priority with the clinical education site location. Refer to the Student Hardship Policy in the DPT Student Handbook Part I for more information on the application process. Hardship applications should be submitted to the DCE no later than 6 months prior to the clinical experience unless extraordinary circumstances arise.

The student may be given the option of having more than one clinical education experience within the same health care system (NOT at the same site) as long as the student's needs/program requirements are met. To have a subsequent clinical education experience within a healthcare system, the clinical instructor and site location for each experience must be different. For example, the student may affiliate at a single clinical education site that has general acute care rehabilitation experiences for the first clinical education experience, followed by a satellite outpatient experience for a second clinical education experience. The clinical performance assessment is continued with a midterm and a final evaluation for each type of clinical education experience.

The student may NOT be assigned to a clinical education site in which the student has:

- past work experience greater than 2 months in length and that occurred less than five years ago
- present employment, including sites involved with contract agencies
- pre-employment agreement
- family member(s) working in the PT department

This does not apply to past volunteer or educational experiences.

In addition, the program may initiate any NEW clinical education agreements, which are:

- practices not physician owned (as of May 1, 2005)
- located in a SARA approved state as determined by the National Council for State Authorization Reciprocity Agreements; see <https://www.nc-sara.org/guide/state-authorization-guide> or in a state where The University of Findlay has obtained separate state authorization (as of October 1, 2015)
- including the University's Title IX addendum or language or the University's clinical education agreement template

### **Weekend PTA to DPT Bridge Program**

*Integrated clinical education (ICE) assignments and ICE courses are intended to assist the student with the application of academic course work in the clinical setting, as well as*

*demonstrate readiness for formal full-time clinical education experiences. For example, the ICE assignments may include observation of treatment/evaluation techniques, chart reviews, and data gathering. If clients are used in assignments, then the student is to obtain client consent and to maintain confidentiality of all information.*

*The courses are developed in collaboration with the Director of Clinical Education, selected course instructor, and a community health care provider. An example of an ICE course would be the development of advanced wheelchair specifications for a geriatric patient. Prior to the ICE course, students will develop a mini packet for the clinical site with PTA license; OSHA/HIPAA certificate; and clinical site documents.*

*The first full-time clinical education experience is to be in an inpatient setting and is required to have an emphasis on neuromuscular, cardiopulmonary, and integumentary practice patterns. The intermediate clinical education experience is to be in an outpatient setting and is required to have an emphasis on the musculoskeletal practice pattern. The terminal clinical education experience is designed for the student to specialize in an area of their choice such as the school system, ICF facility, extended care facility, sports medicine clinic, industrial agency, or home health agency. Throughout the clinical education series, the student MUST be exposed to all practice patterns and all age groups.*

### **Traditional DPT Program**

The first clinical education experience (seven weeks) is to be in any setting except a specialty rotation. Of the remaining, the next is an orthopedic outpatient site (8 weeks), followed by an acute/subacute site (8 weeks). The terminal clinical education experience (10 weeks) can be a continuation of general experience or designated for a specialty area.

#### **Procedure:**

The **student** is responsible for:

- reviewing contracted clinical education facilities in the Clinical Education Facilities Database and the Exxat system
- communicating with the DCE his/her preference for a particular clinical education site
  - Note: Once the DCE has requested a rotation, such a request will not be withdrawn for any reason other than extenuating circumstances or hardship as deemed by the DCE
- agreeing to the assignment in the Exxat system or notifying the DCE immediately of concerns regarding assigned placement.

The **DCE** is responsible for:

- communicating general information about the clinical education experiences and the selected clinical education sites
- listening to and considering the student's preferences, strengths, weaknesses, and goals through the scheduled conferences
- communicating with the SCCE to determine the availability of the clinical education site
- finalizing the clinical education assignments and relaying this information to the SCCEs through an email confirmation.

## **K. Request for Clinical Accommodations**

### **Policy:**

Due to the confidential nature of each student's counseling records, the DCE is unable to disclose any personal information. The DCE can recommend that the student communicate with the representative from the Office of Accommodation & Inclusion and/or Title IX representative. Written permission is needed prior to release of information to the SCCEs of the assigned clinical education site.

A representative from the Office of Accommodation and Inclusion will review the student application submitted via the link to the [health portal](#) for eligibility for accommodations and work with the student and DCE for the purpose of releasing information to the clinical site in hopes of maximizing the clinical education experience. Please note that this process needs to occur prior to the clinical education experience.

In some instances, the Office for Civil Rights may be consulted. See website resources at <https://www.findlay.edu/offices/student-affairs/title-ix/>

## **L. CPI 3.0 Training**

### **Procedure - APTA**

Before Logging in to the CPI 3.0 Platform:

- 1) System users must have an APTA account to access the CPI 3.0 system.
  - a) If the system user has previously had an APTA account, the system user is encouraged to use that account vs creating a second account. Having multiple APTA accounts may cause issues when trying to access the CPI 3.0 system.
    - (i) To update system user information on a previous APTA account, visit [apta.org](http://apta.org), click the “Log In” button at the top middle of the screen, enter the system user’s credentials to log in, after system user is logged in click the “My Profile” button on the top right of the screen, click “My Account” at the top left of the screen, and “Contact Information”. If necessary, update \*Email to University email (findlay.edu).
    - (ii) For APTA username and password issues, please contact APTA’s Member Success team at [membersuccess@apta.org](mailto:membersuccess@apta.org) or 800-999-2782 x8582 from 9am-5pm ET Monday - Friday.
  - b) If the system user does not have an APTA account, please visit [apta.org](http://apta.org) and click “Log In” at the top middle of the page. Under the orange “Log in” button, the system user will see the options to “Become an APTA member” or “Create a free account”. Follow the prompts to create an APTA account.
- 2) Take the free APTA CPI 3.0 –PT Student Training in APTA’s Learning Center.
  - a) Link: <https://learningcenter.apta.org/products/apta-cpi-30-pt-student-training>

### **Procedure - CPI 3.0**

How to Log in to the CPI 3.0 Platform:

- 1) Go to the CPI 3.0 platform: <https://cpi.apta.org/login>
- 2) Click on the “Login” button in the top right of the screen. This will take the system user to the APTA Login page.
- 3) Enter the system user’s APTA Login credentials. This is the same username and password the system user used to take the CPI 3.0 Training on APTA’s Learning Center.

## **Chapter IV:**

### **Clinical Education Experiences**

## **A. Transportation and Lodging**

### **Policy:**

The student is responsible for providing his/her own transportation and lodging for all learning experiences associated with the clinical education component of the curriculum. The clinical education site will occasionally offer extra benefits, which may be listed on the clinical education agreement and the Clinical Site Information Form - Minimum Data. Copies of the clinical education agreement are found on OneDrive and/or Exxat, as available.

## **B. Clinical Dress Code**

### **Policy:**

The student must follow the dress code at the assigned clinical education site. If no provided dress code, please dress professional casual and wear a name tag. The specific information about dress code may be found in Exxat.

## **C. Drug Prevention Program Policy**

All students are expected to adhere to the university's Drug Prevention Program Policy while on clinical education experiences. The Drug Prevention Program Policy can be found in Part I of the Student Handbook and in the university catalog:

<https://findlay.smartcatalogiq.com/en/current/undergraduate-catalog/copy-of-university-policies/drugs/>

## **D. Clinical Attendance**

### **Policy:**

All students are required to be in attendance with the assigned clinical education site during regularly scheduled clinical instructor hours (no less than 32 hours/week minimum as required by CAPTE accreditation) and for the designated time period, during the following courses:

### **Weekend PTA to DPT Bridge program**

1. PHTH 720: *Third Year Spring Term (ten weeks)*
2. PHTH 726: *Third Year Summer Term (ten weeks)*
3. PHTH 730: *Third Year Fall Term (ten weeks)*

### **Traditional DPT program**

1. PHTH 657: 7 weeks at the end of Second Summer Term
2. PHTH 668: 8 weeks at the end of Third Summer Term
3. PHTH 728: 8 weeks at the end of Third Fall Term
4. PHTH 746: 10 weeks at the end of Third Spring Term

The student is expected to follow the assigned clinical instructor's schedule, with regards to number of hours per week worked and attendance (e.g., holidays, snow days). Students must report missed clinical hours (e.g. holidays) that results in total hours falling below the CAPTE 32 hour/week minimum hour requirement on the Exxat Student Goal Sheet or via email to the DCE. The clinical experience dates set forth by the program need strict adherence due to a variety of reasons such as liability. Failure to comply with this policy/procedure may result in disciplinary action and/or extension of the student's degree completion timeline.

### Emergent Absences

The student is allowed one missed day per clinical experience for extreme instances such as a major life event, serious personal illness or injury. If the student maintains the CAPTE 32 hour per week minimum hour requirement with the one missed day, the student will not be required to make up that missed time. For emergent absences beyond the one day or that result in the student falling below the 32 hour per week requirement with the one missed day, the student needs to make up the missed time. Make-up hours must be completed beyond normally scheduled clinical hours and must result in the student meeting the 32 hour/week minimum hour requirement (For example: staying later than scheduled end time or coming in an extra day). Documentation of the absence and made-up hours are to be completed in the Exxat system's Time Off form.

### Procedure:

- The student must make a reasonable effort to notify the Director of Clinical Education, the Clinical Instructor, and the Site Coordinator of Clinical Education prior to any absence.
- If contact prior to the absence is not possible, the student is responsible for notifying the DCE and clinical education faculty immediately following the absence.
- Student will document any absences via Exxat.
- Students will be required to collaborate with the DCE for a plan to make up any missed coursework.
- The student will use the Exxat Time Off form to document the reason for absence and make-up hours. The CI will need to sign off on make-up hour documentation.

### Non-Emergent Absences

Consideration for non-emergent absences shall be made on a case-by-case basis and all time off must be made up. Please see **Appendix L** for excusable non-emergent situations and The Non-Emergent Clinical Absence Decision Tree.

### Procedure:

- Non-emergent absence requests must be submitted, in writing, to the DCE no later than 30 days prior to the clinical absence start date with the following:
  - Date(s) being requested off
  - Reason for non-emergent absence
  - Proposed plan of action to make up hours missed. Make-up hours must be completed beyond normally scheduled clinical hours (For example: staying later than scheduled end time or coming in an extra day).
- Final decision for approval, modification to proposed plan, denial, or request for more information will be made by the DCE and clinical education faculty as stated by the decision tree. Certain circumstances may require collaboration with the academic faculty. The ultimate decision will be based on the clinical site's ability to accommodate the request.
- Students will be required to collaborate with the DCE and clinical site for a plan to make up any missed coursework.
- Student will document any absences via Exxat.
- The student will use the Exxat Time Off form to document the reason for absence and make-up hours. The CI will need to sign off on make-up hour documentation.

## **E. Clinical Inservice**

### **Policy:**

A clinical in-service program is to be developed and presented by the student for at least two clinical education experiences. The specific sample behaviors are listed under the skill #9 of *Physical Therapist CPI 3.0*. The topic and the audience are to be mutually agreed upon by the student and the SCCE. The topic may be specifically related to a particular case and may be presented in a peer review fashion. A sample *Inservice Evaluation Form* is provided for the student's use in **Appendix M**. This, along with a copy of the student's in-service, should be forwarded to the DCE at the end of the clinical education experience.

## **F. Backup Supervision**

### **Policy:**

A backup system must exist for the supervision of the physical therapist student at all clinical education sites that employ only one licensed physical therapist. This backup system is to be utilized only on a short-term basis (5 days) and only in an emergency situation when the SCCE/CI must be absent (e.g. illness, death in the family). An Agreement for Backup Supervision Form is utilized between the SCCE of the backup clinical education site, the SCCE/CI of the primary clinical education site, and the DCE (see **Appendix N**).

### **Procedure:**

The SCCE/CI is responsible for:

- orienting the student to the backup procedure during the orientation
- contacting the backup clinical instructor of the need to supervise the student for the involved day
- notifying the student of the need to implement the backup procedure
- notifying the DCE of the backup supervision and the outcome of the experience

The backup CI is responsible for:

- organizing, directing, supervising, and evaluating the activities of the student for the involved day or two days
- reporting to the SCCE/CI the outcome of the student's activities

The student is responsible for:

- working under the supervision of the backup clinical instructor for the involved day or two days
- communicating with the DCE of any problems, immediately.

## **G. Documentation**

### **Policy:**

The student must follow the documentation style that is utilized at the assigned clinical education site. In addition, the student may sign his/her name as student physical therapist, student PT or SPT. This is the position of the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainer's Board.

## H. Clinical Education Data Collection

### **Policy:**

Clinical education data includes information about the clinical site; the clinical instructor; and the clinical education learning experience. All are used for multiple reasons: 1. To ensure high quality learning experience for the assigned student and future students; 2. To share required data to accrediting bodies; 3. To share with academic faculty for program and course development.

### **Procedure:**

The **DCE** is responsible for:

- compiling the data and relaying any necessary information to the SCCE/CI
- sharing the trends of learning activities and the practice patterns with the academic faculty
- notifying the SCCE of significant student concerns specific to ethical, legal and patient safety.

The **student** is responsible for:

- completing the following documents in Exxat:
  - Clinical Site Information Form – Minimum Data (**Appendix C**) if indicated on syllabus
    - DCE may complete other assessment as an alternative
  - CE Site and Clinical Instructor Form (**Appendix O**)
  - PT Student Evaluation of Site (**Appendix P**)
  - PT Student Evaluation of Clinical Instruction (**Appendix Q**)
- notifying the DCE of any concerns regarding their learning experience immediately

## I. Midterm Contact

### **Policy:**

The DCE or a representative for the DCE shall make at least one contact per clinical education experience for each student. Contact will be made with the student and the CI and/or SCCE during the approximate midpoint of each clinical education experience. The representative for the DCE should be one of the academic faculty who understands the clinical education policies and procedures and is approved by the director of the Physical Therapy Program. The midterm contact can be made through a phone call, zoom meeting, or site visit. See **Appendix R** for the Midterm Contact form.

### **Procedure:**

The **DCE** or the representative is responsible for:

- communicating with the student at his/her assigned clinical education site:
  - types of learning experiences (e.g. diagnoses seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences)
  - degree and type of interaction with the CI (e.g. observation, supervised, independent)
  - the student's performance (i.e. strengths vs. weaknesses)
  - the student's academic preparation
- communicating with the CI and/or the SCCE:
  - the student's comments about the clinical education experiences
  - the strengths and weaknesses of the student's performance

- discussion about solutions to problems that might exist
- CI's self-assessment of his/her skills
- documenting the contact through the use of the Midterm Contact Form in the Exxat system
- relaying any necessary information to the academic faculty

The **CI and/or the SCCE** are responsible for:

- completing the Physical Therapist CPI at the midpoint of the clinical education experience
- discussing with the DCE the strengths and weaknesses of the student's performance and the student's academic preparation
- notifying the DCE of any problems IMMEDIATELY with a phone call, email, or other method of notification. This includes but is not limited to any Significant Concerns checked on the CPI tool. The checked box indicates that the student's performance is unacceptable for this clinical experience. In addition, the CI/SCCE may need to consider written comments to substantiate the concern, as well as additional documentation such as a critical incident form and/or learning contract

The **student** is responsible for:

- completing the Physical Therapist CPI at the midpoint of the clinical education experience
- notifying the DCE of any problems IMMEDIATELY with a phone call, email or other method of notification. This includes but is not limited to any Significant Concerns checked on the CPI tool
- initiating the midterm contact phone call on the scheduled date and time period
- discussing with the DCE the types of learning experiences that he/she is having, the degree of interaction with his/her CI, his/her own performance level, and his/her academic preparation.

## **J. Grading for Clinical Education Experience**

### **Policy:**

The grading for the clinical education course series is based upon a Satisfactory/Unsatisfactory system. It is expected that students complete clinical education assignments by the designated due date. If a student is unable to meet the deadline due to extraordinary circumstances, it is expected that the student will contact the DCE prior to the assignment due date to request an extension. Repeated late submissions of clinical education assignments, without a request for an extension, will result in a learning contract. After the first late assignment, the student will receive a written warning and a new deadline to complete the assignment. If the student does not complete the assignment by the new deadline, a learning contract will be implemented. If a student misses the due date for a second assignment without requesting an extension, a learning contract will be implemented. Students will receive one verbal or written warning if the learning contract is not upheld. If the student continues to violate the learning contract after the verbal or written warning, the student will be dismissed from the clinical site. See dismissal guidelines below.

To obtain a satisfactory grade the student must have completed the following:

1. Satisfactory attendance record. (See the policy on attendance)

2. Timely completion of all assignments designated on course syllabi and in the Exxat system.
3. Minimum of two in-services across the clinical experiences with proof of completion submitted in the Exxat system as required by the program; however, should all clinical sites require an in-service, you must complete all in-services to meet site requirements.
4. Satisfactory completion of clinical skills from Physical Therapist CPI. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:

### **Weekend PTA to DPT Bridge Program**

#### ***FOR Clinical Education Experience One:***

- *A MINIMUM of Intermediate for Performance for ALL Skills*

#### ***FOR Clinical Education Experience Two:***

- *A MINIMUM of Advanced Intermediate for Performance for ALL Skills*

#### ***FOR Clinical Education Experience Three:***

- *A MINIMUM of Entry-Level Performance for ALL Skills*

### **Traditional DPT Program**

#### ***FOR Clinical Education Experience ONE:***

- A MINIMUM of Advanced Beginner Performance for ALL Skills

#### ***FOR Clinical Education Experience TWO:***

- A MINIMUM of Intermediate for Performance for ALL Skills

#### ***FOR Clinical Education Experience THREE:***

- A MINIMUM of Advanced Intermediate for Performance for ALL Skills

#### ***FOR Clinical Education Experience FOUR:***

- A MINIMUM of Entry-Level Performance for ALL Skills

5. No significant concerns noted from the CI either verbally or in writing.

ALL students must show **entry-level physical therapist clinical performance in ALL skills** by the end of the clinical education series. If there is no opportunity or minimal opportunity to work on a certain skill, then a mini-clinical or an extension of a clinical will need to occur. See an example syllabus in **Appendix S**.

**Failure to complete** any of the requirements will result in an unsatisfactory grade.

#### **Procedure:**

The **student** is responsible for:

- completing all assignments as outlined in the course syllabi and Exxat system
- completing and reviewing the Physical Therapist CPI with the assigned CI at the midpoint and end of the Term
- reviewing the PT Student Evaluation of Clinical Site and Clinical Instruction information with their CI

The **CI and/or the SCCE** is responsible for:

- completing and reviewing the Physical Therapist CPI with the student at the midpoint and the end of the Term

- notifying the DCE of any problems IMMEDIATELY with a phone call, email, or other method of communication. This includes but is not limited to any Significant Concerns checked on the CPI tool. The checked box indicates that the student's performance is unacceptable for this clinical experience. In addition, the CI/SCCE need to consider written comments to substantiate the concern, as well as additional documentation such as a critical incident form and/or learning contract
- reviewing the PT Student Evaluation of Clinical Site and Clinical Instruction reports

The **DCE** is responsible for:

- reviewing the results of the Physical Therapist CPI and the Student Evaluation Review Form
- assigning either a Satisfactory, Unsatisfactory, or Extended Credit grade based upon the requirements
- sharing information about student performance with the academic faculty
- utilizing the information to develop workshops for the clinical education faculty

## **K. Evaluation of the Clinical Education Faculty (SCCE & CI)**

**Policy:**

Clinical education faculty members are to receive feedback through the APTA's self-assessment tool. Both the SCCE and the CI are encouraged to self-assess with the use of the APTA's self-assessment tool. A copy of the APTA's self-assessment tool can be made available by the DCE.

In addition, the student shall assess the learning experience using the PT Student Evaluation of Site form (**Appendix P**) and PT Student Evaluation of Clinical Instruction form (**Appendix Q**) in Exxat. Based on the results of these assessment tools, the clinical education faculty shall further develop their clinical education programs. The DCE is available for consultation, as well.

## **L. Evaluation of the Director of Clinical Education**

**Policy:**

The DCE is to be evaluated through the DCE Assessment Questionnaire (see **Appendix T**) by students during designated time periods, a random sampling of the clinical education faculty from the assigned sites of that year, and a peer assessment. This feedback will be utilized to assist the DCE with development of communication abilities, knowledge of clinical education, knowledge of the PT program and students, interpersonal skills, organizational skills, and problem-solving strategies.

## **Chapter V:**

### **Intervention Strategies**

## A. Exceptional Student Situations

### **Policy:**

Exceptional Student Situations include:

- Significant concerns regarding student performance, progression, or professional behaviors
- Student Reassignment due to unsatisfactory grade in either clinical or academic coursework
- Circumstances outside of the student's and DCE's control at the Clinical Site (e.g. lack of patients or resources) that may require intervention or clinical reassignment

The DCE, CI, and student shall use strategies if the student fails to show adequate progress anytime during the clinical education experience. These strategies shall be developed with the assistance of the DCE and student, with additional assistance from the CI, SCCE and/or Associate Chair of Student Affairs. The situation and strategies shall be documented in a learning contract and/or letter of reinstatement that will be signed by all concerned parties. The Sample Learning Contract is found in **Appendix U**.

If a student receives an unsatisfactory "U" grade in a clinical education course, the student may NOT proceed with coursework and may be suspended or dismissed from the DPT program pending review of the circumstances that warranted the unsatisfactory "U" grade. This is because the DPT program has a lockstep curriculum that prevents students from taking courses out of the designated order.

### **Procedure:**

The **student** is responsible for:

- notifying the DCE of any problems (e.g. not challenged; supervision issues; performance difficulties) with the clinical education experience **IMMEDIATELY**
- participating in a meeting to determine the problems associated with the clinical education experience, possible solutions to change the experience, and the consequence of the request
- completing a request letter to the DCE to remediate the clinical education experience if student receives an unsatisfactory grade

The **CI and/or the SCCE** is responsible for:

- notifying the DCE of any problems **IMMEDIATELY**
- checking the *Significant Concerns* box on the CPI tool, if appropriate. The checked box indicates that the student's performance is unacceptable for this clinical experience
- including written comments in the CPI to substantiate the concern
- considering additional documentation and/or learning contract
- participating in a meeting to determine the consequence of the request (i.e., goals and plan)

The **DCE** is responsible for:

- responding to the notification of an exceptional situation in a timely fashion
- notifying the CI/SCCE **IMMEDIATELY**, if the clinical education experience does not meet the needs of the student
- participating in a meeting to determine the consequence of the request from either the student or clinical education faculty (i.e., goals and plan)

- considering the student's request for remediation with input from the DPT academic faculty. It should be noted that a remedial clinical is not guaranteed based on the circumstances of the unsatisfactory grade on the failed clinical experience. If the timing of the remedial clinical involves the student moving from his or her current cohort to the next available cohort, the Associate Chair of Admissions will be consulted to determine if space exists for the student to join the next available class due to class size limits
- rescheduling the clinical education experience, as appropriate. It should be noted that this is to be done at the **AVAILABILITY AND CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION**

## B. Student Withdrawal by Academic Program

### **Policy:**

Student withdrawal from a clinical education site may occur for the following reasons:

1. Unsatisfactory student performance: According to the CI and the SCCE, the student's performance is detrimental to the clinical education site in fulfilling its own health care responsibilities.
2. Unsatisfactory clinical education experience: According to the DCE and the Associate Chair, the clinical education experience does not meet the educational needs of the student (e.g. not challenged; supervision issues; lack of clients/resources; unsafe conditions).

The student must make up the clinical education experience or resultant missed time. However, certain circumstances may lead to dismissal (see the policy on Program Minimum Academic Standards in the *Student Handbook, Part I*). In addition, if the student is withdrawn from more than one clinical education experience due to student performance and receives an unsatisfactory grade, they are dismissed from the program.

### **Procedure:**

The **student** is responsible for:

- notifying the DCE of any problems with the clinical education experience **IMMEDIATELY**
- participating in the withdrawal meeting to determine the problems associated with the clinical education experience, possible solutions to change the experience, and the consequence of the request

The **CI and/or SCCE** is responsible for:

- notifying the DCE of any problems **IMMEDIATELY**
- participating in the withdrawal meeting to determine the consequence of the request
- documenting the student's actions that are detrimental to the clinical education site in fulfilling its health care responsibilities, if appropriate

The **DCE** is responsible for:

- responding to the withdrawal request in a timely fashion
- notifying the CI and or SCCE **IMMEDIATELY**, if the clinical education experience does not meet the needs of the student
- participating with the withdrawal meeting to determine the consequence of the request from either the student or clinical education faculty

- rescheduling the clinical education experience. It should be noted that this is to be done at the **AVAILABILITY AND CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION**

### **C. Rescheduling of Clinical Education Experiences**

**Policy/Procedure:**

Rescheduling of a clinical education experience is dependent on the type and setting of the experience. For example, if the student is withdrawn from an inpatient clinical education experience then they must be rescheduled at that same type of setting. If there is a learning contract involved then the student will have until the end of the rescheduled clinical education experience to complete the learning contract unless otherwise specified on the learning contract. Please note that any variation from the original clinical schedule may delay the student's progression in the curriculum and may also delay graduation.

Rescheduling is to be at the **AVAILABILITY AND CONVENIENCE OF THE CLINICAL EDUCATION SITE AND THE ACADEMIC INSTITUTION.**

If the student is withdrawn from the academic program due to a failed course and returns the following year, then she/he is required to meet with the DCE for reassignment of her/his clinical education experiences. The reassignment shall occur after the student shows successful progress at the midterm of the course. This may delay progression in the curriculum and as well as graduation.

### **D. Appealing the Clinical Education Portion of a Grade**

**Policy:**

A student who is unsatisfied with the clinical education course grade may appeal their grade.

**Procedure:**

A student, who is unsatisfied with the clinical education course grade should:

1. Discuss the situation and the earned grade with the DCE responsible for the clinical education evaluation.
2. If resolution is not achieved with the DCE, the student has opportunity to discuss the situation with the DCE, adviser, and the program chair/associate chair.
3. If resolution is not achieved with the DCE, adviser, and the program chair/associate chair, then the appeal goes to the Dean of the College of Health Professions. Please refer to the following appeal process to be followed after an experiential learning event: <https://findlay.smartcatalogiq.com/en/current/graduate-catalog/appeals-records-and-concerns/>

## Conclusion

The clinical education experience is a valuable opportunity for students to practice and develop their skills in a direct patient care environment; a privilege for students. The clinical education experience is an essential component of PT education for students to reach entry-level physical therapist clinical performance. Both Directors of Clinical Education and the academic faculty recognize and appreciate the commitment of time, resources, and efforts that our clinical affiliates extend in guiding and mentoring DPT students towards this outcome.

Most students have successful clinical education experiences and gain increased confidence and motivation. Faculty recognize the individual differences and encourage students to develop their own “style” within the accepted parameters of ethical and legal clinical practice, as well as the Essential Functions of this program. If a problem is identified early by any concerned party, it can be resolved appropriately and effectively through immediate communication and collaboration with the DCE. It takes the combined efforts of the student, the CI, the SCCE, the DCE, and the academic faculty to ensure a positive outcome.

**\*\*The Student Handbook, Clinical Education section is intended as a reference guide and does not constitute a contract between the student and the University and Physical Therapy Program.**

## **APPENDIX A**

### **APTA Code of Ethics & Standards of Practice**

**American Physical Therapy Association**

**Code of Ethics**

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Ethics/CodeofEthics.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf)

**Standards of Practice**

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Practice/Standards.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/Standards.pdf)

## **APPENDIX B**

### **Clinical Choices Form Example**

## TRAD CLASS OF 2025 - Clinical Choices for Clinical #4 (CHOICE)

4th Clinical Rotation Spring 2025 (2/24-5/2/2025) CHOICE

[REDACTED]@findlay.edu Switch account



\* Indicates required question

Email \*

Record [REDACTED]@findlay.edu as the email to be included with my response

Please enter your LAST NAME: \*

Your answer

Please enter your FIRST NAME: \*

Your answer

Select one setting & area that you want to further develop for your FINAL CLINICAL: \*

- Acute Care
- Home Health
- Inpatient - Burn/Wound Care
- Inpatient Rehab - Neuro
- Inpatient - Pediatrics
- Occupational Health/Wellness
- Outpatient Orthopedic/Manual Therapy
- Outpatient - Neuro/Vestibular
- Outpatient - Orthopedic
- Outpatient - Pediatrics
- Outpatient Women's Health
- School System
- SNF - Geriatrics
- Sports Medicine
- Other

If you selected "Other" please describe your selection. If you are equally interested in a second setting for Clin IV, you may list that option here.

Your answer

Please list areas where you have housing during the Clinical IV timeframe. \*

Your answer

Do you have a specific clinical site preference for Clinical IV? \*

- Yes, I would like to complete a site wish list for Clinical IV
- No, please place me in any available placement in my desired setting and location

Do you have a specific clinical site preference for Clinical IV? \*

- Yes, I would like to complete a site wish list for Clinical IV
- No, please place me in any available placement in my desired setting and location

[Next](#)

[Clear form](#)

Never submit passwords through Google Forms.

This form was created inside of The University of Findlay. [Report Abuse](#)

Google Forms

## TRAD CLASS OF 2025 - Clinical Choices for Clinical #4 (CHOICE)

[REDACTED]@findlay.edu [Switch account](#)



Your email will be recorded when you submit this form

### 1st Choice for Clinical #4

For this section please enter in the details for your 1st Choice for Clinical #4.

Site Name:

Your answer

Site Street Address:

Your answer

City:

Your answer

State:

Your answer

Zipcode:

Your answer

Site Telephone Number:

Your answer

Site Fax Number:

Your answer

Site SCCE:

Your answer

SCCE's Email Address:

Your answer

Back

Next

Clear form

Never submit passwords through Google Forms.

This form was created inside of The University of Findlay. [Report Abuse](#)

Google Forms

## TRAD CLASS OF 2025 - Clinical Choices for Clinical #4 (CHOICE)

[REDACTED]@findlay.edu [Switch account](#)



Your email will be recorded when you submit this form

\* Indicates required question

### Your Agreement

I understand that **NONE** of the above mentioned sites are physician owned practices, nor sites that I have current or private employment, including the **CORPORATE** level.

\*

- I agree.
- I disagree.
- Not applicable, no wish list created

I understand that **NONE** of the above mentioned sites are physician owned practices, nor sites that I have current or private employment, including the **CORPORATE** level.

\*

- I agree.
- I disagree.
- Not applicable, no wish list created

Today's Date: \*

Date

mm/dd/yyyy

Please type your name to indicate your agreement. \*

Your answer

Back

Next

Clear form

Never submit passwords through Google Forms.

This form was created inside of The University of Findlay. [Report Abuse](#)

Google Forms

# TRAD CLASS OF 2025 - Clinical Choices for Clinical #4 (CHOICE)

[REDACTED]@findlay.edu [Switch account](#)



Your email will be recorded when you submit this form

## 1st Choice for Clinical #4

For this section please enter in the details for your 1st Choice for Clinical #4.

Site Name:

Your answer

Site Street Address:

Your answer

City:

Your answer

State:

Your answer

Zipcode:

Your answer

Site Telephone Number:

Your answer

Site Fax Number:

Your answer

Site SCCE:

Your answer

SCCE's Email Address:

Your answer

Back

Next

[Clear form](#)

Never submit passwords through Google Forms.

This form was created inside of The University of Findlay. [Report Abuse](#)

Google Forms

## **APPENDIX C**

### **Clinical Site Information Form - Minimum Data**



## CLINICAL SITE INFORMATION FORM – MINIMUM DATA

**Instructions:** Please collaborate with your assigned Clinical Instructor to complete the Clinical Site Information Form. We use this screening tool to capture the minimum required data for the Physical Therapy Programs' accrediting body, CAPTE. In addition, it will be used to update the data base for future students.

**Clinical Facility Name:** \_\_\_\_\_

**Facility Address:** Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**If accredited, list accrediting body:** \_\_\_\_\_

**SCCE (not CI) Name & Credentials:** \_\_\_\_\_

Email Address: \_\_\_\_\_

**Facility Type** (e.g. GAC, rehab facility, outpatient etc.) \_\_\_\_\_

**Patient Type** (e.g. pediatric, adult etc.) \_\_\_\_\_

**Inter-Professional Practice** (e.g. OT, SP, MD etc.) \_\_\_\_\_

**Age Groups:** \_\_\_\_\_

**PT Staff with Expertise /Full staffed?** \_\_\_\_\_

**Additional Student Requirements /ONBOARDING:** \_\_\_\_\_

**Mandatory Inservice or Other Assignments** \_\_\_\_\_

### Check off all that you have access to:

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Documentation             | <input type="checkbox"/> Library/resources          |
| <input type="checkbox"/> Screenings   | <input type="checkbox"/> Conferences               | <input type="checkbox"/> Up-to-date equipment       |
| <input type="checkbox"/> Evaluations  | <input type="checkbox"/> Policy & Procedure Manual | <input type="checkbox"/> Management skills          |
| <input type="checkbox"/> Planning     | <input type="checkbox"/> Rounds                    | <input type="checkbox"/> Supervision skills         |
| <input type="checkbox"/> Treating     | <input type="checkbox"/> Other disciplines         | <input type="checkbox"/> Teaching skills            |
| <input type="checkbox"/> Educating    | <input type="checkbox"/> Surgery                   | <input type="checkbox"/> Other scholarly activities |
| <input type="checkbox"/> Follow up    |  |   |

**Completed by/for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please print student name*

## **APPENDIX D**

### **Clinical Education Agreement Template**

AGREEMENT BETWEEN  
THE UNIVERSITY OF FINDLAY AND \_\_\_\_\_

THIS AGREEMENT is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 2025, between THE UNIVERSITY OF FINDLAY, College of Health Professions, (hereinafter, the University), including the Occupational Therapy and/or Physical Therapy Programs and \_\_\_\_\_ (hereinafter, the Facility).

WHEREAS, the University offers professional education programs, including occupational therapy and physical therapy, which require the use of clinical facilities for comprehensive clinical/fieldwork experiences; and

WHEREAS, the Facility operates clinical/fieldwork facilities, including occupational and physical therapy clinical/fieldwork services, and desires to make available its clinical/fieldwork and educational resources to the University's professional educational programs for clinical/fieldwork experiences; and

WHEREAS, the University and the Facility mutually desire to develop and implement clinical/fieldwork experiences at the Facility for students enrolled in the University's professional education programs and to set forth the terms and conditions for the clinical/fieldwork educational program.

NOW, THEREFORE, in consideration of the foregoing promises and mutual agreements set forth herein, the parties agree as follows:

**I. CLINICAL/FIELDWORK EXPERIENCE**

- a. The University, in collaboration with the Facility, shall plan and administer a clinical/fieldwork educational experience which will satisfy the requirements of all applicable laws, regulations, and licensing or supervisory agencies.
- b. The Facility shall provide appropriate professional staff to supervise the clinical/fieldwork activities of the University students (hereinafter the "students") in collaboration with the University's faculty (hereinafter the "faculty").
- c. The Facility shall cooperate with the University in planning and administering a professional educational program for clinical/fieldwork experience. The Facility shall provide clinical/fieldwork experiences and the use of its facilities in accordance with the curricular goals of the professional education program and shall assist the University in evaluating the clinical/fieldwork performance of the students. The University shall cooperate and consult with the Facility as necessary regarding the clinical/fieldwork experience.
- d. Disciplinary proceedings involving students shall be conducted by the University in accordance with its policies and procedures according to the "Student Rights and Responsibilities Statement" (in The University of Findlay Undergraduate and/or Graduate Catalog), as it currently exists or is hereafter amended, and this Agreement.
- e. After consultation with the University, the Facility reserves the right to terminate participation in the clinical/fieldwork education experience of any student who is not performing according to standards acceptable to the clinical/fieldwork educator. Any requests for student withdrawal shall be directed to the academic coordinator at the University. The Facility agrees to cooperate fully in the investigation and resolution of the student status, including the provision of written documentation of the student's unsatisfactory performance.
- f. Any member of the Facility's professional staff shall have the right to temporarily relieve a student from a specific assignment or require that the student step aside in the procedure when that student's behavior poses an immediate threat to the safety and well-being of the Facility's patients and/or employees, or that student fails to follow the Facility's policies, procedures, rules or regulations or where continued student presence is inconsistent with the operations of the Facility.

**2. THE UNIVERSITY agrees:**

- a. To designate a faculty member as academic coordinator to serve as liaison to the Facility.
- b. To notify the clinical/fieldwork educator at the Facility of the schedule of student assignments.

- c. To recommend for clinical/fieldwork experiences only those students who meet the requirements for participation in clinical/fieldwork education as established by the University, the Facility, and appropriate accreditation agencies.
  - d. To maintain a policy of professional liability insurance for students with single limit of not less than one million (\$1,000,000) dollars per occurrence and three million (\$3,000,000) dollars in the aggregate. A certificate of insurance confirming professional liability coverage will be supplied upon request.
  - e. To advise students of their responsibility to comply with the Policies, Procedures, Bylaws, and Rules and Regulations of the Facility.
  - f. To advise students of their responsibility to obtain health insurance coverage for the entire term of their clinical/fieldwork experience. Neither the University nor the Facility are obligated to furnish students such coverage.
  - g. To advise students of their responsibility to provide documentation of mandatory health requirements prior to their clinical/fieldwork experience. These requirements may include, but are not limited to, CPR certification, blood borne pathogens and Health Insurance Portability and Accountability Act training, TB skin test, and immunizations and vaccinations as specified by the Facility.
  - h. To provide student evaluation forms and other forms necessary for the clinical/fieldwork education program.
- 3. THE FACILITY agrees:**
- a. To designate a clinical/fieldwork educator who will be responsible for the planning and implementation of the clinical/fieldwork educational experience. The clinical/fieldwork coordinator shall designate at least one qualified therapist as a clinical/fieldwork educator for backup purposes. Staff members providing supervision shall be identified in writing by name and academic credentials and shall meet the standards for supervision of clinical/fieldwork students as set forth by the appropriate accrediting agency.
  - b. To provide clinical/fieldwork educators with time required to plan and implement the clinical/fieldwork experience and act as liaison to the University, including when feasible, time to attend relevant meetings and conferences.
  - c. To have available a written description of the clinical/fieldwork experiences being offered.
  - d. To provide orientation to the Facility, including: pertinent Policies, Procedures, Bylaws, Rules and Regulations, and work schedules with which the students are expected to comply.
  - e. To provide clinical/fieldwork experiences to permit the students to participate in professional services under the supervision of the appropriate professional staff of the Facility. The scope of the students' participation shall be determined by the applicable policies of the Facility and in accordance with the pertinent laws.
  - f. To evaluate the performance of assigned students on a regular basis using designated evaluation forms supplied by the University. The completed evaluations shall be forwarded to the University within one (1) week from the last day of the clinical/fieldwork experience.
  - g. To provide first aid and/or emergency care relating to student injuries occurring at the Facility. The student is responsible for all related costs.
  - h. To assume responsibility for the supervision of the care of its patients.
- 4. RECORDS.** The University shall maintain all students' educational records relating to the clinical/fieldwork education program at the Facility. The Facility shall have custody and control of all medical records and charts contained in patient files. The University and students shall not remove or copy such records except pursuant to a specific request in writing. The identity of patients, the nature of procedures or services provided to patients and information included in the patients' medical records shall be confidential and shall not be disclosed by the University or students other than for use in direct patient care by authorized personnel during the current or future hospital admissions, or as necessary to determine and fulfill the obligations of the parties to this Agreement, or as may be required by law.
- To the extent the Facility generates or maintains educational records related to the participating student, the Facility agrees to comply with the Family Educational Rights and Privacy Act (FERPA), to the same extent as such laws and regulations apply to the University and shall limit access to only those employees or agents with a need to know. For the purposes of this Agreement, pursuant to FERPA, University hereby designates Facility as a University official with a legitimate educational interest in the educational records of the participating student(s) to the extent that access to the University's records is required by Facility to carry out the Program.

**5. PROHIBITION OF HARASSMENT AND DISCRIMINATION; SEXUAL HARASSMENT AND DISCRIMINATION REPORTING REQUIREMENTS.** The University of Findlay prohibits harassment and discrimination in any of its programs and activities, including those conducted in partnership with another institution. Harassment or discrimination based on sex, age, race, ethnicity, national origin, color, religion, gender identity, handicap/ability, sexual orientation, genetic information, veteran or military status and physical or mental disabilities is strictly prohibited.

Sexual harassment is defined as conduct on the basis of sex that satisfies one or more of the following: (i) an employee of the University conditioning the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual conduct; (ii) unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the recipient's education program or activity, or (iii) sexual assault, dating violence, domestic violence, or stalking.

Harassment on the basis of other protected traits may include any conduct which the submission to or rejection of: (i) is made either explicitly or implicitly a term or condition of the person's grade or evaluation in the program, (ii) is used as the basis for employment or educational decisions affecting an individual in the program, or (iii) creates an intimidating, hostile, or offensive working or educational environment within the program.

Specific definitions and examples are provided within the applicable policies below.

- **Mandatory Reporting of Sexual Harassment/Discrimination:** Allegations of sexual harassment or discrimination by or against a University of Findlay student **MUST** be reported to the University of Findlay Civil Rights/Title IX Coordinator immediately. Allegations of harassment or discrimination against a University of Findlay student by someone at the preceptor's institution should also be reported to the preceptor institution in accordance with its institutional policies.
  - University of Findlay Title IX Policy:  
<https://www.findlay.edu/offices/student-affairs/civil-rights/title-ix-policy>
- **Reporting of All Forms of Harassment/Discrimination:** Any allegations of harassment or discrimination that involve a University of Findlay student on experiential rotation may be reported to the University of Findlay Civil Rights/Title IX Coordinator or to the Harassment Hotline.
  - University of Findlay Non-Discrimination and Anti-Harassment Policy:  
<https://www.findlay.edu/offices/student-affairs/civil-rights/non-discrimination>

Individuals involved in making a report as indicated above are protected from retaliation. More information about those protections can be found in the policies listed above.

Preceptors must assist the University of Findlay in providing adequate supportive measures to ensure University of Findlay students have continuing access to the program.

**Contact Information for the Civil Rights/Title IX Coordinator may be found here:**

<https://www.findlay.edu/offices/student-affairs/civil-rights/title-ix-policy>

*University of Findlay Harassment Hotline*  
(419) 434-6777

**6. RISK MANAGEMENT.** The Facility agrees to notify the University's academic coordinator of all actual, potential and/or alleged claims regarding the student's participation in the clinical/fieldwork education program. The University agrees to notify the Facility of all actual, potential and/or alleged claims regarding the student's participation in the Facility's clinical/fieldwork education program. Both the Facility and the University will collaborate in claims management, which includes but is not limited to, risk identification, claims investigation, and control process.

**7. LEGAL STATUS.** It is understood and agreed that the students are enrolled in a professional education program offered by The University of Findlay. It is understood and agreed that while participating in clinical/fieldwork educational experiences under appropriate supervision at the Facility, the students shall not be deemed or considered to be

employees of the Facility or its corporate affiliates for any purposes as a result of their participation in the clinical/fieldwork educational experience and shall remain at all times students of the University. Nothing in this Agreement is intended or shall be deemed or construed to create any relationship between the parties other than that of educational affiliation.

To the extent permitted by Ohio law, the University agrees to indemnify and hold harmless the Facility and its respective officers, trustees, members, agents and employees, from and against any and all claims, costs, actions, causes of actions, losses or expenses (including reasonable attorney fees) caused by or arising out of the acts or omissions of the University, its employees, agents or students while they are on the Facility's premises.

To the extent permitted by Ohio law, the Facility shall indemnify and hold harmless the University and its respective officers, trustees, members agents and employees, from and against any and all claims, costs, actions, losses or expenses (including reasonable attorney fees) caused by or arising out of the acts or omissions of the Facility, its agents or employees, when acting within the scope of their employment with the Facility and under the terms of this Agreement.

- a. By any party in the event that another party shall default in the performance of its material obligation under this Agreement or shall breach any material provision of this Agreement, provided that the defaulting party shall fail to cure its default or breach within sixty (60) days after receiving written notice of default or breach from the terminating party;
  - b. At any time, with or without cause, by any party upon one (1) year written notice;
  - c. Whenever the parties shall mutually agree in writing.

**9. DISPUTE RESOLUTION.** Any dispute, controversy or claim arising out of, or relating to, this Agreement, or the breach thereof, which cannot be settled between the parties shall be referred for decision and determination to a committee consisting of two (2) individuals designated by the Facility, two (2) individuals designated by the University and another individual mutually agreed upon by the individuals designated by the Facility and the University. The parties must reach their final decision in this dispute resolution process within a reasonable period of time. Each such designation may be changed by the designating party from time to time and may be either by name or ex-officio.

**10. AMENDMENT.** This Agreement may be amended at any time and from time to time by written instrument executed by both parties.

**11. SURVIVAL.** This Agreement shall survive for the purpose of enforcing any remaining duties and obligations of the respective parties subsequent to termination of this Agreement as provided in "Term and Termination" of this Agreement.

**12. BINDING EFFECT.** This Agreement shall be binding upon, and the benefits inure to, the parties and their respective successors and permitted assigns.

**13. SEVERANCE.** If any term of this Agreement shall be determined unenforceable, such terms shall not affect the enforceability of the other terms of this Agreement which can be given effect without the unenforceable provision.

**14. ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties and supersedes any and all prior written or oral statements, understandings or agreements.

15. **NONEXCLUSIVE.** Both parties reserve the right to enter into similar Agreements with other institutions.

**16. NONDISCRIMINATION CLAUSE.** No student shall be subject to discrimination in violation of State or Federal Law.

**17. NOTICES.** Under this Agreement, any notice required or permitted shall be in writing and shall be personally delivered or sent by certified mail, return receipt requested, addressed to:

**ADDRESS OF UNIVERSITY:**

Academic Coordinator of Clinical/Fieldwork Education  
Occupational and/or Physical Therapy Program

**ADDRESS OF FACILITY:**

Clinical/Fieldwork Coordinator of Student Education  
Occupational and/or Physical Therapy Department

**THE UNIVERSITY OF FINDLAY**

1000 North Main Street  
Findlay, Ohio 45840

I agree to act as a site for:

- The Physical Therapy Program  
 The Occupational Therapy Program

IN WITNESS WHEREOF, the parties have caused this Agreement to be signed by their authorized representatives on the day and year first written above.

AGREED: THE UNIVERSITY OF FINDLAY

AGREED: \_\_\_\_\_

Dr. Christine Denecker Date  
Interim Vice President of Academic Affairs

\_\_\_\_\_  
Name: \_\_\_\_\_ Date  
Title: \_\_\_\_\_

Occupational Therapy, AFWC Date

\_\_\_\_\_  
Name: \_\_\_\_\_ Date  
Title: \_\_\_\_\_

Physical Therapy, DCE Date

\_\_\_\_\_  
Witness (*required if only one signature*) Date

## **APPENDIX E**

### **CI Supervision Certificate**



Bellarmine University

Cleveland State University

Mount St. Joseph

University

Ohio State University

Ohio University

University of Cincinnati

University of Dayton

The University of Findlay

University of Kentucky

University of Toledo

Walsh University

Western Kentucky

University

Youngstown State

University

## The University of Findlay Physical Therapy Program

Hereby awards this certificate  
to  
'First Name' 'Last Name'

In recognition of service as a voluntary Clinical Instructor

PHTH 720

6-17-24 to 8-23-24, 10 weeks  
'Student Name'

400 Hours of Clinical Instruction\*

**Awarded August 2024**

*Robyn Wilhelm*

Robyn Wilhelm, PT, DPT  
Director of Clinical Education

\*self-reported by the Clinical Instructor;

\*CEUs can be earned if you are an APTA Credentialed CI, please refer to the Ohio Laws and Rules

## **APPENDIX F**

### **Hepatitis B Vaccination Waiver Form**



## University of Findlay

Doctor of Physical Therapy

### HEPATITIS B FORM

Hepatitis B virus infection involves inflammation of the liver and may result in symptoms ranging from none to jaundice, joint pain, rash, and internal bleeding. I understand that due to my exposure to blood and/or body fluids during my education through The University of Findlay, I may be at risk of acquiring Hepatitis B virus (HBV) infection. Due to the risk of infection, it is important that I have completed one of the following steps prior to the first week of classes.

Please select the option that applies to you and complete the following information.

*(Important: prior to the scheduled CE experiences, you will need to complete a surface antibody test to ensure continued immunity, according to the clinical site timelines.)*

**1. I have not had the vaccine and do not desire to have it. I waive the Hepatitis B vaccine:**

After consultation with a health care professional, \_\_\_\_\_, I have decided to decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B infection, a serious disease. I also understand declining this vaccine may impact my ability to attend some clinical sites for my CE experiences.

Name: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

**2. I have had the vaccine in the past and have scheduled a blood draw to assess antibody levels.**

Name: \_\_\_\_\_

Date of blood draw: \_\_\_\_\_

**3. I have not had the vaccine in the past and have begun or completed the vaccine process:**

Name: \_\_\_\_\_

Date of first injection: \_\_\_\_\_

Date of second injection: \_\_\_\_\_

Date of positive antibody test: \_\_\_\_\_

## **APPENDIX G**

### **Immunization Form**

NAME \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_\_

PHONE# \_\_\_\_\_ Health Science Major \_\_\_\_\_

**\*\*ALL STUDENTS MUST PROVIDE A COPY OF YOUR ORIGINAL IMMUNIZATION RECORD\*\***

REQUIRED:	Date Completed/Given	Health Care Provider Signature
<b>Tetanus Booster (Tdap/Td)</b> (Substitute 1 dose Tdap for Td)		
<b>Measles, Mumps, Rubella (MMR)</b>  <b>Vaccine- Dose # 1</b>  <b>Dose # 2</b>  <b>or MMR titer</b>	Date _____  Results _____	
<b>Hepatitis B Vaccine</b>  First Injection  Second Injection:  Third Injection  Surface Antibody Test:	Date _____  Results _____	

<b>PPD (tuberculin skin test)</b>  Step 1:  Step 2: (7-14 days after step 1)  <b>annual one step:</b>	Given _____ Read _____ mm Results Given _____ Read _____ mm Results	      
<b>Varicella</b>  Varicella titer  <b>-or-</b>  <b>Vaccine</b>	Date _____ Results _____  Date _____ <b>Dose 1</b> Date _____ <b>Dose 2</b>	    
<b>Influenza (Flu) Vaccine</b>	   	   

## **APPENDIX H**

### **COVID-19 Vaccine Medical Exemption Request Form**

# COVID-19 Vaccine Medical Exemption Request Form

University of Findlay students who are requesting a Medical Exemption to the COVID-19 vaccine must submit this completed form to Cosiano Health Center. The form should be completed by the student's provider.

Student's Name

UF ID

Cell

Email

## Treating Provider Attestation:

I confirm that the above patient has the following medical contraindication to the COVID-19 vaccine, and it is my medical recommendation that this patient should not receive the COVID-19 vaccination:

- A severe or immediate allergic reaction to a prior COVID-19 vaccine. List brand and vaccination date: \_\_\_\_\_
- A severe allergic reaction to vaccine components making them unable to take any of the available COVID-19 vaccines (see vaccine components below). List the components to which the patient is allergic: \_\_\_\_\_
  - The Pfizer BioNTech COVID-19 vaccine contains: messenger ribonucleic acid (mRNA), lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diy)bis(2- hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.*
  - The Moderna COVID-19 vaccine contains: mRNA, lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2- distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.*
  - The Johnson & Johnson/Janssen COVID-19 vaccine contains: recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl-β-cyclodextrin (HBCD), polysorbate-80, and sodium chloride.*
- Other condition or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please allow my patient temporary deferral of the COVID-19 vaccine due to the following:

- Received monoclonal antibody therapy or convalescent plasma in the past 90 days (enter last date received): \_\_\_\_\_ Note: Vaccination will be temporarily deferred for 90 days following receipt of monoclonal antibody or convalescent plasma.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name and credentials (print): \_\_\_\_\_

Contact information (phone/email): \_\_\_\_\_

## **APPENDIX I**

### **COVID-19 Vaccine Religious Exemption Workday Instructions**

## Overview:

This document explains how to request for a Religious Exemption from COVID-19 Vaccination for Clinical Placement. If there are any questions contact Heather Ward in Human Resources 419-434-4804.

## Icons referred to in this document



Add Row



Prompt



Related Actions



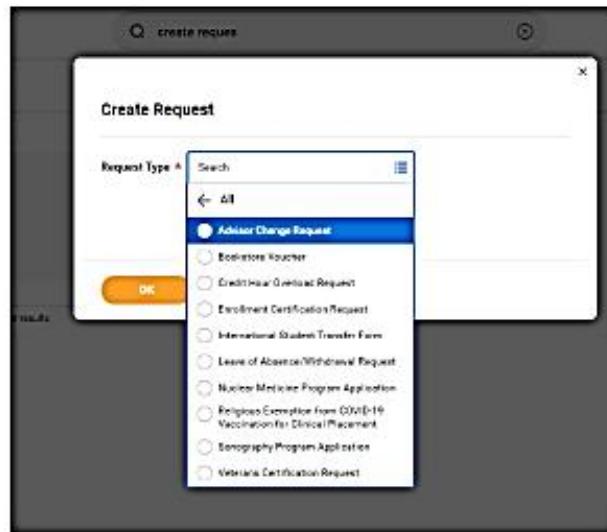
Required Field

## Application

1. In the search bar of Workday type **Create Request** press enter and select the task.



2. From the Request type drop down menu select all and then **Religious Exemption from COVID-19 Vaccination for Clinical Placement**



3. Read the instructions and be prepared to upload supporting documentation.
4. Once the request is complete press "Submit"
5. Your application will be routed to a confidential committee responsible for evaluation. You will be notified within 7 days of submission with an email sent to your studentname@findlay.edu account.

## **APPENDIX J**

### **OSHA/HIPAA Certificate of Training**

The University of Findlay

# Certificate of Training



this certifies that

# Xxxx Xxxx

has successfully completed  
the OSHA/HIPAA testing

Signed Xxxx Xxxxxx Date XXXXXXXX, 20xx

## **APPENDIX K**

### **Information and Tips on Obtaining a Background Check**

### **Information and Tips on Obtaining a Background Check**

Bridge program students should have their state of residence and FBI background check sent directly to:

The University of Findlay  
Attn: Dr. Robyn Wilhelm  
1000 N. Main Street  
Findlay, Ohio 45840

Traditional program student should have their Ohio BCI and FBI background check sent directly to:

The University of Findlay  
Attn: Dr. Stefanie Anderson  
1000 N. Main Street  
Findlay, Ohio 45840

The University of Findlay now offers a Federal Bureau of Investigation (FBI) Criminal History Record Check and an Ohio Bureau of Criminal Investigation (BCI) Criminal History Record Check through Campus Security (Office of Campus Safety and Emergency Management), which is located in Lovett Hall. UF Security is available for background checks Monday – Friday, 8am – 12pm and 1pm – 4pm. The students must FIRST make either an ONLINE payment for the criminal record check(s) using the link:

<https://commerce.cashnet.com/acpay?itemcode=AC-FBIBCI> or go to the Business Affairs Accounts Receivable window in Old Main and pay by check, cash or card. This window is open at 8:00 a.m. and closes at 4:00 p.m. weekdays. Once a receipt is received either on paper or electronically, take it to the Security Office for completion of the process. In addition, the student must bring a valid driver's license and provide their Social Security Number. Any additional questions, contact the Office of Campus Security at 419-434-4601.

The cost as of fall 2025 is \$25.00 for the FBI Background Check and \$25.00 for the BCI Background Check.

A list of out-of-state agencies follows. If an agency requests a "code number", the answer is that the background checks are for personal use and The University of Findlay does not have a code number. University of Findlay Campus Security has had success with using the code "VCA" for Volunteer Children's Act, when requesting an FBI background check. For the Ohio state background check (BCI), Campus Security uses the option of "Other" as the code, and types in "PT Clinicals".

## State-level criminal background check

1	Alabama	Alabama Law Enforcement Agency (ALEA) Alabama Criminal History Record Information (CHRI)	26	Montana	Montana Department of Justice BACKGROUND CHECKS
2	Alaska	Alaska Department of Public Safety, Statewide Services Alaska Criminal Justice Information	27	Nebraska	Nebraska State Patrol Nebraska Criminal History Reports
3	Arizona	Arizona Department of Public Safety (DPS) Criminal History Records	28	Nevada	The Nevada Department of Public Safety Records, Communications and Compliance Division
4	Arkansas	Arkansas Department of Public Safety CRIMINAL BACKGROUND CHECKS	29	New Hampshire	New Hampshire State Police A Division of the New Hampshire Department of Safety
5	California	The California Department of Justice (DOJ) Criminal Records	30	New Jersey	The New Jersey State Police- Department of Law and Public Safety Criminal History Record Information
6	Colorado	Colorado Department of Public Safety Colorado Bureau of Investigation	31	New Mexico	New Mexico Department of Public Safety FINGERPRINTING AND BACKGROUND CHECKS
7	Connecticut	Connecticut State Department of Emergency Services and Public Protection State Bureau of Police Identification	32	New York	New York State Division of Criminal Justice Services Criminal History Records, Background Checks - NY DCJS
8	Delaware	State Bureau of Identification Personal Criminal History Report	33	North Carolina	North Carolina State Bureau of Investigation Background Checks
9	Florida	State of Florida Criminal History Record Check Florida Department of Law Enforcement	34	North Dakota	North Dakota Department of Health & Human Services (ND DHHS) Criminal Background Check
10	Georgia	Georgia Bureau of Investigation Criminal History Record Information	35	Ohio	Ohio Bureau of Criminal Investigation (BCI) Background Check
11	Hawaii	State of Hawaii Criminal Justice Data Center CRIMINAL HISTORY RECORD CHECK	36	Oklahoma	Oklahoma State Bureau of Criminal Investigation (BCI) Criminal History
12	Idaho	Idaho Department of Health and Welfare Idaho Background Check Unit	37	Oregon	Oregon State Police Criminal Justice Information Services (CJIS) Criminal History Record Checks
13	Illinois	Illinois State Police, Bureau of Identification Background Checks	38	Pennsylvania	Pennsylvania State Police Criminal History Background Check
14	Indiana	Indiana Department of Insurance Indiana Navigator Criminal Background Check	39	Rhode Island	RHODE ISLAND State Bureau of Criminal Identification (BCI) Background Checks
15	Iowa	Iowa Department of Public Safety CRIMINAL HISTORY RECORD CHECK INFORMATION	40	South Carolina	SC State Law Enforcement Division BACKGROUND CHECKS
16	Kansas	Kansas Bureau of Investigation Kansas Criminal History Record Check	41	South Dakota	The South Dakota Division of Criminal Investigation Identification Background Check Requirements
17	Kentucky	Kentucky state police BACKGROUND CHECKS	42	Tennessee	State of Tennessee Background Checks
18	Louisiana	Louisiana State Police Department of Public Safety & Corrections, Public Safety Services	43	Texas	Texas Department of Public Safety Crime record division Background Check
19	Maine	Maine Department of Health and Human Services and the Department of Public Safety	44	Utah	Utah Department of Public Safety Background Checks
20	Maryland	Maryland Department of Public Safety & Correctional Services Background check Report	45	Vermont	Department of Public Safety Vermont Crime Information Center Record Checks
21	Massachusetts	Department of Criminal Justice Information Services Massachusetts Criminal Offender Record Information (CORI)	46	Virginia	Virginia State Police Virginia Criminal History Record Check
22	Michigan	Michigan State Police -the Internet Criminal History Access Tool (ICHAT) Criminal history background check	47	Washington	Washington State Patrol CRIMINAL HISTORY
23	Minnesota	Bureau of Criminal Apprehension A Division of the Minnesota Department of Public Safety	48	West Virginia	West Virginia State Police CRIMINAL RECORD CHECK
24	Mississippi	Mississippi Department of Public Safety. criminal background check	49	Wisconsin	Wisconsin Department of Justice Crime Information Bureau (CIB) Criminal History Information
25	Missouri	The Missouri State Highway Patrol Criminal Record Check	50	Wyoming	Wyoming Division of Criminal Investigation Background Checks

## **APPENDIX L**

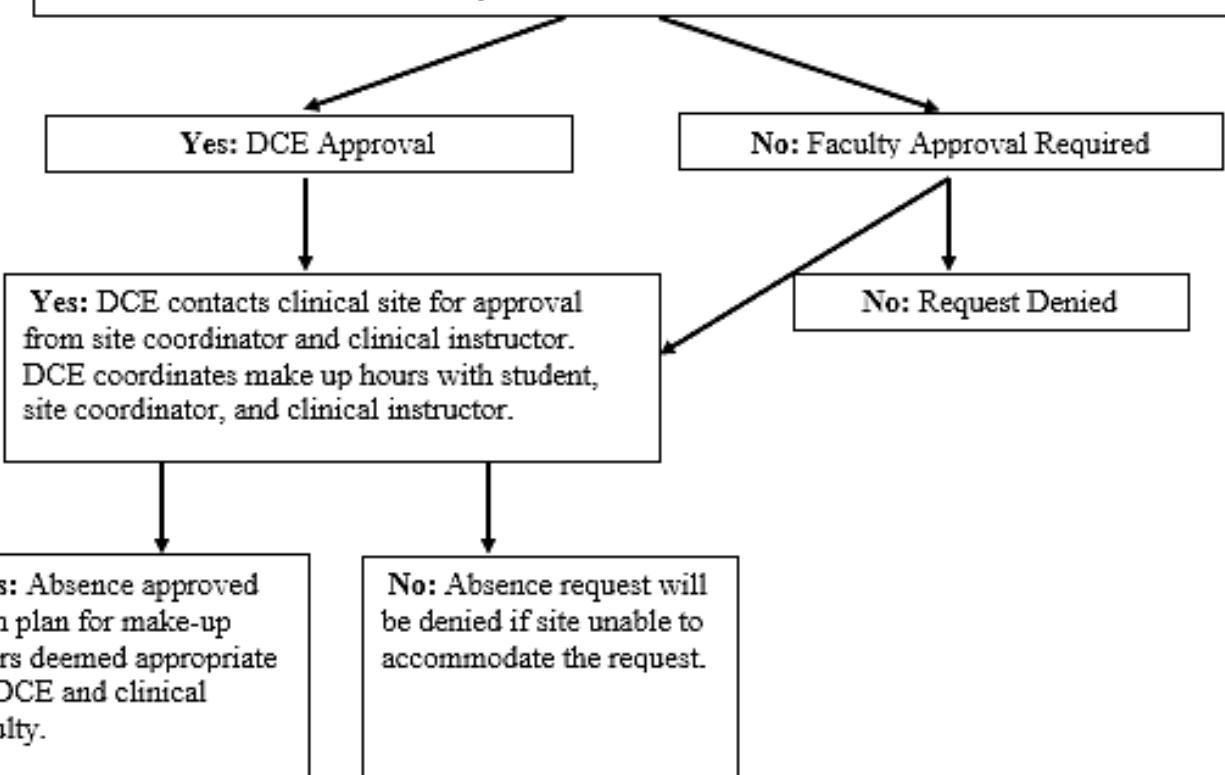
### **The Non-Emergent Clinical Absence Decision Tree**

## The Non-Emergent Clinical Absence Decision Tree

Consideration for non-emergent absences shall be made on a case-by-case basis and all time off must be made up. Non-emergent absence requests must be submitted, in writing, to the DCE no later than 30 days prior to the clinical start date.

### Excused Non-Emergent Absence:

- Jury duty
- Approval to sit for the early NPTE (see Part 1 of handbook)
- Religious observance
- Wedding ceremony of the student or immediate family (parent, grandparent, sibling, dependent); or member of wedding party
- Required participation in university sponsored event (including athletics)
- Military ceremony for student or immediate family (spouse, grandparent, sibling, dependent)
- Student attendance to professional activity including state and national conferences
- UF's Symposium of Scholarship and Creativity (SSC), continuing education seminars, and Research Forum
- Medical Procedures for self or immediate family (parent, grandparent, sibling, dependent)
- Birth of a child for self or partner
- Funeral for a family member



## **APPENDIX M**

### **Inservice Evaluation Form**

## **INSERVICE EVALUATION FORM**

**Date:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Presenter:** \_\_\_\_\_

**Topic:** \_\_\_\_\_

**Instructions:**

Please check the BEST response and comment on your response.

**1. The objectives were clearly indicated to the audience:**

Strongly Agree \_\_\_\_\_ Agree \_\_\_\_\_ Disagree \_\_\_\_\_ Strongly Disagree \_\_\_\_\_ Unsure \_\_\_\_\_  
Comment:

**2. The presenter was prepared and knowledgeable about this topic:**

Strongly Agree \_\_\_\_\_ Agree \_\_\_\_\_ Disagree \_\_\_\_\_ Strongly Disagree \_\_\_\_\_ Unsure \_\_\_\_\_  
Comment:

**3. The method (e.g. demonstration, lecture, laboratory) of the presentation was appropriate:**

Strongly Agree \_\_\_\_\_ Agree \_\_\_\_\_ Disagree \_\_\_\_\_ Strongly Disagree \_\_\_\_\_ Unsure \_\_\_\_\_  
Comment:

**4. The use of audiovisuals/other materials was helpful:**

Strongly Agree \_\_\_\_\_ Agree \_\_\_\_\_ Disagree \_\_\_\_\_ Strongly Disagree \_\_\_\_\_ Unsure \_\_\_\_\_  
Comment:

**5. The presenter showed good communication skills:**

Strongly Agree \_\_\_\_\_ Agree \_\_\_\_\_ Disagree \_\_\_\_\_ Strongly Disagree \_\_\_\_\_ Unsure \_\_\_\_\_  
Comment:

**6. Overall, this inservice was helpful for me:**

Strongly Agree \_\_\_\_\_ Agree \_\_\_\_\_ Disagree \_\_\_\_\_ Strongly Disagree \_\_\_\_\_ Unsure \_\_\_\_\_  
Comment:

**7. General Comments:**

**Thank you for taking the time to complete this form!**

## **APPENDIX N**

### **Agreement for Backup Supervision**

**The University of Findlay**  
**Physical Therapy Program**  
**Agreement for Backup Supervision Form**

**I. The SCCE of the Backup Clinical Site**

I, the undersigned, agree to act as the backup clinical site and follow the backup policy and procedure for:

---

I understand that it is to be utilized only on a short-term basis (1-5 days) & only in an emergency situation when the SCCE of the primary clinical site must be absent.

The **SCCE of the Backup Clinical Site** is responsible for:

1. Organizing, directing, supervising, & evaluating activities of the student for the involved 1 to 5 days.
2. Reporting to the SCCE of the primary clinical site the outcome of the student's activities.

Signed:

---

*(Name of SCCE of the backup clinical site/Date)*

**II. The SCCE of the Primary Clinical Site**

I, the undersigned, agree to follow the backup policy and procedure with:

---

I understand that it is to be utilized only on a short-term basis (1-5 days) and only in an emergency situation when the SCCE of the primary clinical site must be absent.

The **SCCE of the Primary Clinical Site** is responsible for:

1. Orienting the student to the backup procedure during the orientation.
2. Contacting SCCE of the backup clinical site of the need to supervise the student for the involved day.
3. Notifying the student of the need to implement the backup procedure.
4. Notifying the DCE of the backup supervision and the outcome of the experience.

Signed:

---

*(Name of SCCE of the primary clinical site/Date)*

**III. Director of Clinical Education**

I, the undersigned, agree to act as the mediator between both parties, as well as an advocate for the student.  
*Signed:*

---

*(DCE/Date)*

## **APPENDIX O**

### **CE Site and Clinical Instructor Form**

*Confidentiality of Data: All data collected from this survey will be kept confidential and specific data will never be divulged in connection with the identification of a specific subject.*

## ***Physical Therapy Program*** **CE Site and Clinical Instructor Form**

### **Instructions:**

The Purpose of the *CE Site and Clinical Instructor Form* is to assist The University of Findlay's PT program with curricular development through the exploration of the clinical education experience as perceived by the student and for accreditation purposes. The observed variables include: (a) Setting of the clinical education experience, (b) Age categories, (c) Interprofessional Interactions, and (d) CI qualifications.

First, you are to complete this cover page by indicating your name, clinical site information, and affiliation number.

Second, ask your clinical instructor to complete their information (*requested by CAPTE*).

Finally, POST on CANVAS.

**Student Name:** \_\_\_\_\_

**Affiliation #:** \_\_\_\_\_ **CEF Name:** \_\_\_\_\_

**Indicate type of Clinical Education Facility** (e.g. GAC, Outpt, Clinic, School Base) \_\_\_\_\_

Circle of type of Setting: **Rural** **Suburban** **Urban**

Check off ALL age categories exposed to:  <18yrs.  19 yrs. to 64 yrs.  65 yrs. to 84 yrs.  > 85 yrs.

Check off experience with other Professionals:  OT  SP  MD  Other \_\_\_\_\_

**Clinical Instructor's Name:** \_\_\_\_\_ **Licensure #/State** \_\_\_\_\_

PT School from which CI graduated \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Entry level Degree (BS, MS, PhD) \_\_\_\_\_ # of years in Clinical Practice \_\_\_\_\_ # of Years in Clinical Teaching \_\_\_\_\_

Credentialed Clinical Instructor through APTA?  YES  NO Member of APTA?  YES  NO

ABPTS Specialty Certification (circle <b>ALL</b> that apply):	Cardiovascular & Pulmonary		Clinical Electrophysiology		Women's Health	
	Geriatrics	Neurology	Orthopedics	Pediatrics	Sports	Other

Specialization outside ABPTS (manual, vestibular, lymphedema, etc.): \_\_\_\_\_

## **APPENDIX P**

### **PT Student Evaluation of Site**

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

## PT Student Evaluation Of Site Form's Score: 4

### Basic Information

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

1. Name of clinical education site

N/A

Address

N/A

City

N/A

State

N/A

2. Clinical experience number

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

Acute care/Inpatient hospital facility

Ambulatory care/Outpatient

ECF/Nursing home/SNF

Federal/State/County health

Industrial/Occupational health facility

Private practice

Rehabilitation/Sub-acute rehabilitation

School/Preschool program

Other

## Orientation

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

Yes  No

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

Yes  No

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

## Patient/Client Management And The Practice Environment

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

### Diversity of Case Mix

Musculoskeletal\*

Never  Rarely  Occasionally  Often

Neuromuscular\*

Never  Rarely  Occasionally  Often

Cardiopulmonary\*

Never  Rarely  Occasionally  Often

Integumentary\*

Never  Rarely  Occasionally  Often

Other (GI, GU, Renal, Metabolic, Endocrine)\*

Never  Rarely  Occasionally  Often

### Patient Lifespan

0-12 years\*

Never  Rarely  Occasionally  Often

13-21 years\*

Never  Rarely  Occasionally  Often

22-65 years\*

Never  Rarely  Occasionally  Often

over 65 years\*

- Never  Rarely  Occasionally  Often

**Continuum of Care**

Critical care, ICU, Acute\*

- Never  Rarely  Occasionally  Often

SNF/ECF/Sub-acute\*

- Never  Rarely  Occasionally  Often

Rehabilitation\*

- Never  Rarely  Occasionally  Often

Ambulatory/Outpatient\*

- Never  Rarely  Occasionally  Often

Home health/Hospice\*

- Never  Rarely  Occasionally  Often

Wellness/Fitness/Industry\*

- Never  Rarely  Occasionally  Often

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

**Components of Care****Examination**

Screening\*

- Never  Rarely  Occasionally  Often

History taking\*

- Never  Rarely  Occasionally  Often

Systems review\*

- Never  Rarely  Occasionally  Often

Tests and measures\*

- Never  Rarely  Occasionally  Often

Evaluation\*

- Never  Rarely  Occasionally  Often

Diagnosis\*

- Never  Rarely  Occasionally  Often

Prognosis\*

- Never  Rarely  Occasionally  Often

Plan of care\*

- Never  Rarely  Occasionally  Often

Interventions\*

- Never  Rarely  Occasionally  Often

**Outcomes assessment\***

Never  Rarely  Occasionally  Often

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

**Environment**

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

Never  Rarely  Occasionally  Often

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

Never  Rarely  Occasionally  Often

Demonstrating high morale and harmonious working relationships.\*

Never  Rarely  Occasionally  Often

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

Never  Rarely  Occasionally  Often

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

Never  Rarely  Occasionally  Often

Using evidence to support clinical practice.\*

Never  Rarely  Occasionally  Often

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

Never  Rarely  Occasionally  Often

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

Never  Rarely  Occasionally  Often

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

**Clinical Experience**

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

Physical therapist students

Physical therapist assistant students

Students from other disciplines or service departments

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

1 student to 1 CI

1 student to greater than 1 CI

1 CI to greater than 1 student

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

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

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

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

## Overall Summary Appraisal

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

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

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

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

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

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience? \*

21. What curricular suggestions do you have that would have prepared you better for this clinical experience? \*

## **APPENDIX Q**

### **PT Student Evaluation of Clinical Instruction**

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

## PT Student Evaluation Of Clinical Instruction

Form's Score: 5

### Assessment Of Clinical Instruction

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

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

#### Provision of Clinical Instruction

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

Student final rating\*

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

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

Student final rating\*

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

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

Student final rating\*

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

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

Student final rating\*

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

5. The CI provided constructive feedback on student performance.

Student final rating\*

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

6. The CI provided timely feedback on student performance.

Student final rating\*

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

7. The CI demonstrated skill in active listening.

Student final rating\*

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

8. The CI provided clear and concise communication

Student final rating\*

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

9. The CI communicated in an open and non-threatening manner

Student final rating\*

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

10. The CI taught in an interactive manner that encouraged problem solving  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
11. There was a clear understanding to whom you were directly responsible and accountable  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
12. The supervising CI was accessible when needed  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
13. The CI clearly explained your student responsibilities  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
14. The CI provided responsibilities that were within your scope of knowledge and skills  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
15. The CI facilitated patient-therapist and therapist-student relationships.  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
16. Time was available with the CI to discuss patient/client management.  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
17. The CI served as a positive role model in physical therapy practice.  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
18. The CI skillfully used the clinical environment for planned and unplanned learning experiences.  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
19. The CI integrated knowledge of various learning styles into student clinical teaching.  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
20. The CI made the formal evaluation process constructive  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
21. The CI encouraged the student to self-assess.  
Student final rating\*  
 1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree
22. Was your CI's evaluation of your level of performance in agreement with your self-assessment?  
Student final rating\*  
 Yes  No

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

Student final

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

Student final

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

Student final

## **APPENDIX R**

### **Midterm Contact Form**

**The University of Findlay**  
**Physical Therapy Program**  
**Midterm Contact Form**

**Date/Type of contact:** \_\_\_\_\_

**Student:** \_\_\_\_\_

**Clinical Instructor:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_

**A. Student's Comments**

**1) Types of learning experiences**

*(What type of learning experiences do you have? Inter professional? Client Specifics?)*

- General Acute Care Facility
- Rehabilitation Facility
- SNF/ECF/Subacute Care Facility
- Outpatient Clinic
- Other: \_\_\_\_\_

Specify special learning experiences: \_\_\_\_\_

**2) Degree/type of interaction with CI**

*(What type of supervision are you given by your CI? Communication?)*

- Excellent to Good communication/supervision
- Fair communication/supervision
- Poor communication/supervision

Specify type of **progression**: \_\_\_\_\_

**3) Assessment of own performance**

*(How well do you believe you are doing?)*

- Excellent to Good performance (beyond entry level)
- Fair performance (but should complete the minimum)
- Poor performance (difficulties with completion of the min.)

Individual concerns: \_\_\_\_\_

**4) Assessment of academic preparation**

*(Were you were prepared for this clinical experience? Any academic problems?)*

- Excellent to Good preparation
- Fair performance preparation
- Poor performance preparation

Individual concerns: \_\_\_\_\_

5) Other comments: \_\_\_\_\_  
\_\_\_\_\_

**B. Clinical Instructors Comments**

1) Student's strengths (*What do you believe are the student's strengths?*)

2) Student's weaknesses (*What do you believe are the student needs to work on?*)

3) Assessment of academic preparation (*How well do you believe that the student was prepared? Any academic problems?*)

- Excellent to Good preparation
- Fair performance preparation
- Poor performance preparation

Individual concerns: \_\_\_\_\_  
\_\_\_\_\_

4) Assessment of own performance

*(How well do you believe you are doing as a CI?)*

\_\_\_\_\_

\_\_\_\_\_

5) Other comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **APPENDIX S**

## **Syllabus**

**The University of Findlay**  
**College of Health Professions**  
**Doctor of Physical Therapy Program**  
**Summer 2025**

**The mission of The University of Findlay is to equip our students for meaningful lives and productive careers.**

**Course Number/Title:** PHTH 668 Clinical Education II

**Credit Hours:** 4

**Class Time/Place:** Assigned Clinical sites (40 hours/week, CAPTE 32 hours/week MINIMUM); Eight weeks at clinical sites as assigned by DCE. Second professional year, summer semester. This course commences June 2025.

**Contact Time:** hours reflect per semester totals based on 15 week semesters

<b>Lecture (face-to-face, seat time)</b>		<b>Lab Hours (face-to-face, seat time)</b>	
<b>Study</b> <ul style="list-style-type: none"><li>• <i>test preparation</i></li><li>• <i>lab preparation</i></li></ul>		<b>Clinical Cases</b>	
<b>Homework</b> <ul style="list-style-type: none"><li>• <i>Assignment One</i></li><li>• <i>Assignment Two</i></li></ul>		<b>On-line (Comtasia/Screencast, asynchronous)</b>	
		<b>Total</b>	See above under Class Time/ Place

**Prerequisites, Co-requisites and Course Description:** Prerequisite: successful completion of the previous DPT term or permission of the PT faculty. This is the SECOND of four clinical education experiences. It includes an 8-week, full-time clinical affiliation under the supervision of a licensed physical therapist. Grading for this course is S/U.

**Instructor:** Stefanie Anderson PT, DPT, DCE

**Instructor Contact Information:** 349 Trenton Ave, Findlay, OH 45840, Office phone: 419-434-6943, Cell phone: 419-902-4204 email: [andersons4@findlay.edu](mailto:andersons4@findlay.edu); FAX: 419-434-4336

**Office Hours:** DCE: Available on campus or by phone as posted; CI: available daily

## **PT Program Mission**

The mission of the physical therapy program at The University of Findlay is to empower students to help transform society by optimizing movement and function to improve the lives and well-being of those they serve.

**Relationship to the Conceptual Framework:** This is a clinical education course. It is designed to provide students with the opportunity to analyze and synthesize current knowledge and experience with clinical practice. In addition, experience with education, management, and research is provided as available.

## **PT Program Curricular Goals**

Course meets the following curricular objectives in whole or in part:

Following completion of the physical therapy program curriculum, the graduate physical therapist will be a generalist who will be able to:

- 1.0 Demonstrate an understanding of and ability to apply the knowledge, skills and values obtained in prerequisite, foundational science, and behavioral science course work in preparation for contemporary practice in physical therapy **(7A, 7B, 7C)**
- 2.0 Establish effective culturally competent **communication** with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers and policymakers, by demonstrating appropriate verbal, non-verbal and written communication. **(7C2, 7C3)**
- 3.0 Incorporate an understanding of the implications of **individual and cultural differences** when engaged in all physical therapy roles. **(7C3)**
- 4.0 Complete **screening** activities to determine the need for further examination or consultation by a physical therapist or referral to another health care professional. **(7D1D)**
- 5.0 **Examine** movement related impairments in body structure and function, activity limitations, and participation restrictions across the lifespan and continuum of care by:
  - 5.1 Using health informatics, the interview process, and other sources to appropriately complete a patient history. **(7D1A, 7D7D2)**
  - 5.2 Completing a relevant review of the musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems in terms of their relationship to movement and movement dysfunction. **(7D1B)**
  - 5.3 Demonstrating knowledge of the scientific basis and effectiveness of physical therapy that utilizes the best evidence for tests and measures in the evaluative processes. **(7C1, 7D1Ca-i)**
  - 5.4 Selecting, administering and integrating the best evidence to support tests and measures that are appropriate to the patient's demographics, diagnosis, health status and culture. **(7C1, 7D1Ca-i)**
- 6.0 **Synthesize** examination data to complete the physical therapy **evaluation** by:
  - 6.1 Identifying body structure and function impairments, activity limitations and participation restrictions that can be minimized or alleviated through physical therapy using the ICF model.

**(7D3, 7D4)**

6.2 Evaluate data from the examination to make clinical judgments. **(7D5)**

6.3 Specifying conditions beyond the scope of their abilities or the practice of physical therapy and referring to the appropriate professional. **(7D1D)**

7.0 Efficiently establish a physical therapy **diagnosis** by:

7.1 Utilizing examination data and evaluation results to establish a differential diagnosis for patients across the lifespan and continuum of care. **(7D4)**

7.2 Considering the policies and procedures of the practice setting. **(7D14)**

7.3 Effectively communicating diagnostic results and clinical impressions with all stakeholders as appropriate. **(7C2, 7D4)**

8.0 Determine patient **prognoses** based on the results of the physical therapy examination, evaluation and diagnostic process. **(7D5)**

9.0 Develop and execute a safe and effective **plan of care** by:

9.1 Collaborating with clients, families, payers and other healthcare professionals to establish an appropriate and culturally competent plan of care, including a plan for discontinuation of care. **(7D5, 7D6, 7D9)**

9.2 Constructing physical therapy goals and functional outcomes within available resources (including applicable payment sources) and specify the time frame for achievement. **(7D5, 7D6)**

9.3 Complying with the administrative policies and procedures of the practice environment. **(7D14)**

9.4 Evaluating and modifying treatment plans and goals according to patient feedback and response and the analysis of outcome measures. **(7D6, 7D11, 7D12)**

9.5 Maintaining a fiduciary responsibility for all patients/clients. **(7D24)**

10.0 Competently provide physical therapy **intervention** by:

10.1 Selecting and executing appropriate therapeutic procedures in order to achieve defined goals. **(7D10)**

10.2 Carrying out all physical therapy procedures safely. **(7D10)**

10.3 Incorporating effective teaching methods and strategies in all physical therapy roles. **(7D13)**

10.4 Completing accurate written documentation of the physical therapy examination, evaluation, diagnosis, prognosis, intervention and outcomes. **(7D15)**

10.5 Applying principles of risk management and taking appropriate action in an emergency in any practice setting. **(7D14, 7D23)**

11.0 Appropriately utilize **outcome assessment** data by:

11.1 Selecting measures that are reliable and valid and take into account the practice setting, individual differences and societal influences. **(7D1Ca-i)**

11.2 Collecting accurate information to allow for analysis of individual patient/client outcomes. **(7D1Ca-i)**

11.3 Analyzing and applying results to allow for modification of the plan of care. **(7D12)**

12.0 Identify, assess and promote the health needs of individuals, groups and communities, including screening, prevention and wellness programs that are culturally appropriate within the practice of physical therapy. **(7D21)**

13.0 Provide and manage care in a variety of **care delivery systems** by:

13.1 Providing physical therapy through direct access or referral based on patient/client goals, expected functional outcomes, and knowledge of one's own and other's capabilities. **(7D21, 7D1E)**

13.2 Managing human and material resources and services to provide high-quality, efficient physical therapy services based on the patient/client's goals, expected outcomes, and plan of care. **(7D14, 7D11, 7D31, 7D12, 7D16, 7D24)**

13.3 Interacting with patients, clients, family members, other healthcare providers and community-based organizations for the purpose of coordinating activities to facilitate culturally competent, efficient and effective patient or client care. **(7C2, 7D21, 7D18)**

13.4 Participate in patient centered interprofessional and collaborative practice with active participation from the patient in aspects of his/her care and treatment. **(7D18)**

14.0 Demonstrate appropriate **professional behavior** by:

14.1 Demonstrating behavior congruent with the APTA *Core Values* and *Code of Ethics* during interactions with others. **(7B1)**

14.2 Adhering to the standards of practice, state and federal laws. **(7B3)** 14.3

Reporting to appropriate authorities suspected cases of fraud and abuse.

14.4 Reflecting upon and appropriately addressing self and peer assessment outcomes. **(7B1, 7D17)**

14.5 Participating in both integrated and full-time terminal clinical education activities. **(6H)** 14.6 Formulating and implementing a plan for personal and professional career development.

**(7C)**

14.7 Becoming involved and demonstrating leadership in professional organizations and activities through membership, service and advocacy for the profession and healthcare needs of society. **(7B2)**

14.8 Demonstrating professional judgment and consideration of patient/client values in the application of current theory and knowledge to patient/client management. **(7C1)**

14.9 Utilizing information technology to access appropriate sources of information in support of clinical decisions. **(7C1)**

14.10 Critically evaluating current literature and information sources related to contemporary physical therapy practice, research, administration, consultation, and education. **(7C1, 7D19)**

14.11 Participating in scholarly activities that contribute to the body of physical therapy knowledge. **(7C1, 7C)**

15.0 Function in the role of an **administrator** by:

15.1 Appropriately delegating to and supervising physical-therapy-related services to support personnel, physical therapist assistants and caregivers. **(7D7)**

15.2 Demonstrating understanding of the history, current status and future projections for health care delivery in the United States and assessing health care policies and their potential implications in the healthcare environment. **(7D20)**

15.3 Participating in practice management functions appropriate for a given practice setting, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. **(7D16, 7D25)**

15.4 Participating in the financial management of practice settings including billing and payment for services. **(7D24)**

15.5 Establishing a business plan on a programmatic level within a practice. **(7D25)**

15.6 Participating in activities related to marketing and public relations. **(7D13)**

16.0 Function as an effective **educator** by applying teaching and learning theories in designing, implementing and evaluating learning experiences for individuals, organizations and communities **(7D13)**

17.0 Demonstrate the ability to function in the role of **consultant** by providing consultation to individuals, case managers, businesses, schools, government agencies or other organizations. **(7D13, 7B2)**

18.0 Function as a **self-directed lifelong learner** by:

18.1 Completing projects requiring selection of a topic and independent integration of information from a number of sources. **(7C1)**

18.2 Understanding the dynamic nature of the knowledge base of physical therapy and the need to stay current through practice, professional literature, and education. **(7C)** 18.3 Seeking out new information regarding the practice of physical therapy. **(7C1)**

19.0 Use **critical thinking skills** to:

19.1 Assess and critically analyze scientific literature and apply best evidence for practice with clinical judgment to determine the best care for a patient. **(7C1)**

19.2 Explain one's reasoning and conclusions. **(7C1)**

19.3 Monitor, reflect on and question one's own thinking in order to minimize errors and enhance patient/client outcomes. **(7D17)**

#### **PT Program Course objectives:**

**Following completion of clinical education courses, the graduate PT will be a generalist who will be able to:**

1. Practice according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations. **CPI skill # 1**

2. Practice according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. **CPI skill #2**

3. Accept and be receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills. **CPI skill # 3**

4. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., translators) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care. **CPI skill # 4**
5. Deliver physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). **CPI skill # 5**
6. Strategically gather, interpret, and synthesize information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues). **CPI skill # 6**
7. Perform evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management. **CPI skill # 7**
8. Establish a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals. **CPI skill # 8**
9. Select and perform appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities. **CPI skill # 9**

10. Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation. **CPI skill # 10**
11. Identify financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services. **CPI skill # 11**
12. Actively participate in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist. **CPI skill # 12**

**Required Textbooks and other materials:**

**Required:**

American Physical Therapy Association Revised Clinical Performance Instruments: APTA Clinical Performance Instrument for PTs (PT CPI) 3.0; 2023

*Student Handbook.* The University of Findlay; 2024.

**Recommended:** Rothstein JM, Roy SH, Wolf SL. *The Rehabilitation Specialist's Handbook.* 2<sup>nd</sup> ed. Philadelphia, PA: F.A. Davis Co.; 1998

**Curricular Books**

- American College of Sports Medicine. *ACSM's Guidelines for Exercise Testing and Prescription.* 9<sup>th</sup> ed. Baltimore, MD: Lippincott, Williams and Williams; 2014. ISBN: 978-1609139551.
- American Physical Therapy Association. *The Guide to Physical Therapist Practice.* 3<sup>rd</sup> ed. Alexandria, VA: American Physical Therapy Association; 2015. ISBN: 978-1-931369-85-5. Available online at: <http://guidetoptpractice.apta.org/>
- American Medical Association. *AMA Manual of Style.* 10th ed. Oxford, NY: Oxford University Press; 2007. ISBN: 978-0195176339.
- Tecklin JS. *Pediatric Physical Therapy.* 5<sup>th</sup> ed. LWW; 2014. ISBN: 978-1451173451

**Knowledge Base: DPT Didactic Curriculum**

**Instructional Strategies:**

Case Analysis		Library and Internet Research	
Debate		Practice/drill	
Discovery/Independent Research	X	Problem solving	X
Discussion/Questioning/Interviewing	X	Reading assignments	
Experiential Learning		Role playing/simulation games	
Field Experience	X	Service Learning	
Group Presentation		Video/Audio Review and Critique	
Laboratory Experiences		Other	
Lecture			

**Methods of Assessment:**

Method of Evaluation	Course Objective #	Points or Percentage
Abstracts		
Attendance	#16	N/A –Satisfactory grade
Capstone Project		
Case Study		
Exams		
Group Projects		
Homework Assignments (reflections)	#21, #22	N/A –Satisfactory grade
Internet Research		
Journaling		
Lab Performance		
Oral/written review of literature		
Participation		
Peer Evaluation		
Portfolio		
Portfolio Lab Performance		
Presentations		
Professional Evaluation	#21, #22	N/A –Satisfactory grade
Quizzes		
Research project		

Other: <b>Clinical Performance Instrument (CPI)</b>		
<b>Method of Evaluation</b>	<b>Course Objective #</b>	<b>Points or Percentage</b>
<b>CPI skill #1</b>	#11	N/A – Satisfactory grade
<b>CPI skill #2</b>	#16	
<b>CPI skill #3</b>	#17	
<b>CPI skill #4</b>	#2	
<b>CPI skill #5</b>	#4	
<b>CPI skill #6</b>	#21	
<b>CPI skill #7</b>	#1, #22	
<b>CPI skill #8</b>	#5	
<b>CPI skill #9</b>	#6	
<b>CPI skill #10</b>	#7	
<b>CPI skill #11</b>	#8, #9	
<b>CPI skill #12</b>	#10	

**Description of Assignments:**

Grading is satisfactory/unsatisfactory. To obtain a satisfactory grade the student must have completed the following assignments/activity:

1. Satisfactory attendance record (See the policy on attendance in *Student Handbook*)
2. Completion of Clinical Site Information Form
3. Completion of PT Student Evaluation of Site (CEEER 1) & PT Student Evaluation of Clinical Instruction (CEEER 2) via Exxat, review with CI
4. Completion of additional assignments in the Exxat system (weekly journal reflection, letter of intent, Patient Dx logs, etc)
5. Completion of two in-services over the course of 4 clinical education experiences.
6. Satisfactory completion of clinical skills from Physical Therapist Clinical Performance Instrument (CPI) including the minimum data required for the Clinical Site Information Form.
7. There must be NO evidence of significant concerns and performance that does not show forward movement. In addition, the student needs to show performance that is at the following levels:
  - FOR Clinical Education II: A MINIMUM of **INTERMEDIATE** level or above performance for ALL CPI Skills; **Number 3 or higher**
  - ALL students must show entry-level performance in ALL skills by the end of the clinical education series.
8. All practice patterns concerning clients across the lifespan also must be addressed. If there is no opportunity or minimal opportunity to work on a certain skill, practice pattern, or age group, then a mini-clinical or an extension of a clinical will need to occur.

**Grading Scale:** This course is grade satisfactory or unsatisfactory. Failure to complete any of the requirements will result in an unsatisfactory grade. Unsatisfactory grade in two clinical education experiences will result in dismissal from the program. However, the DCE and the Director have the right to review the requirements and make concessions on an individual basis.

**University Honor Code:**

Each and every student of the University will adhere to the following Honor Code:  
"I will not knowingly engage in any dishonorable behavior, cheat, steal, lie, or commit any act of plagiarism during any academic work, course, or endeavor. If I observe an act which I believe violates the University's Honor Code, I may, at my discretion, report it to the appropriate personnel."

**Student Acknowledgement of University Honor Code:**

"I acknowledge that I have fully complied or will comply with all aspects of the University's Honor Code in submitting this work."

**Student Rights and Responsibilities Statement, Article VIII-Academic Integrity:**

<http://catalog.findlay.edu/en/current/Undergraduate-Catalog/Student-Rights-and-ResponsibilitiesStatement/VIII-Academic-Integrity>

**University Diversity Statement:**

As part of our commitment to achieve excellence, the University of Findlay values and actively promotes a welcoming and supportive environment that honors the many aspects of diversity. We aspire to foster acceptance of, respect for, and appreciation of all persons in our campus community. We celebrate our commonalities and unique differences, and we acknowledge that diversity broadens learning, stimulates creativity, promotes the exchange of ideas, and prepares our students for meaningful lives and productive careers.

**Course Policies and Practices:** (Please refer to the DPT Student Handbook for a complete list of policies)

**Special Services:** If you are a student with a disability, it is your responsibility to inform your instructor and register with the Office of Accommodation and Inclusion (oai@findlay.edu) at least one week prior to a needed service so reasonable accommodations can be made.

**Attendance:** Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course. More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

**Email Etiquette:** It is expected that all email correspondences to the instructor will be conducted in a professional manner. When utilizing email for this class, students should: (1) include the course name and number in the email subject heading, (2) address the recipient in an appropriate manner, (3) utilize proper spelling, grammar, and punctuation, (4) close with your full name, and (5) name file attachments by including the course name and number, student last name, and assignment/document title.

**Failed technical skill:** Any failed technical skill may require a learning contract with a reexamination of that technique before the remedial clinical will be approved. Failure to complete the learning contract with a satisfactory grade (as specified by the instructor(s)) will result in dismissal from the program.

Only one remedial clinical affiliation may be scheduled after satisfactory completion of the learning contract. See the policy on Rescheduling of Clinical Affiliations in the Student Handbook, Clinical Education section.

**Course and Instructor Evaluation:** Each student is expected to complete the course and instructor evaluation which is sent electronically to the student by the Office of the Registrar. The electronic notification comes in the form of an e-mail from the UF Registrar's Office with the following subject line: Online survey for the designated course (e.g., BIOL 102).

**Last Date of Attendance Policy:** Faculty devote much time and energy to preparing and teaching their courses, designing appropriate assignments and examinations, and evaluating students' progress. Excessive absence in a course can seriously threaten a student's academic progress and may result in suspension from the program course.

More importantly, however, every absence represents a risk to the student's investment, both financial and intellectual, in a course. Faculty are under no obligation to offer extraordinary assistance to students who are persistently absent.

### **Responsible Employee Duty**

I am a responsible employee at UF, which means I am not a confidential resource. Therefore, I am required to report any information that I am aware that may violate UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy. If you would like to speak with someone confidentially, please contact Counseling Services, Cosiano Health Center or Campus Ministries. Other resources include Open Arms and Blanchard Valley Hospital. Otherwise, if you would like to report an incident involving a possible violation of UF's Sex Discrimination, Sexual Harassment, and Other Forms of Sexual Misconduct Policy, please contact UF's Title IX Coordinator at 419-434-4739.

### **Classroom Environment, Language, and Behavior Expectations**

In order to promote an inclusive and constructive learning environment, demeaning, marginalizing, and otherwise negative language and behavior will not be tolerated in the classroom. Respect and courtesy toward the instructor, classmates, and classroom guests are expected. Language and behaviors that are disruptive, abusive, or harassing may result in disciplinary action as specified by the Student's Rights and Responsibilities Statement.

### **Tentative Course Outline: Week**

#### **One**

- Complete CI Details Form in Exxat system
- Complete weekly reflection in Exxat system, have CI sign
- Complete Clinical Site Information form in Exxat system
- Complete Patient log in Exxat for all new patients/practice patterns/age groups

#### **Week 2 of the experience:**

- Complete and submit reflective assignment: Relationship with Clinical Instructor and Early Clinical Challenges
- Complete Patient log in Exxat for all new patients/practice patterns/age groups

#### **Week Three**

- Completion of online self-assessment of CPI midterm & notify CI of its completion
- Complete and submit weekly reflection in Exxat, send to CI for signature
- Complete Patient log in Exxat for all new patients/practice patterns/age groups

#### **Midterm, Week Four**

- Completion of online CPI by the CI
- Call DCE for midterm contact
- Make sure the CPI is signed off on
- Complete Patient log in Exxat for all new patients/practice patterns/age groups

#### **Week Five of the experience:**

- Complete and submit weekly reflection in Exxat, send to CI for signature
- Complete Patient log in Exxat for all new patients/practice patterns/age groups

#### **Week Six of the experience:**

- Complete and submit reflective assignment: Promoting Health and Wellness in Outpatient Physical Therapy
- Complete Patient log in Exxat for all new patients/practice patterns/age groups

#### **Week Seven**

- Completion of online self-assessment of CPI final & notify CI of its completion
- Complete and submit weekly reflection in Exxat, send to CI for signature
- Complete Patient log in Exxat for all new patients/practice patterns/age groups
- Have CI complete CI Feedback Form & submit in Exxat

#### **Final, Week Eight**

- Complete Patient log in Exxat for all new patients/practice patterns/age groups
- Completion of online CPI by the CI
- Completion of PT Student Evaluation of Site (CEEER 1) & PT Student Evaluation of Clinical Instruction (CEEER 2) via Exxat, review with CI
- Student and CI sign the Clinical Education Experience Evaluation Report Signature form
- Make sure the CPI is signed off on by all parties
- Inservice proof (needed for 2 clinicals)
- Ensure all assignments are completed and submitted in the Exxat system

#### **COVID-19 pandemic**

- **Students are expected to follow The University of Findlay, DPT program's recommendations concerning the COVID-19 pandemic and clinical education experiences. Each individual site will also have their own set of guidelines that need to be followed. By proceeding with the clinical education experience, you are agreeing to all guidelines & recommendations.**

- **Students have the right to REQUEST a delay for completion of the clinical education coursework for issues related to the pandemic. It is understood that any delay in completion of this coursework, through no fault of the university, could mean a delay in graduation. Please send all requests to the DCE and Associate chair; see attendance policy in the Student Handbook.**

**Course Content:**

Course content is focused on the following CPI skills:

1. Professionalism- Ethical Practice
2. Professionalism-Legal Practice
3. Professionalism: Professional Growth
4. Interpersonal: Communication
5. Interpersonal: Inclusivity
6. Technical/Procedural: Clinical Reasoning
7. Technical/Procedural: Examination, Evaluation, and Diagnosis
8. Technical/Procedural: Plan of Care and Case Management
9. Technical/Procedural: Interventions and Education
10. Business: Documentation
11. Business: Financial Management and Fiscal Responsibility
12. Responsibility: Guiding and Coordinating Support Staff

**Note: This syllabus is subject to change at the discretion of the instructor.**

Syllabus Template Approved by Faculty Senate 26 October 2020

Modified 10 May 2024

## **APPENDIX T**

### **DCE Assessment Questionnaire**

*Confidentiality of Data: All data collected will be aggregated and specific data will never be divulged in connection with the identification of a specific subject.*

***The University of Findlay***  
**DCE Assessment Questionnaire**

**Instructions:**

**A. Purpose:** The ***Director of Clinical Education (DCE) Assessment Form*** is designed to provide feedback to the DCE regarding specific behavioral skills needed to fulfill the responsibilities of this position. The ultimate aim is to improve the overall quality of the clinical experience for the student, the clinical faculty, and the client.

**B. Format:** The assessment is completed on an annual basis by all the students and a random portion of the clinical faculty (from the assigned sites of that year). Specific behavioral skills of the DCE are rated on a numerical basis. If the chosen rating requires clarification, then the comment section may be utilized. The objective rating section is followed by a general comment section which may be used to provide specific information about the DCE and/or the clinical education program.

**C. Ratings:** The ratings are:

- [5] The DCE performs at a **SUPERIOR** level. This individual **goes beyond** the above average level.
- [4] The DCE performs at an **ABOVE AVERAGE** level. This individual **consistently** exhibits behavior that is **above average** for the fulfillment of the responsibilities of the DCE.
- [3] The DCE performs at an **AVERAGE** level. This individual **consistently** exhibits behavior that is **adequate** for the fulfillment of the responsibilities of the DCE.
- [2] The DCE performs at a **BELOW AVERAGE** level. This individual **inconsistently** exhibits behavior that is **adequate** for the fulfillment of the responsibilities of the DCE **OR** exhibits behavior at a **minimally acceptable** level.
- [1] The DCE performs at a **POOR** level. This individual exhibits behavior that is **inadequate** for the fulfillment of the responsibilities of the DCE.
- [NO] **No opportunity** to assess this behavioral skill.

1. The DCE **accurately communicates** the dissemination of appropriate and necessary activities, news, and other current information (e.g. student information, clinical site facts etc.) to both the student and the clinical faculty.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: \_\_\_\_\_

---

2. The DCE **accurately coordinates** clinical education placements, assignments, and supplemental materials (e.g. course syllabi, Exxat system, Canvas or SharePoint, etc.) to both the student and the clinical faculty.

- 5 SUPERIOR
- 4 ABOVE AVERAGE
- 3 AVERAGE
- 2 BELOW AVERAGE
- 1 POOR
- NO Opportunity

Comments: \_\_\_\_\_

---

3. The DCE accurately manages or maintains the academic program's clinical education records (e.g. current database of clinical sites).

5 SUPERIOR  
 4 ABOVE AVERAGE  
 3 AVERAGE  
 2 BELOW AVERAGE  
 1 POOR  
 NO Opportunity

Comments: \_\_\_\_\_

---

4. The DCE completes the clinical **placements** in an **appropriate manner**.

5 SUPERIOR  
 4 ABOVE AVERAGE  
 3 AVERAGE  
 2 BELOW AVERAGE  
 1 POOR  
 NO Opportunity

Comments: \_\_\_\_\_

---

5. The DCE **oversees** the clinical experiences with **appropriate guidance/support** as needed for the **challenging student**.

5 SUPERIOR  
 4 ABOVE AVERAGE  
 3 AVERAGE  
 2 BELOW AVERAGE  
 1 POOR  
 NO Opportunity

Comments: \_\_\_\_\_

---

6. The DCE demonstrates an **adequate level of knowledge** concerning clinical education.

5 SUPERIOR  
 4 ABOVE AVERAGE  
 3 AVERAGE  
 2 BELOW AVERAGE  
 1 POOR  
 NO Opportunity

Comments: \_\_\_\_\_

---

7. The DCE promotes the **overall development** of the clinical faculty & sites through organized mechanisms such as the program newsletter, continuing education opportunities, Consortium meetings, and other communications.

- 5 SUPERIOR  
 4 ABOVE AVERAGE  
 3 AVERAGE  
 2 BELOW AVERAGE  
 1 POOR  
 NO Opportunity

Comments: \_\_\_\_\_

---

---

8. Please comment on the strengths and weaknesses of the DCE and the PT program:

---

---

9. Please list any suggestions that you may have for the improvement of the clinical education component of the curriculum:

---

---

*Please return this survey to the Experiential Educator by XXXXX. Thanks!*

## **APPENDIX U**

### **Sample Learning Contract**



**PHYSICAL THERAPY PROGRAM**  
**Sample Learning Contract**

Student Name: **XXXX**

Date: **XXXX**

I agree to complete the following learning goal, activities, and associated evaluation measures by the end of this **XXXX** affiliation:

**GOALS:**

**SKILL # 6 Communication**

I will communicate in ways that are congruent with situational needs, including:

- Demonstration of nonverbals (e.g. gesturing, facial expressions) appropriate to the situation

**SKILL # 15 Documentation**

I will produce quality documentation in a timely manner to support the delivery of PT services, including:

- Selection of relevant, accurate information to document the delivery of physical therapy care.
- Completion of each progress note within 15 minutes & assessment note within 60 minutes.

**Learning Activities:**

- Continued practice of care and documentation for all types of assigned patients
- Development of a checklist of “documentation tips”
- Use of a quiet room for documentation purposes
- Weekly Reflections on strengths/limitations, goals, and progress completed in detail; discussed with the DCE first; and then reviewed with the CI
- Ongoing informal feedback from CI, including positive reinforcements

**Evaluation Methods and Criteria for Successful Completion:**

There needs to be evidence of improvement for the concerned skills (#6 & 15) each week.

Then, INTERMEDIATE level performance must be demonstrated for ALL SKILLS by the end of the extended affiliation. A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 50% of a full-time physical therapist's caseload.

Failure to meet this criterion will result in unsatisfactory grade for PHTH 720.

---

*Student Signature/Date*

---

*Clinical Faculty Signature/Date*

---

*Director of Clinical Education Signature/Date*

---

*Associate Director of PT Program Signature/Date*