

UNIVERSITY OF EVANSVILLE



DOCTOR OF PHYSICAL THERAPY PROGRAM

CLINICAL EDUCATION HANDBOOK

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Preface

Clinical education is a required and essential part of the Doctor of Physical Therapy curriculum. The process of learning under a licensed physical therapist allows the student to integrate and apply the classroom knowledge to patient care and develop into an excellent clinician.

This handbook provides guidelines for the clinical education component of the curriculum at the University of Evansville. This is a reference to be used by the faculty, Site Coordinators of Clinical Education (SCCE), Clinical Instructor's (CI's) and students in the development of learning experiences for our students. The handbook is reviewed at least annually, and more frequently as needed, by the Director of Clinical Education and seeks review and approval of any changes and updates with the clinical education faculty and staff.

This handbook is meant to supplement, not replace, the University of Evansville Student Handbook. All students are subject to the policies of the University of Evansville as delineated in the Student Handbook. It is recognized that this document may not contravene any policy of the state of Indiana, or any rules, regulations, or policies of any state the student may be active in the capacity of receiving clinical education.

Questions related to the content of this handbook should be directed to the Director of Clinical Education or the Department Chair.

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Doctor of Physical Therapy
Clinical Education
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1.1 MISSION OF THE PHYSICAL THERAPY PROGRAM

The University of Evansville's Doctor of Physical Therapy Program's mission is to develop licensed movement system experts who positively impact the communities in which they live, work, and serve.

1.2 PHILOSOPHY OF THE PHYSICAL THERAPY PROGRAM

The curriculum promotes the values of the University and the core values of the American Physical Therapy Association. The program provides an individualized path to excellence through contemporary didactic and clinical practice experiences. These experiences expose students to the diverse nature of health care. To prepare graduates to be leading movement system experts committed to lifelong learning, the curriculum stresses the importance of making practice decisions based on current best evidence. Physical therapy faculty members guide the educational process, emphasizing a student-centered learning approach to enhance student success and develop positive change agents. Faculty members are committed to excellence in teaching, service, and scholarly activities that contribute to the rehabilitation science community and knowledge base.

2.1 PHYSICAL THERAPY EDUCATION

Undergraduate education, didactic professional education, and clinical education are the three critical components that prepare students to engage in the contemporary practice of physical therapy. The experiences inherent in these three elements are mutually supportive, with each component enriching and reinforcing the others. In accordance with the University's mission, the professional phase of physical therapy education seeks to assist students in realizing their full potential. The profession's core values are presented in the first course within the professional phase. These values are reinforced and nurtured throughout the curriculum through didactic, clinical, and service-learning experiences.

The professional curriculum includes both didactic and clinical components. The didactic feature (including classroom, laboratory, and self-directed activities) ensures that students have the necessary knowledge base to care for patients/clients competently and compassionately. Skills acquired during the completion of prerequisites are reinforced and further developed, including self-directed learning, critical thinking, and reflective inquiry.

Clinical education experiences allow students to apply and refine acquired didactic knowledge, psychomotor skills, and professional behaviors to assess and treat patients/clients in a supervised environment. Exposure to diverse patient populations and settings allows students to assimilate concepts related to human anatomy, physiology, behavior, perceptions, and culture. The value of clinical education in facilitating the process of professional maturation, skills refinement, and critical thinking is beyond measure. Clinical courses allow students opportunities and experiences that cannot be replicated in the classroom.

A key focus of all elements within professional education is the interaction among students, between students and faculty, and among students, faculty, and the external community. For interaction to be an effective educational tool, foundational communication

skills must be in place. Undergraduate coursework prepares students to optimally engage in and benefit from the interactive and collaborative experiences available during the professional phase of physical therapy education. Faculty members partner with students to achieve the goals of individual students, the program, and the profession.

University of Evansville-Doctor of Physical Therapy Program Schema 2022/2023 - DPT 2025 Cohort

YEAR 1		YEAR 2		YEAR 3	
Summer		Summer		Summer	
Course	Credits	Course	Credits	Course	Credits
PT 441/541 Clinical and Professional Issues I: Introduction	2	PT 661 Clinical I (8 weeks)	5	PT 761 Clinical II (10 weeks)	5
PT 433/533 Human Growth And Development	3				
PT 432/532 Kinesiology	3				
PT 405/505 Human Physiology	4				
Total	12	Total	5	Total	5
Fall		Fall		Fall	
PT 431/531 Gross Anatomy	5 (4+2)	PT 623 Patient Management III: Multiple Systems	4 (3+2)	PT 726 Patient Management VI: Integrated Musculoskeletal	5 (3+4)
PT 410/510 Foundations in PT	2 (1+2)	PT 622 Patient Management II: Cardiovascular and Pulmonary	3 (2+2)	PT 724 Patient Management IV: Pediatrics	3 (2+2)
PT 412/512 Physical Interventions	2 (1+2)	PT 727 Community Health	2	PT 730 Diagnosis of the Complex Patient	3 (2+2)
PT 414/514 Foundations in Therapeutic Exercise	2 (1+2)	PT 630 Rehabilitation Pharmacology	2	PT 728 Advanced Screening and Differential Diagnosis	3
PT 434/534 Medical Pathology I	2	PT 631 Neurobiology	3 (2+2)	PT 742 Clinical and Professional Issues III: Transition to Practice	2
PT 451/551 Scientific Inquiry I	2	PT 651 Scientific Inquiry III	3	Elective Special Topics PT 670-02 Peds PT 670-03 Neuro	
		Elective Special Topics PT 670-01 Ortho			
Total	15	Total	17	Total	16
Spring		Spring		Spring	
PT 417/517 Tests and Measures	2 (1+2)	PT 632 Medical Imaging	2	PT 751 Scientific Inquiry IV	2
PT 421/521 Patient Management I: Musculoskeletal	8 (5+6)	PT 643 Leadership and Administration	3	PT 762 Clinical III (7 weeks)	5
PT 423/523 Wellness-experiential	2	PT 626 Patient Management V: Neuromuscular	7 (3+8)	PT 763 Clinical IV (7 weeks)	5
PT 436/536 Medical Pathology II	2	PT 641 Clinical and Professional Issues II: Ethics/PA 541	1	7/21/2021	
PT 452/552 Scientific Inquiry II	2	PT 644 Behavioral Psychology	3		
Total	16	Total	16	Total	12
Total Year 1 Credit Hours	43	Total Year 2 Credit Hours	38	Total Year 3 Credit Hours	33

3 CLINICAL EDUCATION

3.1 PHILOSOPHY OF CLINICAL EDUCATION

Clinical education is an experiential learning process, which is an integral part of the total physical therapy curriculum. Attainment of competencies as a physical therapist is dependent upon concurrent integration of didactic and clinical learning experiences. While didactic education provides a basis for the development of appropriate problem-solving abilities and a knowledge base, clinical education provides an opportunity for refinement of the knowledge, skills, and attitudes, which characterize a competent, entry-level practitioner.

Clinical education requires mutual endeavors by the academic faculty, the clinical faculty and the student learner to achieve the common goal of clinical competence. The academic faculty is primarily responsible for preparing the learner didactically and coordinating placement of the learner in appropriate clinical facilities. The clinical faculty is primarily responsible for providing appropriate clinical learning experiences and evaluating the student's performance. Responsibilities of the student include recognition and communication of his/her own abilities and limitations according to academic level, previous clinical experiences, and personal attributes. Efficient and effective communication among all individuals involved is essential to the attainment of the overall goal of entry-level competency.

The physical therapy program recognizes three phases of clinical education: Initial exposure on a part-time basis is designed to stimulate the early stages of professional/technical learning including basic patient care skills, observational techniques, and interaction between various members of the health care team. Affective development is of prime importance as the student becomes aware of his own needs and reactions as well as the current issues affecting health care.

The reinforcement phase emphasizes transfer of therapeutic knowledge and skills from a simulated, didactic setting to a realistic, clinical setting. Full-time, active participation in patient care allows the student to develop a responsiveness to simple physical therapy problems by applying and enhancing previously learned communication, evaluation and/or treatment techniques.

Competency achievement is the final phase of clinical education in which higher order learning occurs. Guided problem-solving enables the entry-level physical therapy student to creatively adapt solutions to simple or complex physical therapy problems in a professional manner which also reflects the student's own internal values.

3.2 CLINICAL COURSE DESCRIPTIONS

Clinical course work is required in outpatient, acute care and rehabilitation settings. The fourth clinical course may be completed in a setting of the student's interest after consideration of the student's professional development needs, academic clinical faculty recommendations and placement availability. A student may elect to complete the fourth clinical course by spending additional time in one of the required settings or explore other educational opportunities, including but not limited to pediatrics, wound care, geriatrics, sports performance, and women's health.

PT 661 Clinical I – Active participation in this full-time clinical course emphasizes development of professional behavior, written and verbal communication skills, and evaluation, examination, and interventions previously addressed in didactic course work. Emphasizes physical therapy management of musculoskeletal conditions. Prerequisites: PT441/PT541

PT 761 Clinical II – Full-time clinical experience emphasizes examination, evaluation, and management of patients with neurologic, neuromuscular, cardiopulmonary, or integumentary disorders. Further development of professional interaction skills and written and verbal communication addressed. Prerequisites: PT441/PT541

PT 762 Clinical III – Full-time clinical experience assists student in achieving clinical competence as an entry-level physical therapist. Student examines and evaluates patients, and designs, implements, and analyzes a physical therapy plan of care. Includes documentation of test results and patient progress. Can occur in an outpatient, acute care or rehabilitation setting. Student can manage musculoskeletal, neuromuscular, neurologic, and geriatric pathologies, as well as developmental disabilities and cardiopulmonary dysfunction. Prerequisites: PT441/PT541

PT 763 Clinical IV – Full-time clinical experience completes achievement of clinical competence as an entry-level physical therapist. Student examines and evaluates patients, and designs, implements, and analyzes a physical therapy plan of care as an entry-level practitioner. Professional communication and socialization further developed. Clinical experience can occur in an outpatient, acute care, rehabilitation, or specialized setting. Prerequisites: PT441/PT541

4 ESSENTIAL FUNCTIONS

The Doctor of Physical Therapy Program at the University of Evansville is a complex and intensive course of study. It places specific demands on students that closely resemble the physical and intellectual challenges graduates of the program will encounter as practicing physical therapists. The program has been designed to prepare students to enter the profession of physical therapy as generalists with the ability, knowledge, and skills necessary to successfully perform all the essential functions expected of entry-level physical therapists. Students are to familiarize themselves with these essential functions and their associated technical standards and determine whether they can perform the specified tasks.

The essential functions are:

1. Affective/behavioral skills
2. Cognitive skills
3. Communication skills
4. Observation skills
5. Physical and emotional health
6. Psychomotor skills

The complete policy including technical standards can be accessed via the UE DPT Student Handbook. Questions regarding the Essential Functions should be directed toward the Department Chair and/or the Dean of Students.

5 ACCOMMODATING STUDENTS WITH DISABILITIES

Policy: In accordance with applicable state and federal laws regarding people who have disabilities and our program's philosophy, we are committed to making reasonable accommodations for students who have disabilities to enable them to successfully perform the essential functions as delineated.

Procedure: In the event that a student determines he or she cannot meet an essential function due to a disability, either upon admission to the program or at any point thereafter, it is the responsibility of the student to notify the Chair of the Department of Physical Therapy and the Office of Disability Services of that determination and to request a reasonable accommodation. A reasonable accommodation is a strategy, agreed upon by the student and the University, which enables the student to meet a technical standard. The faculty and student will work together, within the context of the agreed upon strategy, to provide the student with the opportunity to meet the technical standard. The presence of a disability will not exempt students from completing required tasks and a reasonable accommodation will not guarantee that a student will be successful in meeting the requirements of any one course. Should a student be unable to meet a technical standard or course requirement after a has been made, the offer of admission or status in the program will be withdrawn.

6 HEALTH POLICIES

6.1 POTENTIAL HEALTH RISKS FOR STUDENTS

Being a student in a Physical Therapy program does not markedly elevate the risk of illness or injury above the background rate, but certain activities that are required do pose unique risks. The faculty endeavors to minimize these risks by incorporating safeguards into the activities as well as by advising students of the potential for injury or illness, and by providing students with the cognitive information necessary to be safe. Students are responsible for protecting themselves by following directions, using standard precautions, asking for help if uncertain as to the safest manner of accomplishing a task, and being aware of hazards.

Some examples of activities that may pose increased risk include dissection in the gross anatomy lab, use of electrical or thermal therapy equipment during the modalities portion of the curriculum, patient transfers, psychomotor skill practice during laboratory sessions, and the transfer of communicable diseases in both academic and clinical environments. Prudent actions during these activities include wearing all appropriate safety equipment in the anatomy lab, checking electrical and thermal therapy equipment prior to use, using appropriate body mechanics and assistance when lifting, and following relevant policies and procedures. During laboratory practice using other students as the simulated patient, students must self-screen for possible contraindications to the procedures (e.g., joint hyper extensibility, musculoskeletal injuries, and cardiovascular disease). Furthermore, students must inform the faculty if a positive result is obtained from a special test (e.g., glenohumeral apprehension test) or a screening procedure (e.g., vertebral artery test). Students are responsible for the information related to laboratory and equipment safety in the DPT Student Handbook, as well as facility-specific policies and procedures. The most important action to take is to focus on the task at hand. Any questions about safety and risk avoidance should be directed to the appropriate member of the faculty, the department chair, or clinical faculty.

6.2 HEALTH INSURANCE

Policy: Students are required to have Health Insurance while enrolled in the Physical Therapy Program at the University.

Procedure: Each student must demonstrate proof of health insurance coverage throughout the professional program. Documented evidence of health insurance must be submitted annually to the Student's Clinical Health Information File by the first day of fall semester.

6.3 HEALTH STATUS

Policy: The Physical Therapy Program has in place health requirements that ensure the safety of both the student and the patient. Students must demonstrate overall physical and mental health and maintain their personal appearance and hygiene to safely participate in classroom and clinical courses to avoid presenting health hazards to themselves, their classmates, and patients. Students have a responsibility to inform the Department Chair in writing of any condition that could impact their ability to perform the essential functions for the PT student, with or without accommodations

Procedure: Each student will submit documentation of a physical exam upon entrance to the University and each year they are enrolled in the professional DPT program by the 1st day of class each fall semester. A student who becomes aware of any health condition that may impair or impede the ability to participate in any aspect of the PT program must inform all instructors and his/her academic advisor immediately. In the event of an emergency, the student who has had surgery or a medical procedure should report this as soon as possible to his academic advisor who will communicate to all instructors.

Discussion with course instructors and the student's academic advisor is strongly encouraged prior to a planned surgical or medical procedure. In the case of emergency procedures, discussion should be made prior to resumption of classroom or lab activities or clinical course work. Following a change in health status, a letter from the student's surgeon or physician, stating medical clearance to return to activity or specific activity or lifting limitations must be submitted to the instructor before the student will be allowed to participate in laboratory sessions or clinical assignments. The course instructor and the academic advisor will determine what impact if any there will be on participation in class, lab, or clinical experiences. If a student has a question as to whether lab activities are contraindicated in certain conditions, please consult with the appropriate lab instructor.

The student will document compliance with health requirements as delineated in the policy on Clinical Education Health Requirements by the deadline dates. The student receives instruction on infection control, standard precautions and blood-borne pathogens and is required to demonstrate competence in these areas in the first year of the program. Subsequently the student is required to independently view videotapes on infection control, blood-borne pathogens, HIPAA, personal protective equipment, and universal precautions and demonstrate competence in these areas annually.

Pregnancy - A pregnancy is to be reported to the department chair immediately upon medical confirmation. Learning experiences will be modified to ensure maximum safety to mother and baby. Medical clearance is necessary to resume activity following a birth.

Surgery/Other Medical Conditions - A student who has had or is anticipating having surgery or a medical procedure must inform all instructors and the academic advisor before

the surgery and receive appropriate clearance to resume following surgery.

6.4 RESUMING COURSE WORK FOLLOWING CHANGE IN HEALTH STATUS

Following a change in health status, a letter from the student's surgeon or physician, stating medical clearance to return to activity or specific activity or lifting limitations must be submitted to the instructor before the student will be allowed to participate in laboratory sessions or clinical assignments. The course instructor and the academic advisor will determine what impact if any there will be on participation in class, lab, or clinical experiences.

6.5 EMERGENCY MEDICAL CARE

Policy: Students participating in scheduled off-campus educational experiences will be provided access to emergency medical care when indicated. The student assumes responsibility for the financial costs associated with these services.

Procedure: Written agreements exist between the University's Physical Therapy Program and all clinical centers providing approved off-campus educational experiences for students. This agreement states the clinical center will provide the student access to emergency medical care in the event the student becomes ill or impaired while participating in sanctioned educational experiences. The student assumes the financial costs associated with medical services provided.

6.6 CLINICAL EDUCATION HEALTH REQUIREMENTS

Policy: Legal agreements executed with clinical facilities outline certain health practices that must be followed to ensure both student and patient safety during part-time and full-time clinical courses and experiential activities. Each student maintains a current electronic Clinical Health Information File documenting compliance with these requirements and shares this documentation with the PT Department and clinical faculty, as required. Regardless of full-or part-time status, all clinical education health requirement deadlines must be met annually. A student will not be allowed to participate in the following courses if records are incomplete or outdated: PT 661, PT 761, PT 762, PT 763 nor any didactic course with patient/client experiences. Each student is responsible for providing documentation of his/her clinical health information to assigned clinical facilities upon request.

Procedure: Each student will maintain a current electronic Clinical Health Information File documenting compliance with the following requirements by the specified deadlines. Original records should be maintained by the student and made available to assigned clinical facilities upon request. Being tardy in completing these requirements may result in clinical course grade deduction.

Some clinical facilities may stipulate additional requirements such as a drug screens within a specified time period, more extensive criminal background checks, and facility-specific student placement agreement requirements. The student is responsible for meeting these requirements including associated costs and providing documentation by required deadline or prior to beginning the clinical course. Specific requirements for each clinical site may be reviewed by accessing the Clinical Site Information Form (CSIF) via the PT Exxat portal.

Each student must provide documentation of:

1. Health records must include documentation of a physical exam and proof of immunization for MMR-measles (rubeola), german measles (rubella), mumps, chicken pox (varicella)-2 doses or positive titer, hepatitis B (3 doses), TDaP (tetanus, diphtheria,

pertussis)-1 dose within the last 10 years, meningococcal (age 21 or younger require 1 dose at age 16 or older), and covid-19. The documentation of physical examination and immunization records are due in the Clinical Health Information File in Exxat by 1st day of fall semester each year the student is enrolled in the DPT program. Immunizations that are recommended, but not required include polio, hepatitis A, HPV, and Meningococcal B. Clinical partner sites may have unique or other immunization requirements that must be considered on a case by case basis.

2. Health records must include evidence of one dose of influenza vaccine annually that must be completed by December 1 each year student is enrolled in DPT program.
3. Negative tuberculosis (TB) skin test on an annual basis (or chest x-ray if previously tested positive). **Please note:**

 TB skin tests must be read by a nurse 48-72 hours after the injection is given. TB test must be performed and read in the U.S. & within 9 months of starting in the DPT program. TB tests must be completed during spring semester between January 1 and March 1st for 1st and 2nd year DPT students. TB test for 1st year DPT students must be a 2 step TB test. Please note that a **2 step TB test** requires a total of 4 visits to complete. The second TB test must be done between day 7 and day 21 from the date of the first TB test. A valid alternative to the 2 step TB test is a QuantiFERON TB Blood Test or T-Spot TB Blood Test. TB tests must be completed between November 1 and December 1st for 3rd year DPT students.

4. Health insurance coverage annually. Submit a copy of your medical insurance card by 1st day of fall semester each year you are enrolled in the program.
5. If the DPT student has waived the right to get a Hepatitis B vaccination, then the Hepatitis B waiver form must be submitted by the first day of fall semester the 1st year in the professional program. You are NOT required to resubmit a Hepatitis B waiver form each year.
6. If the DPT student receives the Hepatitis B vaccination, then the vaccination dates must be included in the electronic Clinical Health Information File, as indicated.
7. Annual criminal background checks prior to the initiation of part-time or full-time clinical course work. The student is responsible for the financial cost associated with this record check. The DCE will provide each student with relevant information to initiate this screen. The criminal background check must be completed by May 1.
8. Cardiopulmonary Resuscitation (CPR) Certification for health care providers. Basic Life Support (BLS) CPR for Healthcare Providers/Professional Rescuer is the required CPR course. These certifications must be renewed every two years as indicated on the card. The only two appropriate certifications include:
 - a. **American Red Cross** CPR/AED for the Professional Rescuer and
 - b. **American Heart Association Healthcare Provider** (BLS for Healthcare Providers CPR & AED).

The above courses cover breathing and cardiac emergencies – including CPR with both one and two person rescuers, use of an AED, and obstructed airway for infant, child and adult, ventilation with a barrier device, use of an ambu bag, and auto external defibrillator.

NOTE: Courses designed for the public or lay persons are not acceptable; an example of an unacceptable course is the American Heart Association Heartsaver course.

The only online course that is acceptable is the American Heart Association Heart Code.

The online portion of this course must be followed by a live practicum test to receive a CPR certification card.

A copy of a current CPR certification must be uploaded to the student's electronic file in Exxat by the 1st day of fall semester. Each student is responsible for maintaining current certification and updating documentation as indicated.

9. Annual competency in the Health Insurance Portability and Accountability Act (HIPAA). The deadline for the successful completion of the appropriate competency by 1st year and 2nd year students is April 30th of their 1st and 2nd years in the professional program. Each 3rd year student must have this competency completed by the December 1 of fall semester of their 3rd year in the program.
10. Annual competency in infection control, standard precautions, personal protective equipment, and blood-borne pathogens. The deadline for successful completion of this competency by 1st year and 2nd year students is April 30th of their 1st and 2nd years in the professional program. Each 3rd year student must have this competency completed by December 1 of fall semester of their 3rd year in the program. Additional training and competencies may be required prior to entering the clinical setting.
11. 10 panel drug screen results are required for each class cohort each year in the program. Drug screen for 3rd year students is due by December 1st of their 3rd year in the program. Drug screen for 1st/2nd year students is due by March 1st of their 1st and 2nd year in the program.
12. Covid-19 Vaccination Policy: The majority of our clinical partner sites require COVID-19 vaccination. In order to participate in required part-time or full-time clinical education experiences, students must be fully vaccinated. The CDC currently defines being fully vaccinated as completing one series of the original medication (Boosters are not included). Proof of vaccination is due by the first day of fall semester. Students may request exemptions from the policy to the University for narrow reasons (medical contraindication such as documented allergy, risk factor, or religious exemption) and are granted on a case-by-case basis. If granted, the University's exemption may not cover experiential learning activities, as the student is subject to the site policies and legal purview, which is subject to change without notice.

UE Students in external clinical placements must abide by all policies and precautions related to COVID-19 in place at the placement site. (Including vaccination/booster vaccination requirements, testing, isolation and quarantine period requirements, and other infection control protocols). Any exemption to COVID-19 precautions, including vaccination requirements granted through the University's process, will not automatically apply to non-UE settings. External placements may have more restrictive exemption policies that UE cannot influence or waive.

The University of Evansville's Doctor of Physical Therapy Program requires clinical placements to complete the degree requirements and ultimately to meet licensure requirements, so these experiences cannot be waived.

While the University of Evansville's Doctor of Physical Therapy Program will make reasonable attempts to find placements that meet a student's educational needs,

placements that do not require that students be vaccinated cannot be guaranteed and, for some settings, may be impossible to obtain.

The University of Evansville and the Doctor of Physical Therapy Program are not responsible for degree progression or graduation delays due to student-requested exemptions from COVID-19 policies.

6.7 CRIMINAL BACKGROUND CHECK

Policy: All Physical Therapy students at the University of Evansville are required to have a background check prior to the first semester of course work and annually thereafter to ensure a safe clinical environment for both students and the public. This background check is also required to comply with clinical education agreements between University of Evansville and clinical sites which stipulate background checks be conducted prior to approval of clinical course assignments. Background check results of a conviction, plea of guilty, no contest, or pending criminal charges may exclude a student from participating in a clinical course work and/or progressing in the Department of Physical Therapy curriculum.

Procedure: Each student is required to submit to a background check prior to the first semester of course work and annually thereafter to ensure a safe clinical environment for faculty, students, and the public. The background check prior to the first semester of course work will be the UE package 2C and annual background checks thereafter will be UE package 2B. The student is responsible for the financial cost associated with this background check. The student will be provided with relevant details to initiate this background check through a University-approved third-party vendor. The student will be notified and have access to the results of the background check.

Positive findings will be presented to the DCE and discussed with the student. If findings are deemed accurate as reported, the DCE and student will discuss potential consequences and recommended action.

If new legal charges arise at any point in the program, the student is required to disclose information relevant to new legal charges to the Director of Clinical Education. Failure to report these behaviors will be considered a breach of professional conduct and may result in student dismissal from the program.

Appeals regarding student progression/dismissal decisions related to verified criminal activity may be made to the Chair, Department of Physical Therapy who, under consultation with appropriate senior University officials may choose to admit a candidate or place a current student on academic probation with or without stipulations and conditions, i.e. mentoring or counseling

6.8 DRUG SCREENING POLICY

Policy: Students are required to complete a 10-panel urine drug screening prior to beginning or during experiential, part-time and full-time clinical experiences at clinical facilities in order to maintain a safe and healthy workplace. Successful completion of this screening will be required for participation in the clinical course. Drug screens are due March 1 each year for 1st and 2nd year DPT students and by December 1 each year for 3rd year DPT students.

Procedure: Students required to have a 10-panel urine drug screen will be notified of this requirement by the academic program or the clinical faculty. Specific type of testing and

required time frame for drug screen will be articulated. Students should complete testing at a laboratory facility identified by the academic program or approved by the clinical site. The student is responsible for the cost of this screening. The results of this testing will be provided to the Director of Clinical Education, the clinical site facility as required, and the student. The student will include results in his/her electronic Clinical Health Information File.

6.9 SUBSTANCE ABUSE

Due to the nature of the practice of physical therapy it is necessary to safeguard clients from impaired performance associated with substance abuse. This abuse may involve prescription or illicit drugs and alcohol. Recognizing abuse-behaviors can be difficult. However, it is important for students to realize their personal and professional responsibility and accountability regarding this issue. Furthermore, students should be aware that their behavior in the classroom and clinic is observed and open to interpretation and intervention. It is each student's responsibility to be aware of the current policies regarding drug and alcohol abuse which are published in the University of Evansville Student Handbook. The Physical Therapy Department reserves the right to request drug screening when substance abuse is suspected. Students may also be required to complete a drug screen prior to or during full-time clinical coursework in compliance with the clinical facility's policy.

6.10 PRIVACY EDUCATION – HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Policy: Competency in the Health Information Portability and Accountability Act (HIPAA) must be demonstrated prior to a student going to a health care facility for any experiential learning activity or clinical course.

Procedure: Education on HIPAA will be provided to students during the first semester of the PT program prior to the start of any experiential learning activity or clinical course. If for some reason a student is unable to attend the mandatory class, the student must acquire the necessary information from the instructor and/or from audiovisual aids.

Competency will be determined by satisfactory completion of a quiz about HIPAA that must be completed prior to the start of experiential activity.

Each student is required to review this information independently on an annual basis prior to his/her clinical internship. Written materials are available for this review upon request. A quiz must be satisfactorily completed on this information after independent student review.

Deadlines for test completion will be articulated to students via email. Competency will be documented in the student's record annually. It is the responsibility of the clinical faculty to instruct the student in the appropriate facility specific information about HIPAA prior to the student beginning his clinical course work at the health care facility.

7 CLINICAL MEETINGS

Policy: Clinical meetings may be scheduled during the academic year to prepare for upcoming clinical courses, to inform students of new or revised clinical requirements, or to address questions or issues related to clinical course assignments.

Procedure: Each student is expected to attend all clinical and advisory meetings to obtain the most current information related to clinical course work. Students will be notified of clinical meetings via email or in-class announcements. If other classes interfere with a clinical meeting,

the student is expected to contact the DCE prior to the meeting and arrange to obtain the required information.

8 ACCOMMODATION AND TRANSPORTATION DURING CLINICAL COURSES

Policy: Each student is responsible for arrangement and payment for accommodation and transportation associated with clinical course work.

Procedure: Each student is responsible for arrangement and payment for accommodation and transportation associated with clinical course work. Students may discuss potential accommodation and transportation options with the DCE and Clinical Faculty. While the Evansville community provides several clinical opportunities, students should anticipate the personal and financial impact associated with transportation and accommodation outside the Evansville area for much of their full-time clinical course work.

9 STUDENT SAFETY

Policy: The University and the Physical Therapy Program seek to always ensure student safety while the student is on and off campus. Students are expected to adhere to all general campus policies dealing with safety. The University is not responsible for any injuries incurred by a student while traveling to or from a clinical site or off-campus educational or volunteer experiences.

Procedure: The Residence Life and Safe Living sections of the University Student Handbook contain crime prevention tips and security services offered on-campus. This handbook also encourages students to participate in their own personal safety and the safety of others. A printed brochure on campus security is provided to each student annually. Students participate in a variety of off-campus educational experiences including experiential and clinical course work. During these experiences, student safety is enhanced through supervision by an academic faculty member or a clinical faculty member. Students can also access information regarding safety concerns associated with clinical facilities in the Clinical Site Information Form online in Exxat or via communication with Clinical Faculty prior to beginning the course. Should a student be involved in a motor vehicle accident on the way to or from a clinical site or experiential learning opportunity, the student should notify the appropriate authorities. The student should also notify the clinical instructor of record and the appropriate academic clinical faculty.

10 CLINICAL COURSE ATTENDANCE POLICY:

Policy: Clinical attendance is required per the clinical faculty's work schedule for the total hours specified in the course syllabus (based on a 40-hour week). Absence or repeated tardiness may result in grade deduction or course failure.

Procedure: The student will be expected to assume the work schedule of assigned clinical faculty. This may include weekends and holidays. In the event of illness, the student is responsible for notifying supervising clinical faculty prior to the start of the workday. The student is also responsible for notifying the DCE within 24 hours of any absence from the clinic. Any absence during a clinical course may require make-up time scheduled at the discretion of the clinical faculty and in conjunction with the DCE. Failure to complete total clinical hours or repeated tardiness may result in grade deduction (course grade reduced by 1/3 letter grade for each day missed) or course failure.

11 INTELLECTUAL PROPERTY

The student shall not commercialize or use for commercial or personal gain any work of authorship, technology, process, device, idea, invention, or intellectual property created by or for a clinical facility. Any such work shall be property of the clinical facility.

12 USE OF INFORMATION OTHER THAN PROTECTED HEALTH INFORMATION THAT IS OBTAINED FROM THE CLINICAL SITE

Policy: Use of information other than protected health information that is obtained from clinical sites is restricted.

Procedure: Students are prohibited from obtaining, without permission, the use of information other than protected health information from the clinical site. Students shall not commercialize or use for commercial or personal gain any work of authorship, technology, process, device, idea, invention, or intellectual property created by or for a clinical faculty member. Any such work shall be the property of the clinical faculty. Each clinical site's SCCE (or his or her designee) is responsible for overseeing the use of information other than protected health information at the clinical site.

13 STUDENT APPEARANCE (DRESS CODE)

Policy: Each student will maintain a professional appearance when he is involved in off campus experiential, service-learning activities, and clinical courses.

Procedure: Each student in the PT program will obtain a purple, white or black monogrammed polo shirt at the beginning of the fall semester of the first year in the program. This will be worn with solid color full length slacks (not cargo style), socks, clean closed-toe dress or tennis shoes with non-skid soles and a name tag when the student is participating in off campus activities. The shirt top must be either tucked in or long enough that the midriff is not exposed when bending forward or raising the arms overhead. Body jewelry is limited to discrete earrings. Tongue studs are not appropriate. Body art should not be visible; nails must be short and clean with clear nail polish only. Hair must be within a naturally occurring color range.

14 STUDENT IDENTIFICATION

Policy: Each student enrolled in the DPT program will be required to identify himself/herself as a student physical therapist during clinical coursework and experiential course activities.

Procedure: Students are required to verbally identify themselves to patients as a student physical therapist during clinical course work. Each student is required to purchase and wear a name badge during experiential and clinical course work that includes the student's given and surname, University of Evansville, and Physical Therapy Program.

During full-time clinical courses, the clinical site may require a student to wear a facility-generated name badge. The facility will be responsible for creation of this name badge upon the student's arrival to the clinical center.

15 PROFESSIONAL LIABILITY COVERAGE

Policy: The University of Evansville will provide professional liability insurance for students enrolled in physical therapy course work. This insurance will be in place for each student providing direct patient care under the supervision of a licensed physical therapist.

Procedure: Each clinical site entering into a clinical agreement with the University of Evansville's Physical Therapy Program will be issued an annual certificate of professional liability insurance funded by the University of Evansville as requested. The certificate is emailed to the Site Coordinator of Clinical Education. This liability coverage is extended to students enrolled in the physical therapy program who provide direct patient care under the supervision of a licensed physical therapist during clinical or experiential activities at clinical sites. Students requiring documentation of this insurance for clinical courses should contact the DCE.

16.1 CLINICAL EVALUATION OF STUDENT

The student will be evaluated by the clinical faculty and a self-assessment per criteria on the standardized Clinical Performance Instrument (CPI) Web at mid-term and completion of the clinical course. Mid-term evaluations will be used to identify the student's strengths and the areas of clinical performance that need improvement. Written information documented on the CPI Web, as well as written and verbal feedback received from clinical faculty must support clinical competence and course specific outcomes and will be used by the DCE and academic clinical faculty to determine the final course grade.

PT Clinical Performance Instrument (CPI) Web
https://cpi2.amsapps.com/user_session/new

Use of the PT CPI Web requires a one-time online training through the American Physical Therapy Association. Instructions for this training and login procedures will be provided to clinical instructor prior to student beginning the clinical course.

Clinical instructors are responsible for completing this training and accessing the student evaluation prior to the clinical course start date. Clinical instructors needing assistance with this process should contact the Director of Clinical Education. Students are required to complete the training prior to their first clinical start date.

16.2 CLINICAL COURSE GRADE

Policy: The Director of Clinical Education (DCE) and academic clinical faculty collaborates with DPT program clinical faculty to assign the final course grade for each clinical course.

Procedure: After consideration of written information documented on the CPI Web, as well as written and verbal feedback received from clinical faculty, student and patients, the DCE in collaboration with DPT program clinical faculty will assign the final course grade for each clinical course. Specifics regarding clinical course grading criteria can be found in each course syllabus.

17 CLINICAL FACULTY

17.1 CLINICAL FACULTY QUALIFICATIONS

Policy: The clinical faculty of the DPT program will be qualified to teach, supervise and provide patient care at clinical facility.

Procedure: The clinical faculty of the DPT program will possess clinical experience (one year or equivalent) as a legal and ethical practitioner, APTA PT CPI Web training, effective communication interpersonal, teaching, supervisory and evaluation skills. Preferred

qualifications include APTA Credentialed Clinical Instructors and previous co-supervision of a student with an experienced clinical instructor prior to independent supervision.

17.2 CLINICAL FACULTY RIGHTS AND RESPONSIBILITIES

Policy: Clinical faculty associated with the physical therapy programs has rights and privileges afforded similar appointments within the institution.

Procedure: Clinical education faculty associated with the physical therapy programs has the same rights and privileges afforded clinical faculty associated with other programs such as the nursing program and teacher education programs. Benefits for physical therapy clinical education faculty include attendance at the Annual Clinical Educator's Workshop or other continuing education programs sponsored by the institution free of charge or at a reduced fee. Per the clinical education agreement clinical faculty will:

1. Provide clinical education experience to Students of the University. Faculty shall retain responsibility for the care of the patients of the Facility and shall maintain administrative and professional responsibility for supervision of Students insofar as their presence and program assignments affect the operation of the Facility and its care, both direct and indirect, of patients.
2. Designate a Site Coordinator of Clinical Education to serve as a liaison between the University and the Facility and provide a planned and supervised clinical education program. The Facility will notify the University in the event of change in this liaison ten days prior to the date of transition. All communications and business activities, other than those in connection with the meetings provided for in this Agreement, and those required for day-to-day planning of student assignments shall be channeled through the Facility's coordinator or designee.
3. Provide the Student with at least one mid-term and one end-of-term conference and written performance evaluation. Submit written evaluation of the Student's performance to the University at mid-term and the end of the affiliation.
4. Notify the University immediately of any situation or problem that may threaten the Student's successful completion of the affiliation. It then becomes the mutual responsibilities of the Student, University, and Facility to devise a plan by which the Student may be assisted to achieve the stated objectives.
5. Report any unsatisfactory conduct of performance of a Student to the University in writing within seven days of noted action.
6. Provide supervision appropriate to the academic and clinical level of the Student. Notify the University immediately if professional staffing falls below the level necessary for adequate supervision while a Student is present on a scheduled affiliation.
7. Provide the Student access to emergency medical services in the event of illness or injury during the clinical experience. Emergency care will be provided at the Student's expense.
8. Provide access to the physical facilities and patients necessary for the Students' clinical education experience.
9. Direct every effort toward maintaining its accreditation and cooperate with the University by maintaining the standards of patient care required for the accreditation of Physical Therapy programs.
10. Permit, upon reasonable request, the inspection of the Facility, the services available for

clinical experiences, the Student records and other items pertaining to the physical therapy programs by the University or accreditation agencies.

11. Provide training on Facility policies related to the Health Insurance Portability and Accountability Act (“HIPAA”) privacy guidelines governing the use, disclosure, and security of patients’ Protected Health Information, as defined in HIPAA.
12. Comply with the applicable provisions of the Family Educational Rights and Privacy Act of 1974, 20 USC 1232(g), otherwise known as FERPA or the Buckley Amendment, and shall take all measures necessary to ensure the confidentiality of any and all information in its possession regarding the University’s students and Facility’s provision of services.

This information is communicated in writing via postal mail or email to clinical faculty along with a certificate of the contact hours of student supervision following completion of the clinical course. Information regarding rights and privileges of clinical faculty are also discussed during clinical site visits and can be accessed on the department’s website.

17.3 CLINICAL FACULTY ASSESSMENT

Policy: The effectiveness of clinical faculty as educators is assessed by the DCE.

Procedure: The effectiveness of clinical faculty as educators is assessed by the DCE in collaboration with the Site Coordinator of Education (SCCE) and students. Means of effectiveness include information obtained upon review of completed PT CPI evaluations, Student Evaluation of the Clinical Instructor Form, Clinical Site Information Form, discussion with the clinical instructor, SCCE and student during and after completion of the course. Effective clinical teaching will be supported through professional development opportunities established through collaboration of the DCE and SCCE.

17.4 CLINICAL FACULTY PROFESSIONAL DEVELOPMENT

Policy: The University of Evansville provides ongoing professional development activities for clinical faculty based on needs of the clinical faculty and program.

Procedure: The University supports annual continuing education courses related to clinical education based on the needs of clinical faculty and the program. Additional continuing education courses, in-services or professional association meetings that enhance professional skills and knowledge are also hosted by the university or provided by academic faculty at the clinical site. The university supports development of the clinical faculty by enhancing communication between site representatives and students for Health Career Fairs, Clinical Site Open House Events, and community service activities.

18 STUDENT RIGHTS AND RESPONSIBILITIES:

Policy: The student will:

1. Adhere to policies and procedures of the Facility throughout the clinical education experience.
2. Provide proof of health insurance to the University and be accountable for medical expenses associated with illness or injury during clinical education.
3. Assume responsibility for transportation to and from the Facility. The student will be responsible for housing arrangements and expenses incurred during clinical

education.

4. Provide a written evaluation of the facility to the University.
5. Comply with health requirements of the Facility including but not limited to: OSHA regulated Blood Borne Pathogen Training, current CPR certification for healthcare providers, annual TB skin test or chest x-ray, hepatitis B vaccination or waiver, influenza vaccine, immunity or past medical history for rubella, measles, and mumps.
6. Receive timely feedback regarding his/her clinical performance. This will occur through a scheduled site visit, telephone conversation with the DCE or other faculty member, use of the midterm clinical evaluation or conversation with the clinical instructor(s). The student may request additional feedback from either the clinical or academic faculty should problems or concerns arise.
7. Submit to a criminal background check and allow University to maintain documentation of the results.
8. Recognize he/she is not an employee of the Facility or the University but a student in the clinical education phase of professional education.

Procedure: Each student is informed of his/her rights and responsibilities via the Clinical Education Handbook

18.1 INFORMING STUDENT OF RIGHTS AND RESPONSIBILITIES

Policy: Information regarding students' rights and responsibilities within the didactic and clinical portions of the professional program are made available to all students.

Procedure: University and departmental student rights and responsibilities are outlined clearly in the University Student Handbook, PT Student Handbooks, and course syllabi. Student rights and responsibilities outlined in the Clinical Education Agreement between the academic program and clinical center are provided to students in the clinical education manual. The clinical centers may also provide individual students with a copy of facility-specific policies and procedures upon confirmation of the clinical placement.

18.2 DISCLOSURE OF STUDENT INFORMATION TO CLINICAL FACULTY

18.2.1 STUDENT RELEASE OF INFORMATION – CLINICAL EDUCATION

Policy: The student will provide written permission for Director of Clinical Education to disclose information regarding his academic progression, standard clinical health information, professional and personal goals to clinical faculty as needed to confirm and coordinate part-time and full-time clinical courses. Additional written permission will be required for disclosure of disability accommodation and positive background check findings.

Procedure: By completing the Student Release of Information – Clinical Education form, the student will provide written permission for Director of Clinical Education to disclose information regarding his academic progression, standard clinical health information, professional and personal goals to clinical faculty as needed to confirm and coordinate part-time and full-time clinical courses. The Student Release of Information – Disability Accommodation form is required for disclosure of documented medical disability and formal request for accommodation. Student Release of Information – Criminal Background Check form is required for disclosure of background check results to clinical faculty for review.

18.3 PROTECTION OF INFORMATION USED FOR VERIFICATION OF STUDENT IDENTITY IN DISTANCE EDUCATION

Information used for verification of student identity in distance education is protected. Students are required to complete a medical terminology course prior to entry into the DPT program. The course is managed through a password protected online course management system. The course requires the completion of timed weekly online quizzes. Verification of student identity is assumed through student adherence to the policy on academic integrity. Students protect their own identities through use of an individual username and password to access online materials and through which to communicate with course instructors. The course also requires completion of in-person written midterm and final exams.

Student verification for the in- person portion of the course takes place through matching students' scantrons with picture identifications. Students are also required to complete online assignments, exams, and quizzes for other didactic courses in the DPT program. Students have unique login names and passwords through Blackboard and assignments must be submitted within a specified time frame. Verification of student identity is assumed through student adherence to the policy on academic integrity. For PT 751, assignments are submitted to www.turnitin.com. Students must first establish an account using a course ID and password provided by the course instructor. To submit their appraisals, they must then log-in to the site using their account ID and password. Students, faculty, CIs, and SCCEs also access online clinical evaluation forms. All who access the clinical evaluation forms are assigned a unique username and create their own passwords.

19 RISK-FREE RIGHT OF PATIENTS TO REFUSE TO PARTICIPATE IN CLINICAL EDUCATION

Policy: Patients have a risk-free right to refuse to participate in clinical education. **Procedure:** Each student is required to purchase and wear a name badge during experiential and clinical course work that includes: University of Evansville, Physical Therapy Program, and his or her given and surname. Students are required to introduce themselves to patients / clients as student physical therapists. Students are required to ask each patient / client for permission to treat prior to initiating treatment. Patients have the risk-free right to refuse to receive treatment provided by student physical therapists.

20 DUE PROCESS

20.1 GRIEVANCE POLICY

Policy: A student may present a complaint, perceived injustice or unresolved conflict regarding an individual course or the program as a whole at any time.

Procedure: Students are encouraged to attempt to resolve a grievance as soon as possible. The initial step in the grievance process is to contact the individual instructor responsible for the course or issue. If the issue is not resolved to the student's satisfaction with a conversation, the student should present the issue to the instructor in written form. If the resolution is not achieved by this manner, the issue enters "due process."

Any questions, concerns or complaints related to clinical course work should first be discussed with the Director of Clinical Education (DCE). If the resolution is not achieved through this discussion, the issue enters "due process." The first step in due process is for the student to

meet with the department chair. The meeting may include the instructor or DCE to whom the issue was initially addressed. If the grievance remains unresolved, the student may appeal in writing to the Dean of the College of Education and Health Sciences and the Senior Vice President for Academic Affairs in that order. The written appeal should include the grievance itself, as well as documentation of the previous meetings with the instructor and the department chair. Students are encouraged to refer to the University Student Handbook for specific grievance procedures.

20.2 FILING A COMPLAINT NOT ADDRESSED IN THE ESTABLISHED DUE- PROCESS PROCEDURE

Any written complaint received by the department which does not fall under the established due-process procedure will be addressed on a case-by-case basis at the lowest administrative level with the authority to resolve the complaint. Anyone making a verbal complaint will be asked to submit the complaint in writing to the department. Documentation of the complaint and the resolution will be maintained by the department chair for one year following resolution of the complaint.

21 CLINICAL COURSES

21.1 CLINICAL COURSE ASSIGNMENTS

Policy: The goal of the program is to provide the best learning experiences for the student in the clinical setting. Full-time clinical course assignments are the responsibility of the DCE and are arranged after consideration of the student's academic preparation, professional needs, clinical faculty expertise, clinical center educational opportunities and clinical faculty availability. Special needs requests are considered but not guaranteed.

Due to the limited number of clinical placements available in the Evansville Indiana area, students should anticipate completing many clinical courses in other geographic locations.

Procedure: Each clinical course assignment is designed to provide the best learning experience for the individual student after considering the student's academic preparation, professional needs, clinical faculty expertise, clinical faculty availability, and the clinical center educational opportunities. The student is only assigned to clinical settings or patient populations for which he/she has demonstrated didactic competency. These assignments are arranged at the discretion of the DCE who serves as the liaison between the academic program and clinical faculty. Special needs request by the student are considered but not guaranteed. Students will not be assigned to clinical sites that are providing scholarship assistance, employment upon graduation, or possibly past employment as aide or technician. Students receive notification of clinical course assignments after all required clinical health information has been submitted during the semester prior to enrollment in the clinical course. The process for course assignment is as follows:

PT 661 Clinical I

During the first summer semester, first year students may consult with the DCE and review the clinical course placements offered by contracted clinical sites for the next calendar year. After considering his/her professional needs and clinical placement availability, each student submits his/her top ten choices/wishlists in Exxat. The DCE reviews each student's selections and advises any changes, as necessary. The DCE then matches each student to a clinical site after

considering student didactic preparation, placement preference, learning needs, future interest in international placement and clinical faculty availability. The DCE confirms each student assignment with the SCCE. Assignments are then published in Exxat for student to view. Assignments are completed during the fall semester by the DCE.

PT 761 Clinical II

During the fall semester, each first-year student may review the Clinical Database of contracted clinical facilities for the next calendar year. After considering his/her professional needs and clinical faculty availability, each student submits his/her top ten choices/wishlist in Exxat. A student interested in an international clinical placement during his final year should indicate this to the DCE via email. The DCE then reviews all submissions and matches each student to a clinical facility after considering student didactic preparation, placement preference, learning needs, past clinical course experiences, future interest in international placement and clinical faculty availability.

The DCE confirms each student assignment with the SCCE. Assignments are then published in Exxat for student to view. Assignments are completed annually during the fall semester by the DCE.

PT 762 and PT 763 Clinical III and IV

During the fall semester, each second-year student may review the Clinical Database of contracted clinical facilities for the next calendar year. After considering his professional needs, clinical faculty availability and past clinical course assignments, each student submits his top ten choice/wishlist in Exxat. The DCE reviews all clinical choice submissions and matches each student to a clinical facility considering student didactic preparation, personal preference, educational needs, past clinical course experiences, interest in international placement and clinical education availability. The DCE confirms each student assignment with the SCCE. Assignments are then published in Exxat for student to view. Assignments are completed annually during the fall semester by the DCE.

21.2 INTERNATIONAL CLINICAL COURSE ASSIGNMENTS

Policy: International clinical placements have been developed to meet requirements of either PT 762 or 763. Students must meet additional immigration requirements and demonstrate language proficiency as required to qualify for an international clinical assignment. Only students who have no significant concerns noted on clinical evaluations for either PT 661 or PT 761 or who have not committed a breach of professional conduct noted will be considered for international placement. The DCE assumes responsibility for international clinical assignments.

Procedure: Requirements for full-time clinical placement in international facilities:

1. The student requesting to participate in international clinical course(s) should inform the DCE as early as possible so that all clinical courses can be planned with this goal in mind.
2. The student must submit to the DCE a personal statement including a formal request for placement and rationale as it relates to professional development.
3. The student must submit a formal recommendation from a PT faculty member on his behalf to the DCE.

4. Student requests for international clinical placement and associated recommendation will be presented to the academic faculty for approval.
5. The student will be selected, in part, based on his/her demonstrated professionalism and core values throughout the program, especially those related to communication, stress management, initiative, flexibility and the ability to accept and act upon constructive feedback. Student competence in these areas will be determined based upon feedback from the student's academic advisor, academic faculty and clinical faculty.

Requirements for students who have been approved for clinical course work in international facilities in addition to requirements for all students include the following:

1. A non-refundable placement fee is required of each student. The student will be informed of the amount of the placement fee upon offer of the international clinical placement.
2. Attend clinical meetings arranged by the Office of Study Abroad.
3. Familiarize themselves to the culture of the country of placement via academic course work, assigned readings, videos, etc., that have received prior approval of the international clinical coordinators.
4. When indicated, demonstrate language competency through appropriate academic course work, individual consultation and/or interview with prospective clinical director, CI or coordinating faculty member. Formal study is expected in preparation for the placement.
5. Be eligible and responsible for timely obtainment of immigration documents including passport and visa, as needed.
6. Successfully complete PT 661 Clinical I, and PT 761 Clinical II the first time enrolled. No repeated clinical courses are acceptable.
7. Demonstrate professional conduct with faculty and peers and have a professional development plan in place.

To matriculate into international clinical placement as coordinated, the student must:

1. Attend orientation meetings arranged by the Office of Study Abroad.
2. Attend clinical meetings arranged by Director of Clinical Education.
3. Successfully complete pre-requisite course work.
4. Successfully demonstrate core values of profession with a professional development plan in place.
5. Obtain a valid passport and submit a legible copy of the issue page.
6. Complete all required paperwork and provide documentation for the placement including a visa when required.
7. Assent to the Academic Honor Code.
8. Make satisfactory arrangements for payment of tuition, including payment of a non-refundable placement fee.

22 CLINICAL SITE DEVELOPMENT

Policy: Clinical site development occurs on an ongoing basis to meet programmatic needs.

Procedure: Faculty, students and clinical centers should contact the DCE with information regarding prospective clinical site development. The DCE will assume responsibility for communicating with the clinical center designee regarding possible collaboration for clinical

education experiences. If both parties desire future collaboration after review of shared information, a written Clinical Education Agreement will be executed per the policy and procedure. Clinical sites that will be used on an infrequent or one-time-only basis will rarely be considered for development secondary to the financial and time constraints associated with executing a clinical agreement. It is NOT appropriate for a student or a student's family member to attempt to arrange a new clinical site or a clinical placement. Contacting a prospective site to arrange a clinical placement will be considered a breach of professional conduct. (See Safe, Ethical and Professional Behavior Policy.)

23 CLINICAL EDUCATION AGREEMENT

Policy: A written clinical education agreement between the institution and clinical centers are current and delineate the responsibilities of both agencies.

Procedure: A current signed, written clinical education agreement exists between the University of Evansville's Physical Therapy Program and each clinical center providing off-campus clinical experiences. The University has developed a clinical education agreement that is provided for review and approval by the clinical center. In some cases, the University may consider adoption of a clinical education agreement generated by the clinical center. In either case, the agreement must address the purpose and objectives of agreement, rights and responsibilities of all parties, delineation of responsibility of patient care, student supervision and assigning a course grade, procedures for reviewing, revising, or terminating the agreement, liability coverage limits, and language related to indemnification and governing law. Use of the Clinical Education Agreement Inclusion Checklist ensures the agreement is reviewed for required language and provides a standardized method for documenting the review process. Two copies of the approved written agreement are signed by the legal representatives of the clinical center and the following university representatives: Vice President of Fiscal Affairs, Vice President of Academic Affairs, Dean of College of Education and Health Sciences and Physical Therapy Program Chair. One fully executed copy is provided to the clinical center. One fully executed copy is retained in Exxat.

23.1 CLINICAL EDUCATION AGREEMENT REVIEW

Policy: Clinical education agreements are reviewed regularly to ensure agreements remain active by the Director of Clinical Education and/or the Clinical Administrative Specialist and expiration dates noted in Exxat.

Procedure: The DCE and/or the Clinical Administrative Specialist reviews clinical education agreements regularly and particularly prior to approaching clinical assignments and/or expiration to ensure the agreements are unexpired, accurate and adequate for the needs of the program and clinical facility. Use of the Clinical Education Agreement Inclusion Checklist ensures the agreement is reviewed for required language and provides a standardized method for documenting the review process.

24 CLINICAL SITE VISITS

Policy: Academic clinical faculty completes on-site visits to clinical facilities to assess the learning environment, provide professional support for clinical faculty and students and to assess the quality of learning for current and/or prospective students.

Procedure: Prior to a site visit, each academic clinical faculty completes the University Travel

Request Form identifying dates and relevant travel expenses and route for administrative approval.

Faculty should utilize the Physical Therapy Program Clinical Site Visit Record and follow identified steps to arrange the visit with Clinical Faculty.

Chttps://cpi2.amsapps.com/user_session/new or by contacting the Director of Clinical Education. After completion of the clinical site visit, the completed Clinical Site Visit Record will be documented in Exxat where it is reviewed and accessible to the DCE and the academic clinical faculty team.

24.1 CLINICAL SITE VISITS - INTERNATIONAL

Policy: Faculty should complete the normal process for clinical site visits in addition to submitting documents on file:

1. Travel itinerary
2. Passport, copy of issue page
3. Emergency contact information

25 CLINICAL COURSE DOCUMENTS

The following documents can be accessed online at

http://www.evansville.edu/majors/physicaltherapy/dpt_clinical.cfm

WEEK ONE ASSESSMENT FORM

STUDENT EVALUATION OF CLINICAL INSTRUCTOR

STUDENT EVALUATION OF CLINICAL EXPERIENCE

CLINICAL COURSE SYLLABI – DPT PROGRAM

PT 661, CLINICAL I: COURSE SYLLABUS

PT 761, CLINICAL II: COURSE SYLLABUS

PT 762, CLINICAL III: COURSE SYLLABUS

PT 763, CLINICAL IV: COURSE SYLLABUS

26 ASSUMPTION OF RISK FOR CLINICAL PROGRAMS



Notification of Assumption of Risk for Clinical Programs

I understand and acknowledge that there are potential dangers incidental to my participation in the DOCTOR OF PHYSICAL THERAPY PROGRAM (the “Clinical Program”), including risks of damage, bodily injury and possibly death as described in the UE Clinical Program Handbook.

I understand that the Clinical Program offered by the University of Evansville and its affiliate(s) presents potentially serious inherent risks which may result in injury, illness, or even death. Such risks include, but are not limited to, accidental or negligent contact with other people or property, and the possibility of contracting viral or bacterial infections such as COVID-19, Hepatitis, HIV, or other illnesses spread through close contact, cross-contamination or otherwise (collectively “illnesses”).

I understand that COVID-19 and other illnesses may have long incubation periods during which carriers of the virus or illness may not show symptoms and still be highly contagious.

I understand that participation in the Clinical Program involves activities incidental thereto, including, but not limited to, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I understand that these potential risks include, but are not limited to facility conditions, equipment conditions, negligent first aid operations or procedures, other risks that come with direct patient care, and that there may be other risks not known to me or not reasonably foreseeable at the time.

I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THE RISKS ARISE SOLELY FROM THE RELEASEES’ NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT and I assume full responsibility for my participation in the Clinical Program.