



Southwest Baptist  
UNIVERSITY

Doctor of  
Physical Therapy  
Clinical Education  
Handbook

Updated 08.10.23

*“For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you hope and a future. Then you will call on me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart.”*

-Jeremiah 29:11-13

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**The purpose of the clinical education component within the physical therapy curriculum** is to ensure student carry-over and integration of didactic course work into the clinical setting. To ensure a broad range of clinical experiences, each student will be required to have a clinical experience in acute care, outpatient orthopedics, and neuro-rehabilitation. These experiences appear late in the curriculum totaling 34 weeks in a residency-like format. One of the terminal clinical education experiences may be in an area of special interest within physical therapy that has not already been experienced by the student in a prior clinical experience. Students are responsible for all expenses for travel and living during the clinical education experiences. Students with a history of criminal actions documented on a background check may have clinical education placement options severely limited or delayed. While student input to the assignment process is valued and considered, we cannot guarantee these requests for clinical assignments will be met. The final decision rests with the Director of Clinical Education (DCE), with input from the Core Faculty, and the student should be readily prepared to attend a rotation that may not have been a top preferred position on the part of the student.

### **Doctor of Physical Therapy Program Accreditation Status**

The Doctor of Physical Therapy program at Southwest Baptist University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 417-328-1672 or email [pt@SBUniv.edu](mailto:pt@SBUniv.edu). There is a formal complaint process available at: <http://www.capteonline.org/Complaints/>. The Doctor of Physical Therapy is also accredited by the Higher Learning Commission, 30 North LaSalle Street, Suite 2400, Chicago, Illinois 60602-2504, 312-263-0456 or 800-621-7440 or <https://www.hlcommission.org/>. For the most current information about program accreditation status please see: <https://www.sbuniv.edu/academics/programs/physical-therapy.php>

### **Mission Statements of the Program, College, and University**

*Our Healing Mission (Rev. 11.26.18):* Preparing future doctors of physical therapy to deliver care in a global society while integrating Christian faith.

Southwest Baptist University is a Christ-centered, caring academic community preparing students to be servant leaders in a global society.

### **Goals (rev. 11.26.18)**

The graduate of Southwest Baptist University Doctor of Physical Therapy Program will be able to:

- 1) Integrate the Christian worldview into the practice of physical therapy.
- 2) Engage in professional practice expectations on a diverse patient and client population throughout the lifespan.
- 3) Educate and communicate with appropriate stakeholders in the health care environment.
- 4) Serve the profession and society to promote and improve evolving health care delivery.
- 5) Reflectively practice the art and science of physical therapy by critically evaluating, integrating, and contributing to the expanding professional knowledge base.
- 6) Formulate a plan for life-long learning coupled with professional, personal and spiritual growth.

The faculty of Southwest Baptist University Doctor of Physical Therapy Program strive to:

- 7) Pursue the development and delivery of a contemporary curriculum.
- 8) Promote and serve the professional and spiritual community.

The Physical Therapy Program at Southwest Baptist University seeks to:

- 9) Nurture the current and future servant leaders in the health care society.

## **Guiding Principles & Philosophy (updated 11.26.18)**

The faculty of the Division of Physical Therapy at Southwest Baptist University accepts the mission, philosophy and goals of the institution. The faculty is committed to and believes that:

### **Foundational Truth.**

God is the source of all truth and Jesus Christ is the central figure of history, giving purpose, order, dignity, and value to life. Therefore, the faculty seeks to provide a Christian environment in which students are encouraged to develop spiritually as well as professionally. We hold Christian values as paramount in guiding ethical conduct in teaching as well as in our professional and community endeavors.

### **Educational Philosophy.**

The nature of society influences the approach to physical therapy education. The characteristics of society continue to change in part due to an increase in the aging population, advances in interventions available for the management of complex health problems, and globalization of individuals with diverse language, culture, and ethnicity. Therefore education for the practice of physical therapy must accommodate to those variations.

### **Healthcare System.**

Physical therapy is an integral component of a dynamic healthcare system responding to the needs of society. As a part of the healthcare system, physical therapy is dedicated to the promotion of health, prevention of dysfunction, and restoration of function in persons with movement dysfunction. All members of society are entitled to access a healthcare system that addresses their specific needs, regardless of their socio-economic status.

### **Professional Identity.**

Physical therapists practice inter-dependently in a variety of environments. In providing services, physical therapists collaborate with other healthcare professionals, families, community agencies, and other support systems. Physical therapists are healthcare professionals who are prepared to function as a primary healthcare provider. Their focus is on the human movement system, causes of movement dysfunction, and the interventions that prevent, alleviate or eliminate movement dysfunction. In planning care, physical therapists are concerned with the physical, spiritual, emotional and psychological status of the individual.

### **Academic Preparation.**

The practice of physical therapy, in its multi-faceted role, demands the depth and breadth of preparation offered at the doctoral level. The requirement of a baccalaureate degree serves as the foundation for the full participation of the learner in the acquisition of knowledge, clinical reasoning, and psychomotor skills, as well as promoting adequate reflection expected of the physical therapist who will provide services in the 21st century. The learner is a mature, informed and committed individual who is self-directed and an active participant in the learning process. All learners are expected to share responsibility for the development of opportunities for learning that are beneficial for themselves and those they will serve in the evolving healthcare system.

### **Academic Environment.**

Teaching and learning occur best in a secure and open environment where necessary resources are readily available to learners and faculty members, learners are challenged to achieve at a high level, and faculty are dedicated to the philosophy of the University and the Division. Each faculty member is qualified by academic preparation and clinical experience to teach. The faculty are responsible for improving their knowledge and skills, participating in the advancement of the

profession, governing the division and the university, participating in community activities, and serving as a role model for peers and learners.

### **Graduate Identity.**

The graduate will be a clinician generalist who is prepared to function as a primary care provider to optimize movement; contribute to the advancement of the profession; teach and consult with patients, colleagues, communities, and agencies; and advocate for the welfare of the patient and the family. The graduate will be a continuing learner participating in community and professional activities.

### **Academic Integrity Statement**

It is expected that all students will behave in a Christ-like fashion and uphold the highest standards of integrity and personal ethics. Academic integrity is expected for all graded coursework. Students who cheat or misrepresent the truth will be held accountable as described in the SBU student handbook (Division Policy 04-15). Such conduct is not consistent with the Christian lifestyle and Biblical principles or with the ethical standards of the profession of physical therapy ([www.apta.org](http://www.apta.org) “Code of Ethics for the Physical Therapist”).

### **Faith Integration Statement**

The Mission Statement of Southwest Baptist University and the DPT program explicitly state that University activities are to be Christ-centered and that instruction will be from a Christian perspective. Every attempt will be made to integrate into this course the Christian faith, Christian world view and Biblical values consistent with the Baptist heritage of the University.

**This document was reviewed and approved by the following stakeholders during the Spring of 2012:**

Name	Role
1. Steven G. Lesh, PhD, PT, SCS, ATC	Program Director
2. Kelly Coleman, PT, DPT, OCS	ACCE
3. Beverly McNeal, PT, DPT	Core Faculty
4. Cathy Beck, PhD, PT	ACCE
5. Sarah Harmon	Student, Class of 2012
6. Ellis Hall, PT, MBA	Community Employer
Citizens Memorial Hospital, Bolivar, MO	
7. Clara Stevens, PT, DPT, LT, USPHS	Alumni
Federal Correctional Complex - Butner, NC	
8. Charles E. Rainey, PT, DPT, MS, OCS, CSCS, LT, USN	Alumni
Naval Medical Center San Diego, San Diego, CA	
9. Bob Behnke, PT, MPT	Clinical Instructor
Citizens Memorial Hospital, Bolivar, MO	
10. Brittney Millspaugh PT, DPT	Alumni
Women's Health Practice	
11. Robin King, PT, C/NDT	CCCE
Therapy Manager, CoxHealth, Springfield, MO	

**This document was reviewed, updated and approved by the Core Faculty during the Summer of 2020**

# Southwest Baptist University

BOLIVAR, MO | EST. 1878



## DOCTOR OF PHYSICAL THERAPY

### YEAR 1 (FALL)

- PTH 5012 Psychosocial Issues of Health Care
- PTH 5047 Human Anatomy
- PTH 5064 Clinical Kinesiology
- PTH 5402 Physical Assessment
- PTH 5481 Christian Apps for the Healthcare Professional I
- PTH 5592 Neuroscience for the Physical Therapist
- PTH 5631 Integrated Clinical Experience I

### YEAR 1 (SPRING)

- PTH 5073 Physical Therapy measurement
- PTH 5093 Patient Care Skills for PT
- PTH 5102 Therapeutic Modalities in Physical Therapy
- PTH 5382 Pharmacology for PT
- PTH 5611 Professional Development Seminar I
- PTH 5641 Integrated Clinical Experience II
- PTH 6273 PT Management of Integumentary Disorders
- PTH 6393 Motor Control and Learning
- PTH 6472 Pathology for PT I

### YEAR 1 (SUMMER – MAY, JUNE, AND JULY TERMS)

- PTH 5132 Critical Inquiry
- PTH 5221 Teaching and Learning
- PTH 5232 Foundations of the Patient Management
- PTH 5412 Diagnostic Imaging for Physical Therapists
- PTH 6022 Today's Health Care
- PTH 6082 Lifespan Motor Control

### YEAR 2 (FALL)

- PTH 5151 Clinical Investigations I
- PTH 5423 Therapeutic Exercise 1
- PTH 6245 PT Management of Musculoskeletal Disorders I
- PTH 6262 Orthotics
- PTH 6325 PT Management of Neurological Disorders I
- PTH 6501 Christian Apps for the Healthcare Professional II
- PTH 6603 Pathology for PT II
- PTH 6651 Integrated Clinical Experience III

### YEAR 2 (SPRING)

- PTH 6255 PT Management of Musculoskeletal Disorders II
- PTH 6282 Prosthetics
- PTH 6293 Therapeutic Exercise 2
- PTH 6551 Clinical Investigations 2
- PTH 6671 Integrated Clinical Experience IV
- PTH 7283 PT Management of Cardiopulmonary Disorders
- PTH 7315 PT Management of Neurological Disorders II

### YEAR 2 (SUMMER – MAY, JUNE, AND JULY TERMS)

- PTH 6332 Administration and Management
- PTH 6621 Professional Development Seminar II
- PTH 6583 Prevention, Health Promotion, Fitness, and Wellness
- PTH 7343 Pediatric Physical Therapy
- PTH 7352 Geriatric Physical Therapy
- PTH 7362 Capstone

### YEAR 3 (FALL)

- PTH 7418 Clinical Education I
- PTH 7428 Clinical Education II

### YEAR 3 (SPRING)

- PTH 7438 Clinical Education III
- PTH 7448 Clinical Education IV

**THIS IS A PROPOSED GUIDELINE.** Please check the catalog and see your advisor for your final degree requirements. Southwest Baptist University reserves the right to make changes to degree plans without advanced notice or obligation. The student is responsible for understanding and completing all general education, degree, departmental and graduation requirements. Revised 03/23

## PT Academic Calendar, 2023-2024

### Fall Semester 2023

Date	Full term courses (16-week courses)
August 17-18	New Student Orientation
21	Fall classes begin
21	Clin Ed 1 Starts (Class of 2024)
September 4	Labor Day – No classes, offices closed
Oct. 13	Clin Ed 1 Ends (Class of 2024)
16	Clin Ed 2 Starts (Class of 2024)
Nov. 20-24	Thanksgiving Break - No classes, offices closed
December 8	Clin Ed 2 Ends (Class of 2024)
8	Last day of classes
11-14	Final exams
19	Final grades due

### Spring Semester 2024

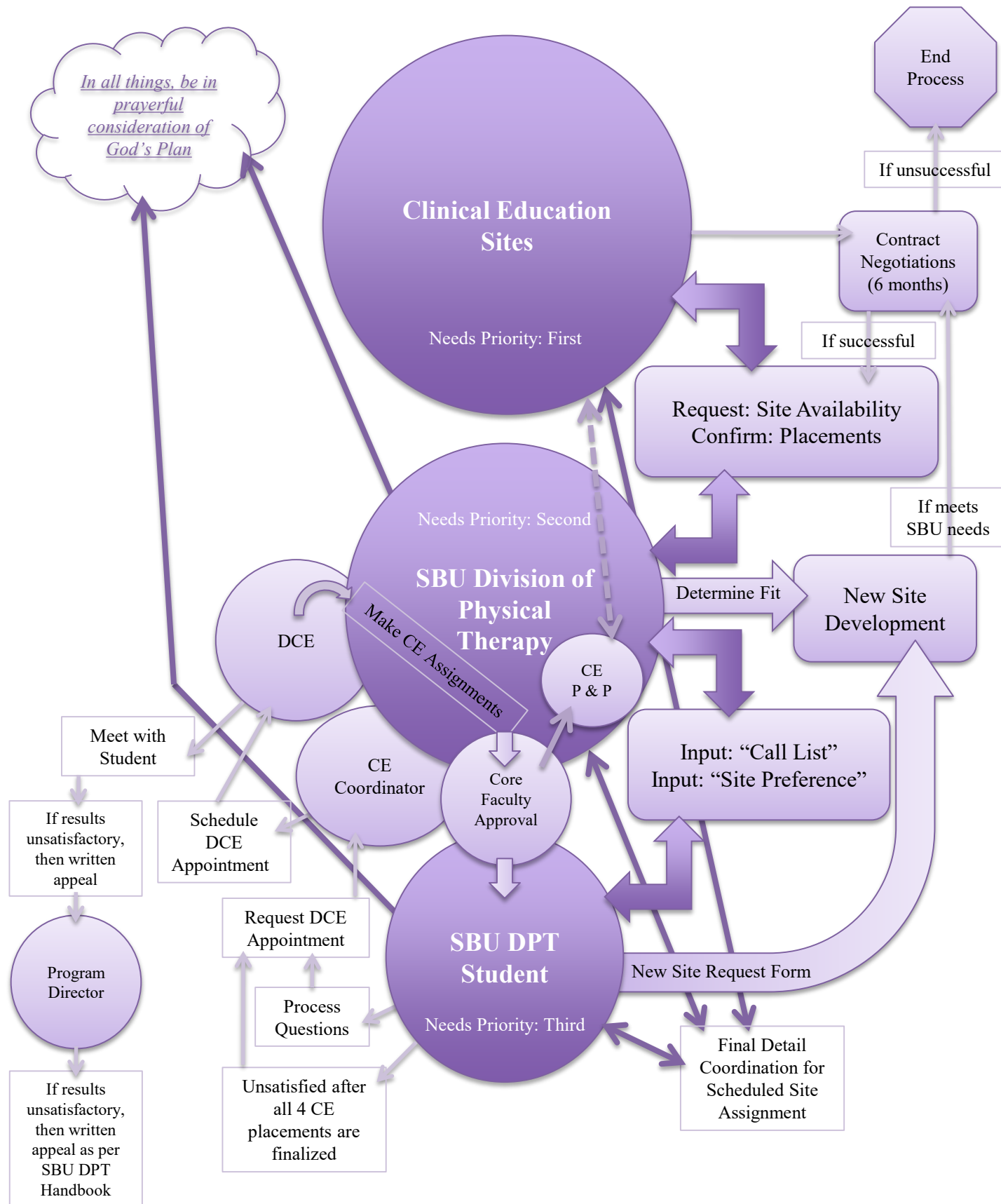
Date	Full term courses (16-week seated and online)
January 8	Clin Ed 3 Starts (Class of 2024)
8	Spring classes begin
15	Martin Luther King Jr. Day – No classes, offices closed
February 15-17	APTA CSM – Boston, MA
March 1	DPT portfolios due (as directed by advisors)
1	Clin Ed 3 Ends (Class of 2024)
4	Clin Ed 4 Starts (Class of 2024)
March 25-29	Spring break - No classes, offices open
March 29	Good Friday - No classes, offices closed
April 1	Easter Monday - No classes, offices closed
April 26	Clin Ed 4 Ends (Class of 2024)
26	Last day of classes
April 29-May 2	Final exams
May 2	(tentative) Career Fair – Davis building
3	(tentative) Class of 2024 graduate reception
4	(tentative) Class of 2024 Medaling Ceremony
4	(tentative) Commencement ceremonies
7	Final grades due



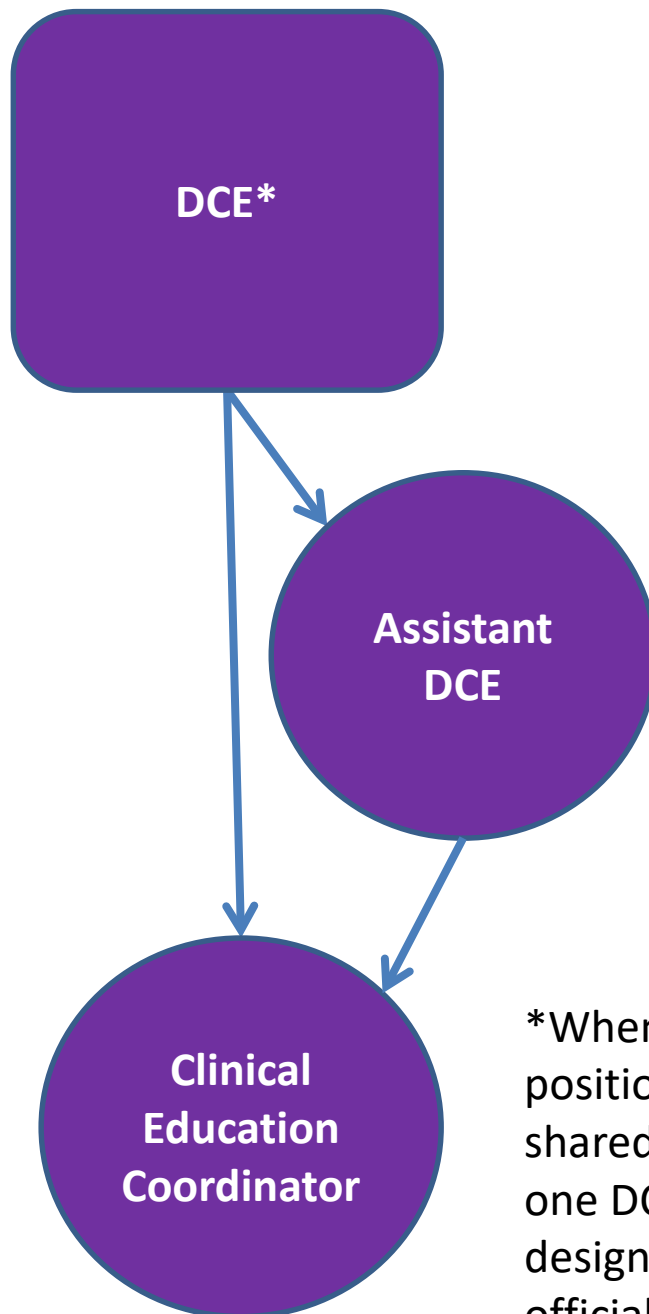
## May/June/July Terms 2024

Date	
May 9	May term begins
27	Memorial Day – No classes, offices closed
May 31	Last day of May term courses
June 3	June term begins
June 4	All final grades for May term due
19	Juneteenth – No classes, offices closed
28	June term ends
July 1	July term begins
4	Independence Day – No classes, offices closed
26	July term ends
30	Final grades for July term due
July 29 – August 2	Capstone
August 2	(tentative) Clinical Commissioning Ceremony (Class of 2025) 4-5pm

# SBU DPT Clinical Education Communication Flow Chart



# Clinical Education Organizational Tree



\*When DCE position is a shared position, one DCE will be designated as the official HR Supervisor



## Policy & Procedure

Title: Establishment and Maintenance of Contractual Agreements with Clinical Sites

Policy Number: 05-01

Date Effective: 08/12/2012

Date Replaces: 06/01/2009



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To establish and maintain current contractual agreements with clinical sites for the purpose of clinical education.

## Policy

A contractual agreement will be established and maintained between the University and all sites selected for clinical education that meet the criteria outlined in policies established by the core faculty and administered by the Director of Clinical Education (DCE).

## Procedure

### *Responsibilities*

1. Dean
  - 1.1. In consultation with legal counsel, authenticate and validate the establishment of a contractual agreement between the university and the clinical education (CE) site
2. DCE
  - 2.1. Facilitate the contractual process leading to authentication by all relevant involved parties (typically the university and the CE site)
  - 2.2. Consult with legal counsel to update the university's standard clinical education contract
  - 2.3. Maintain an executed copy of the CE contract on site
  - 2.4. Consider any addendums proposed by the Site Coordinator of Clinical Education (SCCE) and integrate or reject accordingly and appropriately
  - 2.5. When identified, pursue a new CE site contract (05-02)
  - 2.6. Ensure that contractual obligations are met by all signed parties
  - 2.7. Delegate duties to Assistant DCE if position is filled
3. SCCE
  - 3.1. Facilitate the contractual process leading to authentication of all relevant involved parties on behalf of the clinical education site.
  - 3.2. Consider the University standard clinical education contract for validation
    - 3.2.1. Propose necessary addendums to meet the needs of the clinical education site
    - 3.2.2. If the University standard clinical education contract is not acceptable, submit an alternative contract to the DCE for consideration and validation
  - 3.3. Maintain an executed copy of the CE contract on site

4. Clinical Education Coordinator
  - 4.1. As directed, maintain database, both electronic and hardcopy, of CE contracts
  - 4.2. Report to DCE when contracts are in need of review and facilitate the update/renewal process
5. Student
  - 5.1. Review and become familiar with contractual agreement between university and clinical site.  
The student should understand that the contract may not be the “standard” university contract and could be specific to each location that they are scheduled to attend.



## Policy & Procedure

Title: Assignment of Clinical Sites for Clinical Education

Policy Number: 05-02

Date Effective: 07/23/2021

Date Replaces: 04/07/2017

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To outline the clinical education site assignment process.

## Policy

To ensure a broad range of clinical experiences, each student will be required to have a clinical experience in inpatient acute care, outpatient orthopedics, and either inpatient or outpatient neuro-rehabilitation. These experiences appear late in the curriculum totaling 34 weeks in a residency-like format. One of the terminal clinical education experiences may be in an area of special interest within physical therapy that has not already been experienced by the student in a prior clinical experience. The final product of this learning process will be a generalist physical therapist. While student input to the assignment process is valued and considered, SBU DPT cannot guarantee these requests for clinical assignments will be met. The final decision rests with the Director of Clinical Education (DCE), with input from the Core Faculty, and the student should be readily prepared to attend a rotation that may not have been a top preferred position on the part of the student.

The method by which students are assigned to clinical sites is determined and approved by the core faculty. SBU DPT utilizes a semi-selective, best-fit model that matches the needs of the clinical site, the university, and the student. The rank of priority of needs is: 1) the Clinical Site, 2) the University, and lastly 3) the student.

## Definitions

The Inpatient acute care Clinical Education Experience is a clinical experience guided by a licensed physical therapist in an inpatient acute care setting of physical therapy that provides the student with the opportunity to perform physical therapy evaluation and treatment skills learned in previous academic course work and laboratory practice sessions. This is typically a traditional hospital setting, however, sub-acute settings such as skilled nursing facilities may also meet this expectation. Some facilities may have a blending of acute care practice responsibilities with other practice setting duties. This is acceptable as long as 50% of the caseload is directed toward the inpatient practice setting.

The Outpatient Orthopedic Clinical Education Experience is a clinical experience guided by a licensed physical therapist in an outpatient orthopedic setting of physical therapy that provides the student with the opportunity to perform physical therapy evaluation and treatment skills learned in previous academic course work and laboratory practice sessions. This experience may be in a traditional free-standing clinic or a hospital based environment.

The Neuro-Rehabilitation Clinical Education Experience is a clinical education experience guided by a licensed physical therapist in a setting that provides exposure primarily to neuro-rehabilitation patients. The setting may be either inpatient or outpatient with at least a 50% caseload of neuro-rehabilitation patients. It is preferred that the facility provides a comprehensive approach to healthcare including a variety of health care professions (e.g. OT, ST, PT).

The Elective Clinical Education Experience is a clinical education experience guided by a licensed physical therapist in a setting that provides exposure to any area of interest in physical therapy that the student has not already experienced in one of the prior clinical experiences (e.g. aquatics, pediatrics, pelvic/women's health, manual therapy, sports medicine, occupational health/industrial rehabilitation/work conditioning, geriatrics, administrative, or home health). This experience may also be a second experience in one of the above three settings if it is determined that the student needs further integration and application of the content or if the student requests as such.

Elite sites may be available for consideration by students. These sites typically have extra selection and assignment criteria that may or may not be under the control of the department, and may not be readily available for all students. Two scenarios are presented as follows:

1. Nationally recognized specialty centers (e.g. Craig Hospital, Barnes Jewish, St. Jude Children's Hospital, Arizona Diamond Backs) which may have additional assignment requirements. Selection for these special sites is outside of the routine affiliation selection process. Students must apply and be selected according to procedures determined by the Site Coordinator of Clinical Education (SCCE) for each respective site as well as the department. These clinical experiences may involve extended periods of time, different assessment tools for student performance, or other requirements specific to the site. The assignment for a nationally recognized specialty center is contingent upon core faculty support and the student completing prior Clinical Education experiences and academic course work without documented difficulties needing remediation or professional behavior violations.
2. Short term mission trips. Students may request that short-term evangelical medical mission trips be used as a component of an established clinical experience. Core faculty will be consulted for input and approval of the request to determine the fit of the student for the experience. The request is contingent upon core faculty support and the student completing prior Clinical Education experiences and academic course work without documented difficulties needing remediation or professional behavior violations. The request is also contingent upon the willingness of the established clinical site assignment to accommodate the student missing time during the rotation.

## Procedure

### *Placement Consideration and Guidelines*

1. Once students are issued notification of final site placements, there will be no changing or switching of placements unless initiated by the Clinical Education Department.
2. Students are strictly prohibited from participating in a clinical experience at a site that they have worked at prior to or are currently employed. Students are strictly prohibited from having a clinical experience in which there is a financial obligation currently in place or for future considerations (e.g. scholarship or promise of future employment). If such an agreement is identified, the student will be immediately removed from the clinical setting.
3. Students with a history of criminal actions documented on a background or a positive drug screen may have clinical education placement options severely limited or delayed.
4. Students are generally prohibited from attending the same clinical experience in the same clinical setting on different rotations. With the guidance and approval of the DCE, the student might be allowed to attend the same facility for two clinical experiences, if the clinical education experience is in a different area of physical therapy and/or is located at different sites.

5. Students (or a representative speaking on the student's behalf) are strictly prohibited from contacting sites directly for solicitation of new clinical agreements or clinical placements. If it has been determined that the student or agents acting on behalf of the student have contacted a site unless specifically directed to do so by the DCE, the student will not be permitted to utilize that site for the clinical experience. The role of the student is to identify and provide appropriate contact information to the DCE. The DCE, or delegated core faculty representative, will communicate with the site SCCE to ask if they are available to take a student in that area of interest. All legal paperwork must be completed and DCE/SCCE approval must be formalized before a new site will be available for utilization by students. If a student requests and goes through the extensive process of establishing a new clinical agreement, the student will be obligated to attend that rotation.
6. Students will have the opportunity to establish one new site for Clinical Education I, II, III, or IV if it meets the needs of the clinical site and the university prior to the needs of the student. The request for the new site must be received in writing on the Request for a New Clinical Site Form. All new site clinical paperwork and contracts must be completed prior to the start of the clinical experience. If the contractual paperwork is not completed by this deadline, then the student will be assigned to an existing available site for the clinical experience. Students are expected to have a realistic back up plan when trying to establish a new clinical site contract.
7. For assignment purposes, a primary need of the university is to ensure that the student receives scheduled experiences that present with a wide diversity of different patient diagnoses across the continuum of care to adequately prepare the student to sit for the National Physical Therapy Examination (NPTE).
8. Students are requested to not forward input on a clinical site based solely on the convenience of a location, but rather based on a thorough investigation of the quality of the learning opportunity.
9. We cannot guarantee placements based on marital status or family status. No priority consideration will be given to wedding plans, honeymoon plans, vacation plans, future job placement preferences and/or geographic location of significant other.
10. For assignment purposes, a major metropolitan area will include all facilities within a reasonable commute from the center of the major metropolitan area. This could create extended commuting times.

## ***Responsibilities***

1. Core Faculty
  - 1.1. Establish standards for site assignment process
  - 1.2. Provide input and guidance for fit of students into selected clinical sites and experiences
  - 1.3. Approve final assignment grid prior to release to students
2. DCE
  - 2.1. Implement standards of selection as determined by Core Faculty
  - 2.2. Request, compile and present clinical site availabilities and opportunities on an annual basis
  - 2.3. Consult with individual students regarding their specific needs as related to clinical education
  - 2.4. Present a final selection grid to Core Faculty for consultation and approval
  - 2.5. Release final selection grid to students after all students have been successfully placed
  - 2.6. Communicate with clinical sites to coordinate and confirm placements
  - 2.7. In a timely manner, manage unexpected events related to site placement (see 05-13)
  - 2.8. Manage the establishment of new clinical sites
3. Student
  - 3.1. When requested, provide input to potential clinical sites that should be contacted for upcoming availability
  - 3.2. When requested, provide input to available sites that meet the educational needs of the individual student
  - 3.3. Schedule appointment with the DCE to discuss clinical education



- 3.4. Gather contact information regarding new clinical sites and provide to the DCE along with appropriate request paperwork
4. SCCE
  - 4.1. Make available clinical education placements when requested by DCE
  - 4.2. Notify DCE in advance, when possible, if placement is to be unexpectedly terminated (policy 05-13)



## Policy & Procedure

Title: Criteria for Selection of Clinical Education Centers and Clinical Faculty

Policy Number: 05-03

Date Effective: 07/23/2021

Date Replaces: 08/10/2012

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To establish quality clinical education experiences in order to facilitate competent graduates.

## Policy

The physical therapy program will mandate that a minimum set of criteria is met by clinical education sites in order to either establish a new clinical education contract or maintain an existing clinical education contract. These criteria will be established by the core faculty and implemented by the Director of Clinical Education (DCE).

## Criteria of potential or existing clinical education sites

1. Willingness to work with the SBU Physical Therapy program to provide clinical education experiences and commitment to student success.
2. Completion of an acceptable clinical education contract with SBU.
3. Timely submission of the Clinical Site Information Form (CSIF).
4. Employment of at least one physical therapist with: a) student supervisory experience, or b) evidence of continuing education in student supervision in order to provide efficient and effective student supervision and feedback.
5. Employment of physical therapy staff who practice ethically, legally, competently and professionally as outlined by: a) the state practice act (or responsible credentialing boards or agencies), b) clinical education site policy and procedure, c) the APTA Code of Ethics, d) Standards of Ethical Conduct for the Physical Therapist Assistant, and e) the policy and position statements of the APTA.
6. Ability to provide a direct clinical education experience in an area of emphasis appropriate to at least one physical therapy clinical education course provided by SBU.
7. Provide an active, stimulating environment appropriate for the learning needs of doctoral students.
8. Provide direct and continuous on-site student supervision by a licensed physical therapist with a minimum of one year of experience.
9. When utilized by the facility, a SCCE has a willingness to plan clinical education experiences and serve as a consultant in the evaluation process of students.
10. Students will not be assigned to a clinical site that operates as a physical therapy referral for profit or POPTS as defined in the following:
  - 10.1. APTA Position on Physician Owned Services (POPTS) Jan 2005 “describes a financial relationship in which a physician, podiatrist, or dentist refers a patient for physical therapy treatment and gains financially from the referral. A physician can achieve financial gains by: a) having a total or partial ownership of a physical therapy practice, b) directly employing physical therapists, or c) contracting with physical therapists.”

- 10.2. MO Revised Statutes 334 section 334.253 Aug 2005 states “a physician may not make a referral to an entity for the furnishing of an physical therapy services with whom the physician, physician’s employer, or immediate family member of such a referring physician has a financial relationship. A financial relationship exists if the person a) has a direct or indirect ownership or investment in the entity whether through equity, debt, or other means, or b) receives remuneration from a compensation arrangement from the entity for the referral.”
11. CI credentialing via the APTA sponsored CI Education and Credentialing Workshop.

## Procedure

### *Responsibilities*

1. Core Faculty
  - 1.1. Establish standards by which the university will develop contractual agreements with clinical education sites to meet the goals and objectives of the program
2. DCE
  - 2.1. Implement standards as determined by Core Faculty
    - 2.1.1. Screen new sites to determine appropriate fit as related to established standards
    - 2.1.2. Monitor existing sites for non-compliance of established standards
  - 2.2. Remove clinical sites from database that fail to meet established standards
  - 2.3. Scan the clinical education environment and recommend additions or deletions to established standards to Core Faculty in order to achieve established program goals and objectives
3. SCCE
  - 3.1. Submit requests to ACCE to become a Clinical Education Site
  - 3.2. Voluntarily agree to comply with the minimum criteria set for Clinical Education Sites as established by the Core Faculty
    - 3.2.1. If required by the Clinical Education Site, submit advanced criteria for consideration by the university



## Policy & Procedure

Title: Clinical Faculty Development

Policy Number: 05-04

Date Effective: 07/23/2021

Date Replaces: 08/10/2012



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To enhance the overall professional development of clinical education faculty associated with SBU DPT.

## Policy

SBU DPT will provide professional development opportunities for the Site Coordinator of Clinical Education (SCCE) and Clinical Instructor (CI) of contracted clinical education sites.

## Procedure

### Responsibilities

1. Director of Clinical Education (DCE)
  - 1.1. On an annual basis, provide updated curricular and program information to clinical sites
  - 1.2. Serve as a professional educational resource for the affiliated SCCE and CI
  - 1.3. Coordinate and implement an annual CI Education and Credentialing Workshop
  - 1.4. As requested, prepare and present on-site in-services to clinical sites on related clinical education topics
  - 1.5. Develop and implement a professional development incentive program that is made available to the SCCE and CI of contracted clinical education sites.
2. SCCE
  - 2.1. Identify staff development needs and consult with DCE to determine if SBU DPT can help to meet those needs
  - 2.2. Encourage CI attendance at annual CI Education and Credentialing Workshop
3. CI
  - 3.1. Reflect upon individual development needs and consult with SCCE/DCE to determine if SBU DPT can help to meet those needs
  - 3.2. Attend the annual CI Education and Credentialing Workshop



## Policy & Procedure

Title: Clinical Site File Library

Policy Number: 05-05

Date Effective: 07/23/2021

Date Replaces: 08/10/2012



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To maintain current files on clinical sites for use by students and the physical therapy program.

## Policy

Information for each clinical site will be contained in a file which includes the following:

1. a current contractual agreement between the clinical site and SBU
2. a current Clinical Site Information Form (CSIF)
3. copies of pertinent past correspondence between the University and the clinical site
4. relevant physical therapy student assessment of completed rotations.

## Procedure

### *Responsibilities*

1. Director of Clinical Education (DCE)
  - 1.1. Coordinate the organization of the Clinical Site File Library
  - 1.2. Request library updates as needed from clinical education sites
2. Students
  - 2.1. Utilize Clinical Site File Library to gather information on clinical sites in order to prepare for future clinical education experiences
  - 2.2. Contribute to the Clinical Site File Library by completing assessment tools for the facilities that were attended by the student
3. Clinical Education Coordinator
  - 3.1. Maintain and update the Clinical Site File Library
  - 3.2. Assist students in need as related to Clinical Site File Library
4. Site Coordinator of Clinical Education (SCCE)/Clinical Instructor (CI)
  - 4.1. Provide requested and relevant library updates as needed



## Policy & Procedure

Title: Student Responsibilities During Clinical Education Experiences

Policy Number: 05-06

Date Effective: 08/01/2016

Date Replaces: 08/23/2013

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To clearly outline the responsibilities and expectations of students while they are participating in clinical education.

## Policy

The Core Faculty, in consultation with the Director of Clinical Education (DCE), will develop a set of standards, expectations and/or responsibilities in which the student should be prepared to follow in order to promote an effective clinical education learning experience.

### *The SBU DPT student when attending a CE experience is expected to:*

1. Read and comply with all rules, regulations, policies, and procedures of the clinical site as well as the specific responsibilities of the contractual agreement between the University and the clinical site.
2. Maintain the confidential nature of the information on patients and their records, along with information on the business operations of the clinical site. Certain sites may require a formal signed HIPAA notice or other acknowledgements related to confidentiality.
3. Inform each patient that care will be provided by a physical therapy student (or intern), understanding that the patient may or may not grant permission for the student to provide the care.
4. Wear the official SBU or site-specific student nametag unless instructed otherwise by the clinical instructor.
5. Be responsible for all site specific expenses including but not limited to the following: transportation, housing, meals, and medical expenses which may include emergency care and medical evaluations or tests (including alcohol or substance abuse) as required by the clinical site or University.
6. If required by the site, the student will purchase at their own expense individual student professional liability insurance with limits not less than \$1 million per occurrence or \$3 million aggregate claim. Students will provide proof of ongoing insurance coverage, as is requested by the clinical site or the DCE.
7. If required by the site, the student will purchase at his or her own expense additional drug screening, background check, and/or additional site specific requirements.
8. Report all breakage, loss, or waste of equipment or medications, and damage of clinical site property to the clinical instructor and DCE.
9. Assume responsibility for risk of injury and damages which may occur despite due care on the part of the clinical site or the University. The student will notify the DCE and Site Coordinator of Clinical Education (SCCE) should the student become injured or ill while directly participating in clinical education.
10. Participate in online clinical education assignments via the SBU online course management system as directed in the clinical education course syllabus.

11. Complete and submit the designated clinical education site assessment tools (05-10).
12. Complete a self-assessment and agree to develop their professional abilities using the SBU DPT Professional Behaviors (See Forms and Supporting Materials).
13. Not secure concurrent or future employment at the clinical site in free time during clinical education at that site. Stipends given as a part of the clinical education experience are not construed as "employment." Please see policy 05-02 for more details regarding this expectation.
14. Contact the DCE immediately if unresolved conflicts at the clinical site are jeopardizing the student from successfully completing the scheduled rotation (Note: The DCE and SCCE are the only people who can terminate a CE experience. The CE experience cannot be terminated by the CI or student without the informed consent of the DCE and/or SCCE. If a student drops out of a CE experience for any reason, then the student will receive an automatic "F" for the CE experience).
15. Students requesting special assistance and/or accommodations during the clinical experience due to a disability should notify the DCE prior to the clinical education selection process. For specific issues related to Essential Functions and Technical Standards, please see policy 04-08.

## Procedure

### *Responsibilities*

1. Core Faculty
  - 1.1. Establish standards for student participation in a clinical education experience
    - 1.1.1. Consult with DCE on contemporary practices and expectations for student participation in clinical education
2. DCE
  - 2.1. Distribute standards as determined by Core Faculty to all involved stakeholders
  - 2.2. Implement standards as determined by Core Faculty
    - 2.2.1. Consult with SCCE for successful implementation of standards
  - 2.3. Assess standards and recommend additions or deletions to established standards to Core Faculty in order to achieve established program goals and objectives
3. Student
  - 3.1. Accurately follow established standards
4. SCCE
  - 4.1. Become knowledgeable of student responsibilities and expectations during a clinical education experience
  - 4.2. Distribute standards to all involved internal stakeholders (e.g. CI)
  - 4.3. Implement standards as determined by Core Faculty
    - 4.3.1. If required by the Clinical Education Site, submit advanced criteria for consideration and implementation by the University specific to this site
  - 4.4. Assess standards as related to the Clinical Education Site and recommend additions or deletions to established standards to DCE



## Policy & Procedure

Title: Prerequisites for Participation in Clinical Education

Policy Number: 05-07

Date Effective: 08/01/2014

Date Replaces: 08/10/2012

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To establish the prerequisite elements in order for students to participate in clinical education experiences.

## Policy

The Core Faculty, in consultation with the Director of Clinical Education (DCE), will develop a minimum set of prerequisites that the student must achieve in order to participate in clinical education experiences.

### *In order to participate in clinical education experiences, the student must:*

1. Complete all previous physical therapy courses and practical exams with at least a C, and have a minimum graduate GPA of 3.00. If a student does not meet these requirements, they will be referred to the PT Review Committee for remediation with recommendations from the clinical education department.
2. Attend all required clinical education meetings and training.
3. Complete basic Occupational Safety and Health Association (OSHA) and HIPAA training.
4. Be on unconditional academic enrollment status and/or successfully remediate any PT Review Committee actions.
5. Maintain and provide evidence of compliance for the following\*:
  - 5.1. professional liability insurance at current industry standards
  - 5.2. personal health insurance
  - 5.3. Basic Life Support (BLS, CPR) and Automatic External Defibrillator (AED) certification
  - 5.4. current criminal background check
  - 5.5. any other non-medical or medical test that may be required by the clinical site
  - 5.6. satisfactory medical examination
  - 5.7. current immunizations
  - 5.8. current 2-step TB skin test (or chest x-ray if deemed medically necessary)
  - 5.9. current drug screen
  - 5.10. Hepatitis B vaccine (or waiver)
  - 5.11. first-aid certification
6. Successfully complete each scheduled clinical education experience (or complete any assigned remediation) prior to participation in the next experience.
7. Purchase and wear professional attire (e.g. lab coat, medical scrubs), as required by the facility.
8. Have a working knowledge of the currently approved clinical performance assessment tool (i.e. CPI) prior to clinical education participation.
9. Turn in all forms and materials requested by the DCE regarding clinical site assignment at the specified time.
10. Sign a letter of understanding prior to attending the clinical education experiences outlining the requirements and risks involved in participation.



# Procedure

## *Responsibilities*

1. Core Faculty
  - 1.1. Establish prerequisite elements for student participation in a clinical education experience
    - 1.1.1. Consult with ACCE on contemporary practices and expectations for student participation in clinical education
2. DCE
  - 2.1. Distribute Clinical Education prerequisites as determined by Core Faculty to all involved stakeholders
  - 2.2. Implement Clinical Education prerequisites as determined by Core Faculty
  - 2.3. Assess Clinical Education prerequisites and recommend additions or deletions to established standards to Core Faculty in order to achieve established program goals and objectives
3. Student
  - 3.1. Complete successfully established prerequisites elements prior to participation in clinical education experiences\*
4. Site Coordinator of Clinical Education (SCCE)
  - 4.1. Become knowledgeable of student responsibilities and expectations during a clinical education experience
  - 4.2. Distribute standards to all involved internal stakeholders (e.g. CI)
  - 4.3. Implement standards as determined by Core Faculty
    - 4.3.1. If required by the Clinical Education Site, submit advanced criteria for consideration and implementation by the University specific to this site
  - 4.4. Assess standards as related to the Clinical Education Site and recommend additions or deletions to established standards to DCE

\*Opportunities to meet these obligations will be provided by the Department (extra cost may be applied); however the student reserves the right to seek external opportunities to meet these requirements. Copies of all records must be appropriately released to the department and maintained within the student's clinical education file. Elements revealed within any of these tests or verifications that are in violation of the SBU Student Handbook or relevant SBU policy will be forwarded to the Dean of Students for disciplinary action according to SBU policy.



## Policy & Procedure

Title: Clinical Education Debriefing

Policy Number: 05-08

Date Effective: 08/10/2012

Date Replaces: 11/01/2002



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To promote student reflection and self-assessment of performance during clinical education.

## Policy

A mandatory post clinical debriefing session will be scheduled just prior to commencement for each graduating class.

## Procedure

### *Responsibilities*

1. DCE
  - 1.1. Plan, coordinate, and implement clinical education debriefing sessions
2. Student
  - 2.1. Attend each mandatory scheduled debriefing session
  - 2.2. Actively participate in debriefing session sharing relevant clinical education experiences



## Policy & Procedure

Title: Clinical Education Debriefing

Policy Number: 05-08

Date Effective: 06/14/2023

Date Replaces: 08/10/2012



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 06/14/2023**

### Purpose

To promote student reflection and self-assessment of performance during clinical education.

### Policy

A mandatory post clinical debriefing process will occur just prior to commencement for each graduating class.

### Procedure

#### *Responsibilities*

1. DCE
  - 1.1. Plan, coordinate, and implement clinical education debriefing process.
2. Student
  - 2.1. Actively participate in debriefing process sharing relevant clinical education experiences



## Policy & Procedure

Title: Clinical Education Remediation

Policy Number: 05-09

Date Effective: 08/10/2012

Date Replaces: 12/01/2002



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To provide guidelines and responsibilities for the design, establishment, and implementation of clinical education remediation.

## Policy

Remediation may be provided to assist students who are having difficulty in the clinical education environment in order to complete established requirements for a specific clinical education course or in order to improve problem areas as identified during the clinical assessment process.

A final failing ("F") grade in any clinical education experience will result in a referral to the Physical Therapy Review Committee to be managed accordingly.

## Definitions

Remediation is the act or process of remedying a failure to meet established expectations of clinical performance on the part of the student.

Remediation Plan is the written outcome of the process to which the student is bound to complete successfully in order to progress from the point in time in which the clinical performance problem(s) was (were) identified. The plan should be individualized to the specific situation but typically includes extended duration in clinic under the supervision of a licensed Physical Therapist. It is plausible that the implementation of a remediation plan results in a delayed graduation.

## Procedure

### Responsibilities

1. Clinical Instructor (CI)
  - 1.1. Identify problem and initiate remediation process
  - 1.2. Consult with Director of Clinical Education (DCE) and Site Coordinator of Clinical Education (SCCE) at earliest opportunity regarding problem in need of remediation
2. DCE
  - 2.1. Identify problem and initiate remediation process
  - 2.2. Consult with student, CI and SCCE at earliest opportunity regarding problem in need of remediation
  - 2.3. Write a learning contract to include:

- 2.3.1.identified deficits or problem areas
  - 2.3.2.goals
  - 2.3.3.performance expectations of all involved parties
- 2.4. Validate and authenticate final version of contract
- 2.5. Keep copy of contract in the student's clinical education file
- 2.6. Circulate executed copy of contract to the student, the clinical site and any other relevant parties
- 2.7. Notify the Physical Therapy Program Director
- 3. Student
  - 3.1. Identify problem and initiate remediation process
  - 3.2. Provide input to the remediation process
  - 3.3. Validate and authenticate final version of contract
  - 3.4. Fulfill requirements of designed remediation plan



## Policy & Procedure

Title: Evaluation of Clinical Education Program

Policy Number: 05-10

Date Effective: 08/10/2012

Date Replaces: 08/01/2006



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To promote the collection of adequate feedback related to the clinical education program to ensure the needs of the clinical sites, the University and the students are being met as well as to advance the mission, goals, and objectives of both the department and the university.

## Policy

The department will assess the quality and outcomes of the clinical education program in a regular formative and comprehensive process and make appropriate corrective actions.

## Procedure

### Responsibilities

1. Student
  - 1.1. Complete requested assessment tools and return to department
    - 1.1.1.at midterm of each clinical rotation
    - 1.1.2.at end of each clinical rotation
    - 1.1.3.at end of curriculum
2. Clinical Instructor (CI)
  - 2.1. Complete requested student and program assessment tools and return to department
    - 2.1.1.at midterm of each clinical rotation
    - 2.1.2.at end of each clinical rotation
3. Site Coordinator of Clinical Education (SCCE)
  - 3.1. Complete requested student and program assessment tools and return to department
4. DCE
  - 4.1. Circulate current assessment tools, including performance standards, to student, CI and SCCE
  - 4.2. Plan and execute midterm evaluations
  - 4.3. Compile, present and circulate assessment data at the end of each full clinical education cycle.

Information will include at the minimum:

    - 4.3.1.utilization of existing clinical sites
    - 4.3.2.breadth and depth of clinical experiences
    - 4.3.3.summary of clinical instructor experience
    - 4.3.4.summary of student performance
    - 4.3.5.summary of remediation experiences
  - 4.4. Analyze data and make appropriate recommendations for process improvement

5. Clinical Education Coordinator
  - 5.1. Assist with the collection, compilation and presentation of assessment data
  - 5.2. Assist stakeholders in the completion of relevant forms and assessment tools
6. Core Faculty
  - 6.1. Review compiled assessment data and make appropriate recommendations for process improvement
  - 6.2. Assist when needed in performing midterm evaluations
  - 6.3. Review and approve performance standards of students for clinical education experiences
7. Program Director
  - 7.1. Utilize compiled assessment data for appropriate internal (e.g. annual report) and external reports (e.g. CAPTE)
  - 7.2. Analyze compiled data from a department level perspective and make appropriate recommendations and corrective actions



## Policy & Procedure

Title: Clinical Education Policy Changes

Policy Number: 05-11

Date Effective: 08/10/2012

Date Replaces: 03/19/2010



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To adapt and adjust procedural issues related to the management and supervision of clinical education in response to internal and external stimulus, both anticipated and unanticipated, ensuring effective and efficient delivery of clinical education.

## Policy

Due to changes, advancements, and unforeseen circumstances in clinical education, the Physical Therapy Program and the Director of Clinical Education (DCE), reserve the right to change or modify any of the existing clinical education policies and procedures, and place them into effect immediately. Students will be notified of any policy and procedure changes.

## Procedure

### *Responsibilities*

1. DCE
  - 1.1. Scan clinical education environment for pertinent elements that may impact either negatively or positively the current delivery of clinical education
  - 1.2. Discuss with program chair and/or other relevant stakeholders the anticipated impact of identified elements
  - 1.3. Recommend policy modification or creation as needed
  - 1.4. Notify students of updates to clinical education policy
  - 1.5. Update handbooks including the use of addendums to student handbooks
2. Program Director
  - 2.1. Discuss impact of policy change with relevant stakeholders
  - 2.2. Forward policy change or creation to Core Faculty for consideration (Policy 03-04)
  - 2.3. Memorialize changes to existing policies or the creation of new policies in the department Policy and Procedure manual





## Policy & Procedure

Title: Clinical Education Site Assignment Appeal

Policy Number: 05-12

Date Effective: 08/01/2016

Date Replaces: 08/10/2012



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To provide guidelines for the appeal process related to clinical education site assignments.

## Policy

The Physical Therapy Program specific appeal process found in the DPT student handbook remains in effect for all decisions in clinical education except for a special consideration pertaining to clinical education site assignments outlined as follows: The clinical education site assignments for any one student will be viewed in aggregate as one decision and not four individual decisions made by the Director of Clinical Education (DCE). A student who is unsatisfied with the result of the assignment process should make appeal to the DCE in aggregate as opposed to one specific assignment. The appeal should address how the cumulative effect of the four clinical rotations does not meet the educational/professional needs of the student.

## Procedure

### Responsibilities

1. Student
  - 1.1. If unsatisfied with aggregate site assignments in clinical education, formulate an appeal within 10 working days of formal notification of final CE placements
  - 1.2. Schedule an appeal meeting with DCE through the Clinical Education Coordinator
  - 1.3. Meet and discuss appeal with DCE
  - 1.4. If unsatisfied with decision of DCE, submit a written appeal to the Program Director within 10 working days of final appeal decision by DCE
  - 1.5. If unsatisfied with decision of Program Director, submit a written appeal to the Dean within 10 working days of final appeal decision by Program Director
  - 1.6. If unsatisfied with decision of Dean, submit a written appeal to the Provost\* within 10 working days of final appeal decision by Dean
2. Clinical Education Coordinator
  - 2.1. Schedule appeal appointment between student and DCE within 10 working days of notification by student+
3. DCE
  - 3.1. Hear appeal from student by live conference
  - 3.2. Collect relevant data pertaining to appeal
  - 3.3. Make a final determination on merits of the appeal within 10 working days of live conference
    - 3.3.1. Notify student of determination in writing

- 3.3.2. Copy Program Director on final determination
- 4. Program Director/Dean/Provost
  - 4.1. Review written appeal submitted by student
  - 4.2. Collect relevant data pertaining to appeal including interviews of stakeholders as needed
  - 4.3. Schedule a live conference with student if deemed necessary for clarification of data.
  - 4.4. Make a final determination on merits of the appeal within 10 working days of receipt of appeal notification
    - 4.4.1. Notify student of determination in writing
    - 4.4.2. (Program Director / Dean Only): Copy next administrative level on final determination
    - 4.4.3. Notify lower levels of appeal chain the final disposition of the appeal

\*Please note that the Provost is the final level of appeal process.

+For notification purposes, confirmation of receipt on the part of the PT program initiates the time clock expectations.



## Policy & Procedure

Title: Unexpected Termination of Clinical Education Site Assignments

Policy Number: 05-13

Date Effective: 08/10/2012

Date Replaces: N/A



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To provide guidance for when a clinical education site assignment is unexpectedly terminated.

## Policy

The DCE will work in consultation with the student to find a suitable remedy when a clinical education site assignment is unexpectedly terminated.

## Guiding Remarks

Many factors can cause a clinical education site assignment to be unexpectedly terminated ranging from poor student performance, to staffing changes at the clinical site, to natural disasters. Students should expect this to happen at least once to them individually. When it does, the student is expected to be professional, accepting, and flexible and is expected to promptly assist the Director of Clinical Education (DCE) when asked for input in regards to a replacement site assignment. When a clinical education site assignment is unexpectedly terminated, the department cannot make any assurances that the replacement site will be in the same location as the previously scheduled assignment. It is plausible, depending on the length of time of advanced notification of the site termination, that the student's expected graduation date may be delayed.

## Procedure

### Responsibilities

1. DCE
  - 1.1. Process information related to the unexpected termination of a clinical education assignment
  - 1.2. Determine whether unexpected termination is an isolated event that will impact only one student or an event that will impact multiple students over one or more clinical education cycles
    - 1.2.1. If unexpected termination is not an isolated event, investigate whether situation is reparable as to not lose future clinical education opportunities
  - 1.3. Determine urgency of situation. If unexpected termination is:
    - 1.3.1. between 6 and 12 months of start of clinical assignment, urgency level is low
    - 1.3.2. between 2 and 6 months of start of clinical assignment, urgency level is moderate
    - 1.3.3. between 0 and 2 months of start of clinical assignment, urgency level is high
  - 1.4. Work to find a suitable clinical education replacement for unexpected termination starting with high urgency situations first, moderate urgency situations are second, and low urgency situations are third in terms of priority

- 1.5. Consult with the student regarding an unexpected termination of a clinical education assignment to determine professional impact on student. How does the loss of this site impact the following?
  - 1.5.1. depth and breadth of clinical experiences
  - 1.5.2. working with patients across the life span
  - 1.5.3. preparation to sit for the NPTE
  - 1.5.4. program expectations
2. Clinical Education Coordinator
  - 2.1. Collect information related to the unexpected termination of a clinical education assignment
  - 2.2. Refer information to DCE as soon as is possible depending on the urgency of the termination of the clinical experience
3. Student
  - 3.1. Be professional, accepting, and flexible
  - 3.2. Is expected to promptly assist the DCE when asked for input in regards to a replacement site assignment
4. Site Coordinator of Clinical Education (SCCE)
  - 4.1. Notify DCE in advance, as early as possible, if scheduled placement is to be unexpectedly terminated
  - 4.2. Make available clinical education replacement opportunities when requested by DCE



## Policy & Procedure

Title: Clinical Instructor (and SCCE) Responsibilities During Clinical Education Experiences

Policy Number: 05-14

Date Effective: 08/10/2012

Date Replaces: N/A



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To clearly outline the responsibilities and expectations of Clinical Instructor (CI) and Site Coordinator of Clinical Education (SCCE) while they are supervising SBU DPT students during the clinical education experience.

## Policy

The DCE, in consultation with the Core Faculty, will develop and distribute a set of expectations and responsibilities in which the CI is asked to follow in order to promote an effective clinical education learning experience. In some cases, the DCE may be responsible for some of these expectations.

### *The CI and SCCE are expected to:*

1. Communicate to the student prior to his/her arrival for any “need-to-know” information.
2. Provide adequate facilities, equipment, and supplies in order to provide a positive learning experience for the student.
3. Advise the Director of Clinical Education (DCE) of any changes in personnel, operations, or policies that may impact the clinical rotation. Ensure the Clinical Site Information Form (CSIF) is current and is appropriately submitted to the university.
4. Be prepared for the student's arrival.
5. Orient the student to the policies and procedures of the clinic.
6. Be familiar with the currently approved clinical performance assessment tool (i.e. CPI).
7. Review the CPI with the student within the first two days of the clinical rotation in order to become familiar with the requirements established for the student and to help set appropriate goals for the rotation.
8. Provide informal feedback sessions frequently throughout the clinical rotation.
9. Provide formal feedback and review of the CPI at least during the mid-term and final evaluations, although a weekly review is recommended.
10. Provide adequate supervision of the student in order to nurture a positive learning environment. Structure the learning experiences, interact directly with the student, and adjust workload to the student's needs.
11. Serve as a role model and demonstrate a positive attitude toward students. Challenge students to utilize skills and resources available.
12. Maintain ethical and legal standards. A physical therapist must always be present when a student is in the clinic. A student should not treat patients if only a physical therapist assistant or aide is in the clinic or on the premises.

13. Respect the rights and dignity of the student. Provide a private setting for evaluation and feedback sessions.
14. Demonstrate a desire to be a lifelong learner by remaining current in the field of physical therapy (e.g. Continuing Education Courses, Specialization)

## Procedure

### *Responsibilities*

1. Core Faculty
  - 1.1. Establish standards for student participation in a clinical education experience
    - 1.1.1. Consult with ACCE on contemporary practices and expectations for student participation in clinical education
2. DCE
  - 2.1. Distribute standards as determined by Core Faculty to all involved stakeholders
  - 2.2. Implement standards as determined by Core Faculty
  - 2.3. Assess standards and recommend additions or deletions to established standards to Core Faculty in order to achieve established program goals and objectives
3. CI
  - 3.1. Voluntarily follow established standards
4. SCCE
  - 4.1. Voluntarily follow established standards
  - 4.2. Delegate responsibilities to CI as is appropriate per facility procedure



## Policy & Procedure

Title: Pregnancy

Policy Number: 05-15

Date Effective: 08/01/2014

Date Replaces: 08/23/2013



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To describe recommendations for safe return to class and clinical education rotations for female students who experience pregnancy, labor and delivery while enrolled in the DPT curriculum.

## Policy

Pregnancy and the gift of life is a beautiful and cherished blessing given by God. The department of physical therapy will manage the variables of a pregnancy on an individual basis as health needs present on the part of the student within established faculty guidelines. Ultimately it is the responsibility of the student to return to class or a clinical education rotation in a timely manner post partum as is dictated by her health or the health of the newly born child(ren). It is recommended that the student be both reasonable and prudent in putting her health and the health of her child(ren) at the forefront.

## Guidelines

1. The faculty appreciates that a pregnancy whether planned or unplanned may or may not delay the original graduation date for the student.
2. It is critical that the student have a social support network to help her care for the newly born child(ren). It is inappropriate that the newly born child(ren) be brought to class or a clinical education rotation in lieu of child care. The student should secure external child care services.
3. If the student misses an extended period of class, due to the lockstep nature of the curriculum, it is plausible that the student exits the curriculum and returns one year later to pick up where she left off giving her ample time to heal and recover. Semester ending/starting times are ideal points of curricular re-entry.
4. For the classroom environment: (Post partum) It is recommended that the student be medically stable before returning to class and be able to tolerate a full day of light activity which includes sitting for extended periods of time, standing for short periods of time and walking short distances.\*
5. For the clinical education environment: (Post partum) To ensure safe interaction with patients and clients, it is recommended that the student be medically stable before returning to the clinical education environment and be able to tolerate a full day of unrestricted activity as per the DPT Program Technical Standards and Essential Functions. It is recommended that this would resemble a traditional maternity leave of 6 – 8 weeks depending on individual medical status.

# Procedure

## *Responsibilities*

1. Core Faculty
  - 1.1. Establish recommendations and guidelines related to safe pre partum and post partum activities for students
2. Student
  - 2.1. Report pregnancy as soon as is practical to program (including at the minimum DCE and advisor)
    - 2.1.1. Immediately report any change in medical status that requires action on the part of the program
  - 2.2. Consult with attending physician to manage individual case accordingly
  - 2.3. Participate in planning process to determine safe participation in classroom or clinical education rotation
3. Director of Clinical Education (DCE)/Advisor
  - 3.1. Report to faculty and Program Director when student has notified them of pregnancy
  - 3.2. Participate in planning process to determine safe participation in classroom or clinical education rotation
  - 3.3. (DCE) Communicate medical status of student to Site Coordinator of Clinical Education (SCCE) and work to establish a curricular completion feasibility plan or alternative plan(s)
4. SCCE / Clinical Instructor (CI)
  - 4.1. Consult with student to determine needs while participating in the clinical education experience
  - 4.2. Gather and discuss issues with DCE leading to an establishment of a clinical education completion plan(s)

\*Appreciate that there are chemical compounds present in the Human Anatomy Lab that may pose an undue risk or potential harm for pre or post partum mothers. MSDS information is housed in the lab. Please confer with the instructor of the course for details. It is recommended that the pregnant student seek guidance from their attending physician related to participation in the anatomy lab experience.





## Policy & Procedure

Title: Attendance Policy for Clinical Education

Policy Number: 05-16

Date Effective: 08/01/2016

Date Replaces: N/A



PT, DPT, ATP, PhD

**Approval Signature (Program Director): Josh Layman, PT, DPT, ATP, PhD**

**Date: 07/26/2021**

## Purpose

To clearly outline the expectations of students regarding attendance while they are participating in clinical education assignments.

## Policy

The Core Faculty, in consultation with the Director of Clinical Education (DCE), will develop a set of standards, expectations and/or responsibilities in which the student should be prepared to follow in order to promote an effective clinical education learning experience. To ensure students will receive the full benefit of the clinical education learning experience, it is expected that the student will attend all scheduled work days according to the clinical site schedule (including weekends and holidays as appropriate) except in case of illness or emergency.

### *The following provisions are made in consideration of the attendance policy*

1. In general, a full time schedule is a typical 40 hour work week, however, that may vary depending on the nature of services delivered by the clinical site. Dramatic alterations in this time frame should be first cleared with the DCE.
2. It is expected that all excused absences will be made up. If three or fewer excused days are missed and the days cannot be reasonably made up, remediation will be at the discretion of the DCE. If a student misses more than three excused days that are not made up additional remediation will be required. See policy 04-03 for definition of excused absence.
3. In the event of illness or emergency the student must directly notify the Clinical Instructor (CI) and DCE to receive permission for the absence. Except in case of unavoidable circumstances, the student must contact the CI and DCE prior to the absence.
4. There is zero tolerance for unexcused absences during the clinical experience. Absences deemed as unexcused by the DCE or infractions to the clinical education policies and procedures will be grounds for failure of the clinical education experience.
5. The student may request time off for special once in a lifetime events (e.g. weddings or graduations). The student must first seek prior approval with the DCE well in advance of the event. Approval is contingent upon the nature of the request, and the site's (a) willingness/ability to let the student have the time off, and (b) willingness/ability to make up the lost time.
6. The student may request time off from the clinical education experience (CEIII and CEIV) for a job interview. The student must seek prior approval with the DCE and Site Coordinator of Clinical Education (SCCE). Approval is contingent upon the site's willingness/ability to let the student make up the lost time. The student will not be allowed more than 3 days off across CEIII and CEIV and no

more than 2 days in any 1 clinical experience. The student will not be given time off during CEI or CEII, because job interviews can be conducted over the holiday breaks.

7. Students desiring to undergo elective surgeries during clinical experiences must seek guidance and preapproval from the DCE and SCCE well in advance of the planned surgery. If approved, each case will be individually managed post operatively to determine the readiness of the student to return to the clinical site in order to safely manage a patient/client population (appropriate physician releases may be required). Time lost during the clinical experience from approved elective surgeries will be made up according to the above policy

## Procedure

### *Responsibilities*

1. Core Faculty
  - 1.1. Establish standards for student participation in relation to attendance during a clinical education experience
    - 1.1.1. Consult with DCE on contemporary practices and expectations for student attendance during clinical education experiences
2. DCE
  - 2.1. Distribute standards as determined by Core Faculty to all involved stakeholders
  - 2.2. Implement standards as determined by Core Faculty
    - 2.2.1. Consult with SCCE for successful implementation of standards
  - 2.3. Assess standards and recommend additions or deletions to established standards to Core Faculty in order to achieve established program goals and objectives
3. Student
  - 3.1. Accurately follow established standards
4. SCCE
  - 4.1. Become knowledgeable of student responsibilities and expectations regarding attendance during a clinical education experience
  - 4.2. Distribute standards to all involved internal stakeholders (e.g. CI)
  - 4.3. Implement standards as determined by Core Faculty
    - 4.3.1. If required by the Clinical Education Site, submit advanced criteria for consideration and implementation by the University specific to this site
  - 4.4. Assess standards as related to the Clinical Education Site and recommend additions or deletions to established standards to DCE in the anatomy lab experience.



Southwest Baptist  
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Doctor of Physical Therapy  
Clinical Education Handbook  
(Appendix)

Updated 08.10.23

*“For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you hope and a future. Then you will call on me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart.”*

-Jeremiah 29:11-13



# Southwest Baptist UNIVERSITY

## Division of Physical Therapy

### Professional Behavior Definitions\*

Professional Behavior	Definition/Descriptors
1. Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding; formulates appropriate questions; demonstrates positive attitude toward learning; sets personal and professional goals; seeks out professional literature.
2. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues; maintains professional demeanor; demonstrates empathy and interest in people as individuals; listens actively; cooperates; communicates with others in a respectful, confident manner.
3. Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes; demonstrates understanding of basic English; uses correct grammar, accurate spelling, and expression; writes legibly; recognizes impact of non-verbal communication; maintains eye contact; listens actively.
4. Effective Use of Time & Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources; meets external deadlines; demonstrates flexibility/adaptability; recognizes own resource limitations; uses existing resources effectively.
5. Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction; receptive without becoming defensive; actively seeks feedback and help; demonstrates a positive attitude toward feedback while respecting own limits.
6. Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes; states problems clearly; reports or describes known solutions to problem.
7. Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes; demonstrates dependability; demonstrates punctuality; budgets time wisely.
8. Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; to distinguish the relevant from the irrelevant; raises relevant questions; uses information effectively; thinks analytically: systematically, slow but thorough.
9. Stress Management	The ability to identify sources of stress and to develop effective coping behaviors; recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance when appropriate; maintains professional behavior regardless of problem or situation.
10. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively; abides by facility policies and procedures; projects professional image; continuous regard for all; describes personal value system.

*\*Adapted from the Physical Therapy Program, University of Wisconsin-Madison  
May et al. Journal of Physical Therapy Education. 9:1, Spring 1995*



# Southwest Baptist UNIVERSITY

## Doctor of Physical Therapy

### **DPT Program Technical Standards and Essential Functions**

*(Adapted 03/01 from the U. of Colorado PT program and others, with permission; revised 05/11; 08/15; 4/17; 6/19; 7/2020)*

#### **I. Introduction**

The purpose of this document is to delineate cognitive, affective and psychomotor skills, abilities, and behaviors deemed essential for completion of the program and to perform as a competent generalist physical therapist. The following list included is illustrative and does not represent an all-encompassing listing of the functions of a physical therapist.

The intent of the professional program at SBU is to educate competent generalist physical therapists who can provide examination, evaluation, diagnosis, prognosis, and intervention. Treatment interventions for the general population primarily occur in sub-acute and rehabilitation facilities or in outpatient centers in the current health care system. Enrolled students are required to complete the academic and clinical components of the professional DPT program, as defined in the SBU Catalog, DPT program Handbooks and the various course syllabi.

#### **Technical Standards**

It is during the rigorous three-year curriculum that the student develops the qualities needed to practice physical therapy. Students acquire the foundation of knowledge, attitudes, skills and behaviors needed beginning in a professional education program and continue development throughout the physical therapist's professional career. Those abilities which physical therapist must possess to practice safely are reflected in the technical standards that follow.

In order to evaluate competence, the Physical Therapy Program employs periodic examination, both written and practical, as an essential component of the curriculum. Successful completion of these examinations is required of all students as a condition of continued progress through the curriculum. Reasonable accommodation will be made in the form of administration of the evaluation when necessary. Students must be able to integrate all information received by whatever sense(s) employed, consistently, quickly, and accurately, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

The process of evaluation of the clinical performance of the student is an integral and essential component of the curriculum. Although reasonable accommodation can be made, participation in clinical experiences away from campus and the evaluation of the participation is required. Students, to be successfully placed in a clinical rotation must not only meet the technical standards of the SBU DPT Program, but also whatever standards are in place by the clinical facility. The Clinical Performance Instrument (CPI) is the evaluation tool currently used by the program.

## **II. Specific Areas of Standards and Essential Functions**

Candidates for the degree must be able to meet these minimum standards and be in compliance with legal and ethical standards as set forth by the APTA Code of Ethics and Standards of Practice. There are no substitutes associated with the standards for these essential skills. The applicant must be able to perform the skills throughout their matriculation in the program, with or without reasonable accommodation, for successful completion of degree requirements.

### **A. Observation**

Observation involves the functional use of vision, hearing, smell and somatic sensations.

**Standard:** A student must be able to observe lectures, laboratory dissection of cadavers, lecture and laboratory demonstrations, and observe microscopic studies of tissues.

**Essential Functions:** The student must be able to observe a patient accurately, observe digital and waveform readings and other graphic images to determine a patient's condition. Examples in which these observational skills are required include, but are not limited to: palpation of peripheral pulses, bony prominences and ligamentous structures; visual and tactile evaluation for areas of inflammation, gait analysis, ECG readings, radiographic images; visual and tactile assessment of the presence and degree of edema; visual and olfactory assessment of wounds; auscultation of heart/breath sounds.

### **B. Communication**

Demonstration of competent communication is fundamental to the career of the student.

**Standard:** This area includes speech, language, reading, writing and computer literacy.

**Essential Functions:** Students must be able to communicate effectively and sensitively with faculty, staff, clients, and patients to elicit information regarding expectations, behavior, mood and activities, as well as perceive non-verbal communications. Students must also be able to communicate effectively and efficiently with other members of the health care community to convey information essential for safe and effective care. Students need to communicate with individuals in a culturally sensitive way, while accepting individual differences. Students must be able to read, write, speak, and understand English at a level consistent with successful course completion.

### **C. Motor**

Motor skills require coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch, vision and smell.

**Standard:** Students must possess sufficient motor function to elicit information from the patient examination and provide therapeutic interventions, by palpation, auscultation, tapping and other physical maneuvers.

**Essential Functions:** Students must be able to execute movements required to provide general and therapeutic interventions, including, but are not limited to: positioning large or immobile patients, provide balance and safety support during movement tasks, gait training using therapeutic aids and orthotics/prosthetics, positioning, performing manual mobilization techniques, performing non-surgical wound debridement, and placing electrodes.

### **D. Intellectual-Conceptual Integrative and Quantitative Abilities**

These abilities include measurement, calculation, reasoning, analysis, judgment, numerical recognition and synthesis.

**Standard:** Problem solving and critical thinking, key skills demanded of a physical therapist, requires all of these intellectual abilities. These abilities must be performed quickly, especially in emergency situations.

**Essential Functions:** Students must be able to identify significant findings from history, physical examination, and laboratory data, provide a reasoned explanation for likely therapy, recalling and retaining information in an efficient and timely manner. The ability to incorporate new information from peers, teachers, and the professional literature in formulating treatment and plans is essential. Sound

judgment in patient assessment, diagnostic and therapeutic planning is essential; students must be able to identify and communicate the limits of their knowledge to others when appropriate. Students must be able to interpret graphs describing biologic relationships and manage other similar modes of data.

### **E. Behavioral and Social Attributes**

As a component of their education, students must demonstrate ethical behavior, and recognize the psychosocial impact of body function and structure impairments, activity limitations and participation restrictions; and integrate the needs of the patient and family into the plan of care, including education.

**Standard:** A student must possess the psychological stability required for the full utilization of their intellectual abilities, for the exercise of sound judgment, for the prompt completions of all responsibilities inherent to diagnosis and care of patients/clients, and for the development of mature, sensitive, and effective professional behaviors (as defined in DPT student handbook) and relationships with patients, clients, educators, colleagues, and other health care providers.

**Essential Functions:** Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing healthcare environment, and display flexibility as they learn to function in the face of uncertainties inherent in the clinical environment.

### **III. Reasonable Accommodation**

It is the policy of the Southwest Baptist University Physical Therapy Program to provide reasonable accommodation to qualified students with a disability so long as it does not fundamentally alter the nature of the program offered and does not impose an undue hardship.

If a student cannot meet or demonstrate the above listed essential functions and technical standards, it is the responsibility of the student to request appropriate accommodation(s). Whether or not any requested accommodation is reasonable will be determined on an individual basis. Determining what is reasonable accommodation is an interactive process which the candidate should initiate with the DPT Program Director, in advance. The disability services of the university will provide critical support in the determination process based off of documented needs of the student.

Prospective students, who can complete these tasks and activities with or without reasonable accommodation, are not required to disclose the specifics of their disability prior to an admission decision. Upon admission, a student who discloses a disability must complete the Disclosure of Disability Form and may receive reasonable accommodation(s) as determined above, but must be able to perform the essential functions of the curriculum and meet the standards described herein by the SBU PT program. It is also recognized that the status of students may change over time in which accommodations may need to be made, removed, or altered based on the changing status of the student. The student retains the right to update their disability of disclosure status and seek accommodations at any point during their tenure in the program.



Southwest Baptist  
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## Doctor of Physical Therapy

### AUTHORIZATION AND RELEASE of Student Information for Clinical Education

I, \_\_\_\_\_, do hereby authorize the Division of Physical Therapy at Southwest Baptist University in Bolivar, MO to release any student information that is required by a clinical site for participation in clinical education such as criminal background checks, drug screening results, immunization records, physical examinations, patient liability insurance coverage, any ADA accommodations, and prior clinical education paperwork and records. This student information will be kept on file in a secured location in the Division of Physical Therapy. Clinical sites will also be asked to maintain student confidentiality on the information received for the clinical experience.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Class of

\_\_\_\_\_  
DCE Signature

\_\_\_\_\_  
Date





Clinical Education Disclaimer and Letter of Understanding (*updated 07/23/2021*)

Student Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Class of \_\_\_\_\_

The purpose of the clinical education (CE) component within the physical therapy curriculum is to ensure student carry-over and integration of didactic course work into the clinical setting. To ensure a broad range of clinical experiences, each student will be required to have a clinical experience in inpatient acute care, outpatient orthopedics, and inpatient/outpatient neuro-rehabilitation. These experiences appear late in the curriculum totaling 34 weeks in a residency-like format. One of the terminal clinical education experiences may be in an area of special interest within physical therapy that has not already been experienced by the student in a prior clinical experience. Students are responsible for all expenses for travel and living during the clinical education experiences. Students with a history of criminal actions documented on a background check may have clinical education placement options severely limited or delayed. While student input to the assignment process is valued and considered, we cannot guarantee these requests for clinical assignments will be met. The final decision rests with the Director of Clinical Education (DCE), with input from the Core Faculty, and the student should be readily prepared to attend a rotation that may not have been a top preferred position on the part of the student.

\_\_\_\_\_(initial)

The student is responsible for all expenses including but not limited to transportation, housing, meals, clinical liability insurance, and medical expenses that may include emergency care and medical evaluations or tests, as required by the clinical site.

\_\_\_\_\_(initial)

It is expected that the student will appreciate that the program coordinates 320 student placements annually and that the student will recognize the authority of the DCE and the school in determining the best site selection for each individual student. Students can facilitate this process most effectively by excelling in the classroom and demonstrating superlative professional behaviors.

\_\_\_\_\_(initial)

The school and DCE reserve the right to change or modify any of the existing policies and procedures, and place them into effect immediately. Students will be notified of any policy and procedure changes.

\_\_\_\_\_(initial)

It is expected that the student will attend all scheduled work days according to the clinical site schedule (including weekends and holidays as appropriate) except in case of illness or emergency.

\_\_\_\_\_(initial)

The CI, DCE and ADCE are the only people who can terminate a CE experience. The CE experience cannot be terminated by the student without the informed consent of the DCE and/or ADCE. If a student drops out or refuses to attend any CE experience for any reason without consent then the student will receive an automatic "F" for the CE experience.

\_\_\_\_\_(initial)

Please fill out either section "A" or "B" below which most directly applies to you:

A) I certify that I have NOT EVER: 1) held a PT related job, 2) taken scholarship money to attend the SBU DPT program, or 3) secured a physical therapy related work agreement after my graduation. If this information changes I will immediately provide the new information to the DCE.

\_\_\_\_\_(initial)

B) List all facilities in which you have held a physical therapy related employment position, received a scholarship to attend SBU, and/or secured a post-graduation employment agreement:

Facility Name	City / State	Circle One
_____	_____	Job / Scholarship / Future Employment
_____	_____	Job / Scholarship / Future Employment
_____	_____	Job / Scholarship / Future Employment
_____	_____	Job / Scholarship / Future Employment
_____	_____	Job / Scholarship / Future Employment

If more space is needed to complete "B", please use the back of this form. I certify that the provided information is accurate as of the dating of this disclaimer and that if it changes I will immediately provide the new information to the DCE (Director of Clinical Education).

\_\_\_\_\_(initial)



**Medical Immunization Requirements<sup>1</sup> (updated 06.14.23)**

The Center for Disease Control requires all college campuses to collect immunization records from all entering and transfer students. In most cases students are up to date on their immunizations so this request should not pose a problem. As evidence that incoming DPT students meet this requirement, please email a PDF copy of the Immunization Attestation document received in your student acceptance packet complete with immunization dates AND signed by a provider (PCP, NP, PA, DO, MD, RN) to: [clined@sbuniv.edu](mailto:clined@sbuniv.edu)

**We can only accept this document/format for your immunization documents, please do not send your original vaccination records.**

Check the following list to be sure that you meet the following requirements:

**Required SBU Immunizations**

1. 2 MMR (Measles, mumps, rubella) - If the student has not received the second MMR injection, local Missouri Health Departments will provide injection to incoming students (typically cost is free).
2. DPT series (diphtheria, pertussis, tetanus)
3. Td (tetanus) or DTap (diphtheria, tetanus, acellular pertussis) booster within 10 years prior to entering the university.
4. Polio series
5. 2-step TB skin test required within 3 months prior to starting the DPT program. Positive test will need proof of negative x-ray. An annual and/or two-step TB test will be available to SBU DPT students through the Polk County Health Center (at a nominal fee) prior to going out on the clinical experiences.
6. Hepatitis B series<sup>2</sup> – 3 injections (or 3 dose Twinrix – combination Hepatitis A & Hepatitis B)
7. Varicella series (Chicken Pox), 2-injections or Varicella Titer.
8. Flu Vaccine

**Recommended Immunizations**

9. COVID-19 Vaccination (highly recommended – if declining see medical and religious exemption forms for details)
10. Menactra (meningitis)
11. Hepatitis A series<sup>2</sup> – 2 injections (or 3 dose Twinrix – combination Hepatitis A & Hepatitis B)

<sup>1</sup> It is possible that a specific clinical education site has more extensive required immunizations than the list provided here. If a student wishes to complete such a rotation, then the site specific elements must be met.

<sup>2</sup>The Hepatitis A is highly recommended. Alternatively, if a waiver is signed, the DPT student will have fewer sites that will accept them for a clinical experiences which may hinder scheduling of the educational experience. The 1<sup>st</sup> and 2nd HEP B or Twinrix shots (or signed waiver) must be completed by the end of the 1<sup>st</sup> fall semester. The remaining HEP B or Twinrix shots as well as any site specific immunization requirements must be completed by the end of the spring semester of the student's first year in the program.

Any vaccine in which a student feels they have a medical or religious exemption from, further documentation will be required. See medical and religious exemption forms. However, clinical sites can choose to deny the student a placement regardless of a medical or religious exemption, therefore students may not be able to be placed at certain clinical sites, regardless of medical or religious exemption. Student matriculation and graduation may be affected due to limited number of clinical partners that accept medical and religious exemptions.

**Email all immunization records to:**  
[clined@sbuniv.edu](mailto:clined@sbuniv.edu)

If you have any questions about the immunization process email [clined@sbuniv.edu](mailto:clined@sbuniv.edu) or call 417-328-1906



## Request for Medical Exemption

			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name			Date				
Email			Site name				
Phone Number	Student Number	SCCE name/email)					

Explain in your own words why you are requesting this exemption.

Provide the attached correspondence to your medical provider and return with your exemption request.

*I hereby affirm the truthfulness of this statement.*

**SIGN HERE**

Signature

Date

## Request for Medical Exemption

Dear Medical Provider,

Clinical sites/sites for the above named student requires vaccination against COVID-19 as required by recent regulations. The individual named here is seeking an exemption to this policy due to medical contraindications. Medical contraindications and precautions for immunization should be based on the most recent recommendations of the Advisory Committee on Immunization Practices/CDC.

Please complete this form to assist Southwest Baptist University in the reasonable accommodation process.

**It is my medical opinion that \_\_\_\_\_ should not receive the \_\_\_\_\_ due to:**  
(patient name)  
(insert any and all specific COVID-19 vaccinations by name)

\_\_\_\_\_ Severe allergic reaction (e.g. anaphylaxis) after a previous dose or close to a vaccine component. Please provide the dates of allergy testing and the results of such testing:

\_\_\_\_\_ Other (explain, attach additional sheets as necessary):

**This exemption should be:**

- ☐ Temporary, expiring on: \_\_/\_\_/\_\_, or when \_\_\_\_\_
- ☐ Permanent

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

\_\_\_\_\_  
 Medical Provider Name (print):

**SIGN HERE**

\_\_\_\_\_  
 Medical Provider Signature:

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Practice Name

\_\_\_\_\_  
 Provider Phone

\_\_\_\_\_  
 Practice Address, City, State, & Zip



# Southwest Baptist UNIVERSITY

## Request for Religious Exemption

☐ ☐ ☐ ☐ ☐

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Site name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
*SCCE name/email*

Please identify the requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious beliefs").

Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the requirement, policy, or practice identified above.

What is the accommodation or modification that you are requesting?

List any alternative accommodations that also would eliminate the conflict between the requirement, policy, or practice and your sincerely held religious beliefs.

*I hereby affirm the truthfulness of this statement.*

**SIGN HERE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# COVID-19 Vaccination Status Form



Southwest Baptist  
UNIVERSITY

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

Student ID Number: \_\_\_\_\_

Class of 20\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please fill out the section below by checking the corresponding box regarding your COVID-19 Vaccination Status and Initial next to the chosen item:

☐ I am currently vaccinated against COVID-19

Initial: \_\_\_\_\_

*(Please upload your COVID Vaccination Card as a PDF to Organizations>Doctor of Physical Therapy>Clinical Education Drop Boxes > Proof of Completed COVID-19 Vaccination Dropbox)*

☐ I am not currently vaccinated, but I am willing to be vaccinated.

Initial: \_\_\_\_\_

☐ I am declining/refusing the COVID-19 Vaccine and will not be getting vaccinated.

Initial: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## IMMUNIZATION ATTESTATION FOR CLINICAL EDUCATION

As evidence that incoming DPT students meet immunization requirements, please email a PDF copy of this form received in your student acceptance packet complete with immunization dates AND signed by a healthcare provider (PCP, NP, PA, DO, MD, RN) to: [clined@sbuniv.edu](mailto:clined@sbuniv.edu) prior to August 1<sup>st</sup> prior to starting the DPT program. File types other than a PDF will not be accepted.

These immunizations are required for your participation in Clinical Education. You may be required to present these to the SBU Health Center.

**We can only accept this document/format for your immunization documents, please do not send your original vaccination records.**

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

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

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Male: \_\_\_\_\_ Female: \_\_\_\_\_

### PLEASE PROVIDE DATES FOR ALL OF THE FOLLOWING:

### DATE VACCINATED: month/day/year

I. MMR (Measles, Mumps, Rubella) Two doses required:

#1. \_\_\_\_\_

#2. \_\_\_\_\_

II. Tdap (Tetanus/Diphtheria and Pertussis)

\*booster must not expire before DPT graduation (TDAP boosters last 10 years)

#1. \_\_\_\_\_

III. Hepatitis B

#1. \_\_\_\_\_

#2. \_\_\_\_\_

#3. \_\_\_\_\_

IV. Varicella (chicken pox)

#1. \_\_\_\_\_

#2. \_\_\_\_\_

*Or*

Varicella Titer *\*get titer if you have had chicken pox*

*Or*

#1. \_\_\_\_\_

### RECOMMENDED:

V. Flu Vaccine

\*All students will be asked to get the Flu Vaccine during the fall semester, it is okay to leave this blank if the flu shot is not currently available.

#1. \_\_\_\_\_

VI. Meningococcal Meningitis Vaccine (2 doses)

#1. \_\_\_\_\_

#2. \_\_\_\_\_

VII. Polio Series (series of 3 doses)

#1. \_\_\_\_\_

#2. \_\_\_\_\_

#3. \_\_\_\_\_

VIII. Hepatitis A

#1. \_\_\_\_\_

#2. \_\_\_\_\_

COVID-19 Vaccination (2 doses)

#1. \_\_\_\_\_

#2. \_\_\_\_\_

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

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

Provider Printed Name AND Credentials: \_\_\_\_\_





**Clinical Education Student Contract (updated 07.23.2021)**

I, \_\_\_\_\_ (insert name), Class of \_\_\_\_\_ (insert class), have read and fully understand the terms stated below. By signing this contract, I am verifying that I agree to the terms.

-It is my responsibility to read the clinical agreement between Southwest Baptist University and the respective CE sites. If I have questions, I will ask the DCE. \_\_\_\_\_ (initial)

-Maintain the confidential nature of the information on patients and their records, along with information on the business operations of the clinical site. Certain sites may require a formal signed HIPAA notice or other acknowledgements related to confidentiality. \_\_\_\_\_ (initial)

-Inform each patient that care will be provided by a physical therapy student (or intern), understanding that the patient may or may not grant permission for the student to provide the care. \_\_\_\_\_ (initials)

-Wear the official SBU or site-specific student nametag unless instructed otherwise by the clinical instructor. \_\_\_\_\_ (initial)

-It is my responsibility to review and comply with the guidelines and policies established by SBU DPT and the respective clinical education sites. I will fulfill any and all requirements (e.g. medical examinations; immunizations; OSHA; HIPAA) established by SBU DPT (see respective handbooks) and the clinical education site (see CSIF and/or site contract) prior to my participation in the clinical education experience as documented on the Clinical Education Requirements Form. \_\_\_\_\_ (initial)

-It is my responsibility to read and understand the state statutes and regulations for practice related to this clinical experience [<https://www.fsbpt.org/LicensingAuthorities/index.asp>]. \_\_\_\_\_ (initial)

-As part of participation in clinical education experiences the student may be exposed to unforeseeable sickness, contaminants, or injury during the scheduled rotation. This is an assumed risk of becoming a health care professional. \_\_\_\_\_ (initial)

-It is my responsibility to cover all expenses including but not limited to transportation, housing, meals, clinical liability insurance, and medical expenses that may include emergency care and medical evaluations or tests, as required by the clinical site. \_\_\_\_\_ (initial)

-The CI, DCE and ADCE are the only people who can terminate a CE experience. The CE experience cannot be terminated by the student without the informed consent of the DCE and/or ADCE. If a student drops out or refuses to attend any of a CE experience for any reason without consent, then the student will receive an automatic "F" for the CE experience. \_\_\_\_\_ (initial)

-It is my responsibility to report all information related to my participation in the clinical education experience both accurately and timely. If any of these elements change or require updating, I will do so with due diligence. I understand that any misrepresentation or incorrect information reported by me may result in disqualification from clinical education experiences and possible dismissal from the program. \_\_\_\_\_ (initial)

-If required by the site, the student will purchase at his or her own expense additional drug screening, background check, and/or additional site specific requirements. \_\_\_\_\_ (initial)

-If required by the site, the student will purchase at their own expense individual student professional liability insurance with limits not less than \$1 million per occurrence or \$3 million aggregate claim. Students will provide proof of ongoing insurance coverage, as is requested by the clinical site or the DCE. \_\_\_\_\_ (initial)

-Report all breakage, loss, or waste of equipment or medications, and damage of clinical site property to the clinical instructor and DCE. \_\_\_\_\_ (initial)

-Assume responsibility for risk of injury and damages which may occur despite due care on the part of the clinical site or the University. The student will notify the DCE and SCCE should the student become injured or ill while directly participating in clinical education. \_\_\_\_\_ (initial)

-Participate in online clinical education assignments via the SBU online course management system as directed in the clinical education course syllabus. \_\_\_\_\_ (initial)

-Complete and submit the designated clinical education site assessment tools (Policy 05-10). \_\_\_\_\_ (initial)

-Complete a self-assessment and agree to develop their professional abilities using the SBU DPT Professional Behaviors \_\_\_\_\_ (initial)

-**Not** secure concurrent or future employment at the clinical site in free time during clinical education at that site. Stipends given as a part of the clinical education experience are not construed as "employment." Please see policy 05-02 for more details regarding this expectation. \_\_\_\_\_ (initial)

-Attend all scheduled work days according to the clinical site schedule (including weekends and holidays) except in case of illness or emergency. The following provisions are made in consideration of the attendance policy:

- a. In general, a full time schedule is a typical 40-hour work week, however, that may vary depending on the nature of services delivered by the clinical site. Dramatic alterations in this time frame should be first cleared with the DCE. \_\_\_\_\_ (initial)
- b. It is expected that all excused absences will be made up. If three or fewer excused days are missed and the days cannot be reasonably made up, remediation will be at the discretion of the DCE. If a student misses more than three excused days that are not made up additional remediation will be required. See policy 04-03 for definition of excused absence. \_\_\_\_\_ (initial)
- c. In the event of illness or emergency the student must directly notify the CI and DCE to receive permission for the absence. Except in case of unavoidable circumstances, the student must contact the CI and DCE prior to the absence. \_\_\_\_\_ (initial)
- d. There is zero tolerance for unexcused absences during the clinical experience. Absences deemed as unexcused by the DCE or infractions to the clinical education policies and procedures will be grounds for failure of the clinical education experience. \_\_\_\_\_ (initial)
- e. The student may request time off for special once in a lifetime events (e.g. weddings or graduations). The student must first seek prior approval with the DCE well in advance of the event. Approval is contingent upon the nature of the request, and the site's willingness/ability to let the student make up the lost time. \_\_\_\_\_ (initial)
- f. The student may request time off from the clinical education experience (CEIII and CEIV) for a job interview. The student must seek prior approval with the DCE and SCCE. Approval is contingent upon the site's willingness/ability to let the student make up the lost time. The student will not be allowed more than 3 days off across CEIII and CEIV and no more than 2 days in any 1 clinical experience. The student will not be given time off during CEI or CEII, because job interviews can be conducted over the holiday breaks. \_\_\_\_\_ (initial)
- g. Students desiring to undergo elective surgeries during clinical experiences must seek guidance and preapproval from the DCE and SCCE well in advance of the planned surgery. If approved, each case will be individually managed post operatively to determine the readiness of the student to return to the clinical site in order to safely manage a patient/client population. A full physician release with no restrictions will be required. Time lost during the clinical experience from approved elective surgeries will be made up according to the above policy (Item b). \_\_\_\_\_ (initial)

-Contact the DCE immediately if unresolved conflicts at the clinical site are jeopardizing the student from successfully completing the scheduled rotation (Note: The CI, DCE and SCCE are the only people who can terminate a CE experience. The CE experience cannot be terminated by the CI or student without the informed consent of the DCE and/or SCCE. If a student drops out of a CE experience for any reason, then the student will receive an automatic "F" for the CE experience). \_\_\_\_\_ (initial)

-Students requesting special assistance and/or accommodations during the clinical experience due to a disability should notify the DCE prior to the clinical education selection process. For specific issues related to Essential Functions and Technical Standards, please see policy 04-08. \_\_\_\_\_ (initial)

[ ☐ ] Yes [ ☐ ] No

I wish to declare a mental or physical limitation that may require special accommodations for my participation in the clinical education experience. If "Yes" you will be contacted by the DCE for an individual appointment to discuss this declaration. \_\_\_\_\_ (initial).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# Site Specific Clinical Education Requirements Form

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

Class of: \_\_\_\_\_

<b>CEI - Name of site and location:</b>	
<b>SCCE – Name and Contact Info:</b>	
Description of Requirement (that is above SBU minimum requirements)	Completed
<b>CEII - Name of site and location:</b>	
<b>SCCE – Name and Contact Info:</b>	
Description of Requirement (that is above SBU minimum requirements)	Completed
<b>CEIII - Name of site and location:</b>	
<b>SCCE – Name and Contact Info:</b>	
Description of Requirement (that is above SBU minimum requirements)	Completed
<b>CEIV - Name of site and location:</b>	
<b>SCCE – Name and Contact Info:</b>	
Description of Requirement (that is above SBU minimum requirements)	Completed

**These are the SBU requirements for students to participate in clinical internships**

1. Clean background
2. Employee Disqualification List (EDL)
3. Child abuse clearance
4. Clean 10 panel drug screening (completed before 1<sup>st</sup> clinical internship)
5. CPR
6. First Aid
7. OSHA training certification
8. HIPAA training certification
9. Student health insurance
10. School provided group Liability insurance coverage
11. Physical exam/Health clearance
12. Negative Two step TB test (Completed prior to 1<sup>st</sup> internship)
13. Immunizations:
  - a. MMR or titer, HEP B series (3), tDap, DPT, Polio, Varicella 2 step or titer
  - b. Flu Shot (Student is responsible to complete 2 weeks prior to beginning of 2<sup>nd</sup> internship)



## Request for a New Clinical Site<sup>1, 2</sup>

*“For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you hope and a future. Then you will call on me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart.”*  
-Jeremiah 29:11-13

**The purpose of this form is to gather information on prospective new clinical education sites in order to determine the feasibility of establishing a contractual relationship between the clinical site and the university.**

Priority for new clinical education site development is given to practice areas and locations that will benefit future students as opposed to the current student requesting the new site. Approval to proceed with new site development will be granted (or denied) by the DCE in consultation with the core faculty.

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ Class Year: \_\_\_\_\_

Facility

Name:

Facility

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

SCCE (or contact) Name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_ Check appropriate boxes:

PT Practice Area:      Acute      Neuro/Rehab      OP      Specialty: \_\_\_\_\_

What is the unique element of this clinical site that will benefit future SBU DPT students?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6 month starting deadline met to begin the new site contract prior to the CE experience?</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Site screened for minimum standards criteria per policy (05-03)? (Attach communications with facility)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Consultation completed with Core Faculty?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Approval to proceed with contractual arrangements?
	If “Yes”, date of when contract was sent: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contract completed 40 working days prior to the start of the CE experience?

### Below for Division Use Only:

1. Students will have the opportunity to establish one new site for Clinical Education I, II, III, or IV if it meets the needs of the clinical site and the university prior to the needs of the student. The request for the new site must be received in writing on the Request for a New Clinical Site Form at least 6 months prior to the start of the clinical education experience. All new site clinical paperwork and contracts must be completed 40 working days prior to the start of the clinical experience. If the contractual paperwork is not completed by this deadline, then the student will be assigned to an existing available site for the clinical experience. Students are expected to have a realistic back up plan when trying to establish a new clinical site contract, as the failure rate has been historically high (05-02).

2. Students or their representatives are strictly prohibited from contacting sites directly for solicitation of new clinical agreements or clinical placements. If it has been determined that the student or agents acting on behalf of the student have contacted a site, unless specifically directed to do so by the DCE, the student will not be permitted to utilize that site for the clinical experience. The role of the student is to identify and provide appropriate contact information to the DCE. The DCE, or delegated core faculty representative, will communicate with the site SCCE to ask if they are available to take a student in that area of interest. All legal paperwork must be completed and DCE / SCCE approval must be formalized before a new site will be available for utilization by students. If a student requests and goes through the extensive process of establishing a new clinical agreement, the student will be obligated to attend that rotation (05-02).