

Bellarmino University



Clinical Education Handbook

Revised 11.7.2024

Doctor of Physical Therapy Program
School of Movement and Rehabilitation Sciences
Bellarmino University
2001 Newburg Road
Louisville, KY 40205
Office: (502) 272-8356
Fax: (502) 272-8429



Clinical Education Handbook

Preface

Clinical education experiences are an essential part of the Doctor of Physical Therapy curriculum and are designed to provide students with the opportunity to apply knowledge, skills, attitudes, and behaviors needed for entry into the practice of physical therapy.

This handbook serves as a comprehensive guide for students, faculty, and clinical educators, outlining the essential framework and expectations for clinical education experiences. Our goal is to foster an environment of growth and collaboration, where students can develop critical thinking, clinical reasoning, and interpersonal skills. This resource aims to facilitate a seamless transition into clinical practice, equipping students and clinical educators with the tools, expectations, and resources necessary for success and lifelong learning.

In this handbook, you will find important information regarding clinical placements, assessment criteria, and best practices for effective learning and teaching in the clinical environment. This handbook is meant to supplement, not replace, the Bellarmine University Doctor of Physical Therapy Handbook. All students are subject to the policies of Bellarmine University as delineated in the Bellarmine University Doctor of Physical Therapy Handbook. It is recognized that this document may not contravene any policy of the states of Kentucky, or any rules, regulations, or policies of any state the student may be active in the capacity of receiving clinical education.

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

Clinical Education Faculty and Staff:

Beth Quinn, PT, DPT

Board-Certified Clinical Specialist in Geriatric Physical Therapy

Director of Clinical Education (DCE), Associate Professor

squinn@bellarmine.edu Office: 502.272.7969

Tara Granada, PT, DPT

Board-Certified Clinical Specialist in Geriatric Physical Therapy

Associate Director of Clinical Education (ADCE), Assistant Professor

tgranada@bellarmine.edu Office: 502-272-7968

Piper Clark, CSW

Clinical Education Administrative Assistant

pclark3@bellarmine.edu Office: 502-272-7425

Megan Danzl, PT, DPT, PhD

Board-Certified Clinical Specialist in Neurologic Physical Therapy

Professor, Chair & Program Director

mdanzl@bellarmine.edu Office: 502-272-7368

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Clinical Education Course Descriptions

Clinical education accounts for approximately one-third of the DPT curriculum as measured by contact hours. Four clinical education courses (PT 700, PT 710, PT 720, and PT 730) provide a total of 42 full-time weeks which are critical to the development of minimal competencies required for professional practice. Learning occurs directly as a function of being immersed within various practice settings. The instructional methodology for clinical education primarily involves the clinical instructor (CI) preceptor model, where the student will have the opportunity to apply didactic knowledge, develop professional behaviors, and practice clinical skills under the preceptorship of experienced physical therapists. This element is made possible by collaborative relationships between the university and off-site Clinical Instructors (CIs) through experiential learning, as well as other learning activities, which may include, but are not limited to, reflective journaling, self-assessment, written assignments, discussion forums, and other tasks assigned by the CI or DCE.

Clinical education occurs in off-campus physical therapy practices with individuals having agreed to certain standards of behavior through contractual arrangements for their services. These affiliating practices are referred to as clinical sites. Bellarmine currently affiliates with over 700 clinical sites located throughout Kentucky, the United States, and internationally.

Individuals engaged in providing off-campus experiences are generally referred to as either Site Coordinators of Clinical Education (SCCEs) or Clinical Instructors (CIs). The SCCE and CI are collectively referred to as clinical faculty. The primary CI for physical therapist students is always a physical therapist, however, this does not preclude a student from engaging in short-term specialized experiences (e.g., cardiac rehab, hand therapy, wound care) under the supervision of other professionals, where permitted by law.

The Program maintains responsibility for the clinical education courses and student outcomes. The Program partners with practitioners at the clinical sites to design, implement, and assess student learning experiences and student performances. Additionally, the Program provides mechanisms to coordinate assignment of students to experiences, to communicate with clinical faculty, to monitor the quality of the students' experiences, and to assess student performance, all to ensure the quality of the students' education.

Clinical education courses for the Program include:

- PT 700 Clerkship is a 6-week full-time clinical course in which students must achieve Advanced Beginner performance on the PT-CPI 3.0.
- PT 710 PT Practice Experience I is a 12-week full-time clinical course in which students must achieve Advanced Intermediate performance on the PT-CPI 3.0.
- PT 720 PT Practice Experience II is a 12-week full-time clinical course in which students must achieve Advanced Intermediate performance on the PT-CPI 3.0.
- PT 730 PT Practice Experience III is a 12-week full-time clinical course in which students must achieve Entry-Level performance on the PT-CPI 3.0.

Role of the Director of Clinical Education

The Director of Clinical Education (DCE) is the core faculty member responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum. The DCE is assisted in all duties by the Associate DCE and together, they are the faculty members of record for the clinical education courses.

The DCE has the following responsibilities:

- Curriculum Development: Design and oversee the clinical education curriculum to ensure alignment with program goals and accreditation standards.
- Clinical Site Management: Establish and maintain relationships with clinical education sites, ensuring that there are a sufficient number and variety of clinical education sites that meet quality standards for student training.
- Clinical Faculty Training: Ensure that clinical instructors meet program qualifications regarding licensure, experience and clinical competence, and demonstrate clinical teaching effectiveness.
- Student Placement: Coordinate student placements in clinical settings, matching students with appropriate sites based on their learning needs and career goals.
- Student Readiness: Determine that students are professional, competent, and safe and ready to progress to clinical education.
- Assessment and Evaluation: Develop and implement assessment tools and processes to evaluate student performance in clinical settings, ensuring adherence to educational objectives.
- Monitoring Progress: Regularly monitor and support student progress during clinical experiences, addressing any issues that arise.
- Collaboration and Communication: Communicate information about clinical education with core faculty, clinical education sites, clinical faculty, and students to promote a cohesive learning environment.
- Program Assessment: Collect and analyze data related to clinical education outcomes to evaluate and enhance the quality of the program.
- Advising: Provide academic and professional advising to students regarding their clinical education and career pathways.
- Continuing Education: Stay updated on best practices in clinical education and physical therapy, integrating new developments into the program as appropriate.
- Compliance and Accreditation: Ensure the clinical education program meets accreditation requirements and participates in continuous quality improvement initiatives.

Essential Functions and Accommodating Students with Disabilities

The Bellarmine University Physical Therapy Program Essential Functions and Technical Standards describes the academic, clinical, and interpersonal aptitudes and abilities that allow physical therapy students to complete the professional curriculum.

Policy: The Bellarmine DPT Program complies with the Americans with Disabilities Act and does not discriminate against qualified individuals with disabilities. We are committed to making reasonable

accommodations for students who have disabilities to allow for equal access and opportunity to perform the essential functions. It may not be feasible for clinical sites to provide similar accommodations during clinical experiences. The program is committed to identifying reasonable accommodations, if necessary, to the technical standards and requirements of a clinical site that the students must meet. (5D)

Procedure: In the event that a student determines he or she cannot meet an essential function of a clinical experience due to a disability, either upon admission to the program or at any point thereafter, it is the responsibility of the student to notify the Chair of the Department of Physical Therapy, the Director of Clinical Education, and the Accessibility Resource Center of that determination and to request reasonable accommodation(s). Once accommodation recommendations are provided by the Accessibility Resource Center, the DCE (with permission from the student) will discuss the recommendations with the SCCE to determine if requested accommodations are feasible.

Student Health Requirements

Students involved in educational programs and clinical learning experiences in healthcare settings may encounter potential health risks including, but not limited to, exposure to infectious diseases and hazardous chemicals, ergonomic hazards from lifting and repetitive tasks, workplace violence, and stressful situations. Students are responsible for protecting themselves by following directions, using standard precautions, asking for help if uncertain as to the safest manner of accomplishing a task, and being aware of hazards. Students are also required to be in compliance with various health requirements, training modules, and competency check-offs. (5D)

Policy: Students must be in compliance with the health requirements and training modules listed below to participate in clinical education courses and program learning-activities in which students provide direct patient care. It is the student's responsibility to maintain ongoing compliance and provide the Program with current and complete documentation supporting personal health and immunity requirements. All health-related information will be treated confidentially by the program. It is the responsibility of the student to release any health-related information to the clinical site upon request. The DCE will establish due dates for each requirement, determine the mechanism for compliance monitoring, and communicate expectations with students during orientation.

Procedure: The Program utilizes Exxat, a secure, online document management system for the purpose of record storage and compliance monitoring of clinical education requirements. Students must demonstrate ongoing compliance with clinical practice requirements by maintaining and uploading records for compliance monitoring within the online record storage system. Students are expected to keep a personal copy of the immunization record as each clinical site reserves the right to require a student to provide proof of immunity at any time. Students not in compliance with immunization requirements are subject to penalty up to and including removal from the enrolled course. Students will not be allowed to participate in any clinical or patient-related activity unless immunization requirements have been fulfilled or an acceptable medical or religious exemption has been approved by the Program.

Students are required to submit evidence of compliance with the following requirements:

- **Health Insurance-** All students are required to maintain their own health insurance throughout their time in the program. The practice of physical therapy poses certain health risks. Even if

injuries are sustained during patient care activities, students are not covered by workplace insurance during clinical experiences.

- **Health History Form-** All students are required to submit a completed Health History Form which requires the student to identify biographical information, emergency contact information, health insurance information, and present and past health status. The Health History Form can be downloaded from Exxat or from the DPT Clinical Education Moodle site. The Health History Form must be updated annually and when changes to the information occur.
- **Physical Examination-** All students are required to undergo a physical examination upon entering the Program. The Physical Exam must be completed by a physician or advanced registered nurse practitioner. The DPT Physical Exam Form can be located on Exxat or on the Clinical Education Moodle site.
- **Immunization Requirements-** Students are required to submit documented evidence of their immunization status. The student may submit immunization and/or screening certificates issued and signed by the healthcare practitioner if the certificate contains all requested information, or students may submit original immunization paperwork. If submitting immunization certificates, the document must be signed by a physician, nurse, or health department official. The student is responsible for submitting subsequent documentation to the online document management system to assure that the immunization record is current. The Program follows CDC recommended vaccines for healthcare workers guidelines (<https://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm>). To participate in clinical education coursework and/or participate in any element of PT practice as a student physical therapist, the following immunizations are required:
 - Tetanus, Diphtheria, and Pertussis (Tdap)- If the student has not received Tdap previously, regardless of when previous dose of Td was received, the student is required to receive a one-time dose of Tdap AND get either a Td (tetanus-diphtheria vaccine) or Tdap booster shot every 10 years thereafter.
 - Measles, Mumps, and Rubella (MMR)- Students must receive two doses of MMR vaccine separated by 28 days or more OR provide proof of serologic immunity to measles, mumps, and rubella
 - Hepatitis B- Students show proof of a 3-dose series hepatitis B vaccine at 0-, 1-, and 6-month intervals OR show proof of a 2-dose series of Hepsiv-B, with doses separated by at least 4 weeks. Serologic immunity is recommended to be tested 1-2 months after completion of the 3-dose hepatitis B vaccine series. Students are considered in compliance with the program if the series is in progress and documentation is submitted with each dose administered.
 - Varicella (Chicken Pox)- Students must receive two doses of varicella vaccine OR provide proof of serologic immunity (evidence of prior vaccination or immunity)
 - Influenza- Students must receive one dose of influenza vaccine annually (due December 1 each year)
 - COVID-19- It is a program recommendation that students maintain an up-to-date COVID vaccine series and boosters.
- **Tuberculosis Screening-** All students are required to undergo annual tuberculosis (TB) screening examinations to assure that no active pulmonary disease is present. Upon enrollment in the

Program, students are required to have a baseline tuberculin screening. Students may complete one of the three options:

- Two-step testing with the Mantoux tuberculin skin test (TST) – second test must be completed at least 1 week but no more than 3 weeks later.
- QuantiFERON®–TB Gold In-Tube test (QFT-GIT)
- T-SPOT® TB test.

For students with a negative tuberculin baseline screen, subsequent annual screening must include, at a minimum, documentation signed by the healthcare provider of a negative 1-step skin test result or blood test result. For students with a positive tuberculin skin test, the student must have documentation of a chest x-ray with an evaluation by a healthcare provider indicating that no active disease is present. Students are also to provide information as to whether they are currently receiving or have completed prophylactic therapy. Students who have had or believe they have had an exposure, or a positive test, must also notify and consult with the Bellarmine University Office of Health Services (502.272.8313) (<https://www.bellarmine.edu/studentaffairs/healthservices/>) to obtain consultation and clearance to return to campus. Annual screenings by a healthcare provider are required thereafter, although repeat radiographs are not needed unless symptoms develop that could be attributed to TB.

Medical/Religious Exemptions

Policy: Students can request a religious or medical exemption to immunization requirements by completing and submitting the DPT Immunization Exemption Request Form.

Procedure: The DPT Immunization Exemption Request Form can be downloaded from Exxat or from the DPT Clinical Education Moodle site.

Medical Exemption: If there is medical contraindication to any required immunization(s), verification from the primary healthcare provider (MD, DO, NP or PA) must accompany the health record. The following reasons must be included in the statement:

- Name of the student requesting exemption.
- The reason for this exemption is:
 - Documented anaphylactic allergic reaction or other severe adverse reaction. Include a description of the specific reaction.
 - Documented allergy to a component of the vaccine. Include a description of the specific reaction.
 - Another contraindication or other health concern not listed. Please describe the concern.

Religious Exemption: If the deeply held religious beliefs of a student (or parent/guardian if under age 18) are contrary to the immunization requirement, the student may be exempt upon submission of a written statement below. The exemption request must include the following information:

- Religious identity/denomination.
- Specific immunization exemption request.

- Third-party documentation that provides commentary related to this religious exemption and substantiates the request.

A student requesting medical or religious exemption must submit the required information and complete the DPT Immunization Exemption Request Form to the DCE for review and approval. This form documents the exemption request and justification. The form also serves as a waiver where the student acknowledges that 1) inadvertent exposure might occur and releases the clinical site and university from liability in the event of exposure and 2) clinical sites may refuse student placement based on immunization status, and this may delay or prohibit the student's progression through the program. The vaccination exemption waiver can be located on Exxat and the DPT Clinical Education Moodle site. Signed waiver forms will be kept on file with the Program in the student's departmental file and electronically on the online document management system. If a student, for whatever reason, elects to waive an immunization requirement(s), placement in a clinical setting cannot be guaranteed. Students will acknowledge understanding of the potential limitations for clinical placement by signing the acknowledgement statement on the vaccination waiver.

Criminal Background Screening

Policy: All students are required to undergo an initial criminal background screening upon entering the Program.

Procedure: Instructions for obtaining the initial background screening will be provided to the student during program orientation. Initial screenings are conducted at the expense of the Program through services provided by Exxat. The background check consists of the following screens:

- Social Security Address/Alias Trace.
- County Criminal Search – 7 Years (all counties developed by the Social Security Trace within the past 7 Years).
- USA Criminal Search and USA Offender.
- OIG/GSA Bundle.

The Program will track each student to ensure compliance and to verify presence of a negative criminal record. If a background check identifies a history of criminal behavior, the student may be prohibited from participation in clinical education courses. History of a felony crime will prohibit a student from participating in clinical education. Cases will be evaluated on an individual basis by the DCE with consultation from the Program Chair/Program Director and/or other university administrative personnel, and students will be notified and counseled accordingly. Clinical sites have the right to refuse placement for any student possessing a history of criminal activity.

All information gathered in the process of criminal background checks is strictly confidential. Information may not be revealed to any other party without written permission from the student. Students will be provided with the results of the background check and, unless otherwise required by the clinical site, will be responsible for sharing this information with the assigned clinical site(s) upon request.

Additional background screenings may be requested or required by clinical sites. The Program will provide instructions to submit for the background check through the appropriate vendor and the student must notify the Program to obtain prior authorization for any subsequent checks.

Drug Screening and Substance Abuse

Policy: All students will submit to a 10-panel drug screen and test negative for drugs before engaging in any full-time clinical experiences.

Procedure: The Program will provide instructions on testing procedures during orientation sessions. Thereafter, students may be subject to random and/or scheduled drug testing to the extent that the affiliating agency requires such participation. The student must notify the Program to obtain prior authorization and screening procedures.

If a student receives a positive drug test, or if the student admits to a drug and/or alcohol problem, the student will not be allowed to attend any instructional/learning activities and will be referred to the program Chair and school Dean. Should a student be dismissed from an assigned site because of a problematic report, the student will be issued a failing grade for the course. (Refer to program policy “Drugs and Alcohol Policy” in the DPT Student Handbook for additional information.)

Cardiopulmonary Resuscitation (CPR) Certification

Policy: Students are required to complete an approved program for American Heart Association (AHA) Basic Life Support (BLS) Provider CPR Certification. Certification must meet American Heart Association Guidelines for CPR and Emergency Cardiovascular Care, including 1- and 2-person adult, child, and infant CPR and Automatic Electronic Defibrillator (AED) training. This certification must be renewed every two years.

Procedure: Students must submit a signed (if applicable) copy of the card or Certificate to the online compliance monitoring platform. The student is responsible for submitting subsequent recertification documentation to the Program prior to the expiration date of the previously submitted document. Students are expected to keep personal copies of CPR documentation as each clinical site reserves the right to require a student to provide proof of training at any time. Students may not participate in any clinical or patient-related activity unless certification is current. Clinical sites may also require the student to participate in additional training.

Patient Privacy (HIPAA) Training

Policy: The Health Insurance Portability and Accountability Act (HIPAA) defines a set of uniform standards relating to the security, privacy, and confidentiality of patient health-related data. All students are required to complete HIPAA training on an annual basis. Students are also expected to maintain strict confidentiality regarding information that they may be privileged to during clinical experiences, such as facility operations, administrative functions, or personnel issues.

Information regarding patients or former patients is to remain strictly confidential and is to be used only for clinical purposes within an educational setting. Students must obtain prior written consent from the clinical site before publishing or presenting any material, including presentations, reports, or publications of any kind, relating to the clinical education course.

Procedure: The Program will provide training that orients the student to concepts of confidentiality, appropriate access of information and appropriate release of information procedures for protected health information. Students must pass a post-test and receive a certificate of completion to meet this requirement. Students may not participate in any clinical or patient-related activity unless certification is current. Students are expected to keep documentation of training as each clinical site reserves the right to require a student to provide proof of training at any time. Clinical sites may also require the student to participate in additional training.

Students must obtain prior written consent from the clinical site before publishing or presenting any material, including presentations, reports, or publications of any kind, relating to the clinical experience.

Blood-Borne Pathogens Training

Policy: The Occupational Safety and Health Administration (OSHA) has defined requirements which specify the protective measures all healthcare personnel are required to perform to prevent the spread of communicable disease. All students are required to take blood-borne pathogens training prior to participation in clinical and/or patient-related activities and on an annual basis.

Procedure: The Program will provide annual training that orients the student to concepts of proper handwashing, use of personal protective equipment, isolation precautions, and other information targeted at exposure risk reduction. Students must pass a post-test and receive a certificate of completion to meet this requirement. Students may not participate in any clinical or patient-related activity unless certification is current. Students are expected to keep documentation of training as each clinical site reserves the right to require a student to provide proof of training at any time. Clinical sites may also require the student to participate in additional training.

Occupational Exposure

Policy: Students are expected to adhere to all general safety policies and procedures during clinical experiences. The student is responsible for the cost of any follow-up care as a result of exposure/injury. The DCE should receive same-day notification of the incident from the student.

Procedure: In the event of occupational exposure to a biohazard while on a clinical experience, students are to follow the clinical site's guidelines for managing, reporting, and documenting the incident. It is the student's responsibility to inform the CI of the incident and to seek their guidance in complying with all site-specific policies. If the need arises, clinical sites shall provide students with access to emergency care; however, the student shall be responsible for the cost of all emergency services rendered. The student is not covered under any worker compensation benefit; therefore, the student is also responsible for the cost of any follow-up care as a result of exposure/injury. If the student requires

medical assessment or follow-up care, the DCE will complete the DPT Incident Report Form found in the DPT Student Handbook.

In the event of occupational exposure occurring on-campus, students should follow the incident reporting procedures identified for the Program. (Refer to Incident/Accident policy in the DPT Student Handbook.)

Resuming Course Work Following a Change in Health Status

Policy: Students are required to notify the Program of severe illness or injury requiring hospitalization, pregnancy, emotional disorder, or any change in health status that impairs physical or mental capacities.

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

Professional Liability Insurance

Policy: Bellarmine University will provide professional liability insurance for students enrolled in physical therapy course work. This insurance provides liability coverage for practice as a student physical therapist and is only applicable during activities associated with the Bellarmine University physical therapy education program for which the student receives academic credit, including clinical education courses.

Procedure: The Certificate of Liability Insurance is distributed via email to individuals designated as Compliance, Legal, or Site Coordinator of Clinical Education for each clinical site with a current affiliation agreement. The Certificate of Liability Insurance will also be available to students on the DPT Moodle site as well as the Moodle site for each clinical education course. Coverage periods are defined by a calendar year with coverage limits of \$1,000,000 per occurrence and \$3,000,000 aggregate. Enrollment costs are incorporated into student fees. This liability coverage is extended to students enrolled in the physical therapy program who provide direct patient care under the supervision of a licensed physical therapist during clinical experiences or other experiential activities directly related to DPT course work. This insurance is not medical or health insurance, nor is the student covered when working as an aide or technician outside of university coursework.

Clinical Placement Process

Policy: Clinical placement decisions are made under the supervision of the clinical education faculty based on mandatory course requirements, the individual learning needs of the student, student preferences, and site availability. Placement procedures ensure appropriate experiences are integrated with the didactic portion of the Program while still recognizing individual student differences and

educational needs. Students are only placed at sites in which there is an active affiliation agreement in place. Affiliation agreements are written agreements between the institution and the clinical education site that describe the rights and responsibilities of both parties. (8G)

Clinical experiences are offered through a variety of practice settings and must include exposure in settings representative of those in which physical therapy is commonly practiced. Therefore, students will complete clinical experiences in the following settings: inpatient acute, outpatient, and rehabilitation or home health. Students must also complete at least one urban and one rural practice location. Substitutions to these requirements may be approved at the discretion of the clinical education faculty. Each type of clinical experience exposes students to a variety of diseases and conditions seen in practice across the lifespan and continuum of care. Students will be exposed to differences in: patient problems, acuity, and complexity, clinical skill development, interactions with other health care professionals, practice issues, documentation, and culture. Clinical experiences will also facilitate learning experiences that allow all students to be involved in interprofessional practice and engage in the direction and supervision of physical therapist assistants and other support personnel. (6L1-4)

Procedure: The Program uses Exxat for management of clinical education information and assignments. Student placements begin with the solicitation of clinical offers using the Clinical Site Availability Form (CSAF) emailed to all current clinical partners on March 1. Students can view the available offers once entered in Exxat and submit a preference list to the clinical education faculty. Clinical assignments are made by clinical education faculty based on site availability, student preferences, and program requirements. Additional clinical placements will be solicited until all student placement needs are met. (8F)

Clinical site placement decisions for full-time rotations are made at least three months in advance of assignment and generally near the beginning of the fall semester for the following year. The designated Site Coordinator of Clinical Education (SCCE) at the assigned clinical site will assign a specific Clinical Instructor (CI). The CI provides on-site supervision and will assign clinical learning experiences at the time of rotation. Students should recognize that staffing in the clinics might change between the time the offer is made and the scheduled rotation, resulting in cancellations. Students will be notified of any cancellation and subsequent reassignment as they occur.

Clinical education partners offer clinical rotations based on their anticipated ability to provide a rotation during a specific time period. Clinical affiliates make this decision based on a multitude of factors, including availability of qualified clinical instructors, adequate staffing, and commitments to other schools. Bellarmine University observes the national site recruitment day agreed upon by PT and PTA programs; therefore, site availability is recruited from the clinical sites beginning March 1 for the next calendar year. Offers for clinical experiences are also recruited through Exxat One and the Ohio Kentucky Consortium of Physical Therapy Programs Consortium Core Network (CCN) to enhance availability of regional and national availability. (8F)

Application-Based Experiences: Some clinical sites require students to complete an application process in order to be considered for placement. The Director or Associate Director of Clinical Education will announce these opportunities via email. Clinical sites that require applications will also be identified on Exxat. It is the student's responsibility to complete the application process and update the DCE on application status.

Student Preference: Students have the opportunity to provide input into placement decisions by completing a self-assessment designed to identify strengths, areas needing improvement, specific learning interests, and location preferences based on site availability. Site availability will be communicated to students prior to soliciting preferences via Exxat Acadaware. The student may also meet with the DCE to discuss site placement options if necessary.

Students can expect that placement options will only exist from a listing of currently affiliating sites. Although students may suggest new sites, it is unlikely that new clinical sites will be established unless the relationship can bring substantial benefit to future program students as well. Under no circumstance should a student engage in communication with clinical sites, either affiliating or non-affiliating, in attempt to negotiate clinical affiliation agreements, placements options, sway clinical faculty (SCCE; CI) decisions regarding student placement, and/or engage in other site recruitment efforts. The Director of Clinical Education holds ultimate authority for final placement decisions.

When possible, the DCEs will work with students to match students to clinical experiences that meet their individual needs including specific schedule and travel needs. Matching student preferences is not always possible. Students are encouraged to speak with the DCE about special considerations, such as significant family obligations and medical needs, and options that might best meet their individual needs.

Conflicts of Interest

Policy: Students shall not be assigned to clinical sites where a real or perceived conflict of interest may affect the educational experience, either positively or negatively. Examples of conflicts of interest with clinical sites may include:

- Previous employment, current employment, and/or offers of employment.
- Family member or significant other employed by the clinical facility, especially in a position of authority.
- Scholarship or student loan recipient from the facility or a corporation that provides physical therapy services in the facility.
- Any previous close affiliation, i.e., accumulating a significant amount of volunteer time or work experience prior to entering the Program or while matriculating in the Program.

Procedure: Students are required to identify any clinics where they may have a conflict of interest through a survey on Exxat. The DCE, in consultation with the clinical site, will reserve the right to create exceptions under extraordinary circumstances. This policy does not prohibit the student from being offered or to accept an offer of employment from the assigned clinical site during terminal experiences. Failure to disclose conflict in interest may result in termination of the clinical rotation and repeating the clinical experience.

Clinical Travel

By nature of the clinical education experience, students will be traveling to various clinical site locations throughout Kentucky and the United States. Although most clinical education sites are within driving distance of the university, many clinical partners are located farther away.

Policy: Students are responsible for all expenses of travel to clinical education sites, including the expense of temporary housing and other living expenses. Students should expect to travel outside of the Kentucky-Southern Indiana area for at least one (1) of the full-time clinical experiences.

Procedure: Students are advised during orientation and in the semesters leading up to clinical education courses to prepare in advance for this expense. The Program will not arrange housing or other temporary living arrangements for students assigned to out of town clinical experiences. The clinical site information on Exxat may include housing contacts and/or recommendations from previous students, but the student is responsible for making housing arrangements while on clinical placements.

Student Safety

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

Procedure: Office of Public Safety will provide annual updates and resources to students regarding campus safety. Students are also encouraged to participate in their own personal safety and the safety of others. During off-campus educational activities, students are expected to follow all safety policies and procedures provided by the SCCE and CI. Pertaining to their clinical education site. Should a student be involved in a motor vehicle accident on the way to or from a clinical site or experiential learning opportunity, the student should first notify the appropriate authorities, such as 911 for emergency situations or local police departments for non-emergency accidents. Students should also notify the clinical instructor of record and the DCE.

Clinical Education Attendance Policy

Policy: Clinical attendance is mandatory. Students will be scheduled within guidelines set forth by the assigned facility's policies and procedures and must be scheduled an average of 40 hours per week. The work schedule must span the entirety of the time period between starting and ending dates of the clinical experience. Absence or repeated tardiness may result in grade deduction or course failure.

Procedure: The student is responsible for communicating the work schedule to the DCE no later than the end of the first week of the experience. Any subsequent changes to the work schedule must be communicated by the student to the DCE at the time they are known. All changes are to be initiated by the clinical facility only and may result in the scheduling of missed time at the convenience of the CI and clinical facility. Prior authorization is required for earlier start dates or later ending dates and is only to be initiated by the academic or clinical institution.

If the student will be late or absent from clinical, the student must notify both the CI and the DCE prior to the scheduled clinical starting time. Any unexcused missed time, for any reason, must be made up and rescheduled at the convenience of the CI. Each occurrence of failure to notify the persons as outlined above and/or failure to complete the required clinical hours constitutes a policy infraction and therefore will contribute to the calculation of the letter grade.

Students will reference each course syllabi for the number of excused absences permitted per clinical experience. Further excused absences are at the discretion of the DCE. Students with more than one unexcused absence during the full-time clinical experiences are required to meet with selected faculty to defend his/her position in the program and may be at risk of probation or dismissal. The faculty panel will determine the student's eligibility to continue in the program. The final grade for the course will be lowered by one-half ($\frac{1}{2}$) letter grade for each unexcused absence after the first unexcused absence. (A to A-; A- to B+; B+ to B; B to B-; B- to C; C to F).

All absences, whether excused or unexcused, require an **absence form**. Absence forms used for clinical absences are available on Moodle and must be completed. This form can be accessed and submitted to the corresponding course on Moodle. If a form is not completed and signed by the CI(s) and turned into the DCE within 24 hours upon return to the clinical site, the absence will be automatically considered unexcused.

Severe Weather

Policy: Students enrolled in health professions education programs assume additional responsibilities for the health and safety of their patients/clients as part of their educational process. Therefore, students are expected to be present if the clinical facility remains open for business during inclement weather.

Procedure: When an inclement weather closing is issued for the campus, students assigned to clinical experiences should report to their assignment, if open, at their regularly scheduled time, using best judgement to ensure safe travel. If Bellarmine is closed, but the clinical assignment site is open, the student should still plan on going to the clinical site, if able to do so safely. If weather conditions prevent safe travel to a clinical experience, the student should contact their Bellarmine professor and clinical supervisor to explain the prior to the assigned start time. (<https://www.bellarmino.edu/news/weather/>)

Clinical Site Intellectual Property

Policy: Students shall not commercialize or use for commercial or personal gain any work of authorship, technology, process, device, idea, invention, or intellectual property created by or for a clinical facility. Any such work shall be property of the clinical facility. Use of information other than protected health information that is obtained from clinical sites is restricted.

Procedure: Students are prohibited from obtaining, without permission, the use of information other than protected health information from the clinical site. The DCE will communicate this policy to students during PT 699 Introduction to Clinical Education prior to the student's first full-time clinical

experience. Each clinical site's SCCE (or their designee) is responsible for overseeing the use of information other than protected health information at the clinical site.

Student Appearance (Dress Code)

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

Procedure: Students participating in clinical education experiences will abide by the dress code of the clinical site. General appearance and attire expectations include:

- Clothing- Clinic attire should be neat (unwrinkled), clean, practical, safe, avoiding extremes of fashion, and appropriate to all clinical duties.
- Footwear- For safety reasons shoes should be closed toe (no sandals). Appropriate types of shoes are walking, nursing, or cross trainers.
- Hygiene- All students should be clean with no discernable body odor. Students should avoid strong scents such as cologne, fragrances, lotions with fragrance, and smoke prior to working in the clinic.
- Nametag- All students will wear their Bellarmine DPT Program nametag unless they are issued a site-specific nametag for the clinical experience.

Requirements for Participation in Clinical Experiences

Policy: Prior to their first full-time clinical experience, students must demonstrate that they are prepared, safe and demonstrate the appropriate skills and behaviors to progress to full-time clinical education and participate in PT 700 Clinical Clerkship.

Procedure: To demonstrate clinical readiness, students must pass all first-year didactic courses and practical exams which demonstrates competency and safety in foundational skills including: assessing and monitoring vital signs, infection control measures, safe patient handling (transfers and gait training), basic patient examination and evaluation (goniometry and manual muscle testing, upper and lower quarter screening, balance assessment), and affective skills related to communication and professional behavior.

Students must also successfully complete the Clinical Readiness Lab in PT 699 Orientation to Clinical Education. This lab and student self-reflection allows for assessment of students using the American Council of Academic Physical Therapy "Student Readiness for the First Full-Time Clinical Experience" guidelines which summarizes the minimal knowledge, skills, abilities and professional behaviors identified as necessary for physical therapist students to competently demonstrate prior to entry into the first full-time clinical experience. (4N)

Should a student be identified as not ready for clinical education per the expectations outlined above, the DCE will develop an appropriate remediation plan to address the specific criteria yet to be met. For example, if the student demonstrates behaviors not consistent with the program's expectations, the DCE will require the student to meet with their Professional Behaviors advisor to discuss problematic

behaviors and identify learning experiences that will allow the student to display appropriate growth. If the student demonstrates inadequate skills patient care skills during the Clinical Readiness Lab, the DCE will require the student to meet with faculty responsible for teaching the skill during the first-year curriculum to review the skill until sufficient competency is demonstrated.

Clinical Faculty Qualifications

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

Procedure: Clinical Instructors must have a current, unrestricted license as a physical therapist and have a minimum of one year of full-time (or equivalent) post-licensure clinical experience. Clinical Instructors must also demonstrate clinical competence in the setting in which they are practicing, legal and ethical behavior meeting standards as described in the APTA Code of Ethics and Core Values, and a genuine desire and readiness to mentor physical therapy students. (40) Preferred qualifications include the APTA Credentialed Clinical Instructors training and previous co-supervision of a student with an experienced clinical instructor prior to independent supervision. Students may shadow and observe other clinicians and healthcare professionals; however, they may not engage in patient care unless under the supervision of a physical therapist.

Clinical Instructors and clinical sites will review materials provided about the student and site, especially regarding student goals and expectations. During the first week of each clinical experience, students will gather demographic information on their Clinical Instructor with the CI Details Assignment on Exxat to verify qualifications are met.

Clinical Faculty Rights and Responsibilities

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

Procedure: Clinical instructors are not compensated by the Program for their time and efforts spent mentoring students. However, there are benefits CIs and SCCEs may receive for their services provided to students, including continuing education credit within the scope of their license's state practice act, access to Bellarmine's online library resources, information about Bellarmine-sponsored continuing education opportunities such as the APTA CI Credentialing course, and other clinical education workshops. Clinical Instructors will also be able to access resources through the Ohio-Kentucky PT Clinical Education Consortium for professional development as a clinical educator.

Responsibilities of clinical faculty include:

- Clinical sites will ensure that the student has sufficient orientation to the facility, including pertinent policy and procedures, emergency preparedness, and access to equipment and patient records.

- Clinical Instructors will provide instruction and supervision of the student during their clinical experience, including the student’s schedule, establishing a client caseload, and planning learning experiences.
- Clinical Instructors will maintain ultimate responsibility for patient care and welfare.
- Clinical Instructors will provide feedback and guidance on clinical skills, patient care, and professional behaviors.
- Clinical Instructors will observe and assess student performance in cognitive, psychomotor, and affective domains, including correct use of the Weekly Planning Form and the CPI 3.0.
- Clinical Instructors will foster an environment free of sexual harassment, discrimination and racism.
- Clinical Instructors and clinical sites will communicate with the DCE with any concerns or feedback for the student or program.

Clinical Faculty Assessment

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

Procedure: The effectiveness of clinical faculty as educators is assessed by the DCE in collaboration with the Site Coordinator of Education (SCCE) and students. Means of effectiveness include information obtained upon review of completed PT-CPI evaluations, communication before and during student experiences, and site visits. At the conclusion of the clinical experience, students will complete the PT Student Evaluation of Clinical Instructor and Clinical Site on Exxat. Feedback should be professional, constructive, and relevant to the clinical experience. The clinical education faculty will review the assessments and provide feedback to the Clinical Instructor regarding their teaching effectiveness. (4J, 4O) Effective clinical teaching will be supported through professional development opportunities established through collaboration of the DCE, SCCE and CI.

Clinical Faculty Professional Development

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

Procedure: The Program supports continuing education courses related to clinical education based on the needs of clinical faculty and the program, including the APTA Credentialed Clinical Instructor Program course, in-services, and Program teaching opportunities. The Program supports development of the clinical faculty by enhancing communication between site representatives and students for Career Fairs, professional association meetings, and community service activities.

Student Rights and Responsibilities

Policy: The student will:

- Adhere to policies and procedures of the Facility throughout the clinical education experience.

- Provide proof of health insurance to the Program and be accountable for medical expenses associated with illness or injury during clinical education.
- Comply with the health requirements of the Program (as detailed in this Handbook) and the clinical site (available on Exxat).
- Submit to a criminal background check and allow the Program to maintain documentation of the results.
- Assume responsibility for transportation to and from the clinical site. The student will be responsible for housing arrangements and expenses incurred during clinical education.
- Abide by professional conduct expectations and policies and procedures designated by the clinical site.
- Provide a written evaluation of the clinical site and clinical instructor to the Program.
- Receive timely feedback regarding their clinical performance. This will occur through formative and summative feedback from the clinical instructor and site visits and communication with the DCE. The student may request additional feedback from either the clinical or academic faculty should problems or concerns arise.
- Recognize that they are not an employee of the clinical site or the Program but a student in the clinical education phase of professional education.

Procedure: Each student is informed of their rights and responsibilities upon receipt of the Clinical Education Handbook.

Student Release of Information

Policy: The student will provide written permission for the DCE to disclose information regarding his academic progression, standard clinical health information, professional and personal goals to clinical faculty as needed to confirm and coordinate clinical education experiences. Additional written permission will be required for the disclosure of disability accommodation and positive background check findings.

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

Students Expectations and Assessment

Policy: Students must demonstrate entry-level clinical performance during clinical experiences prior to graduation. (1C4) The program uses the APTA Clinical Performance Instrument (CPI 3.0) to evaluate student performance in the clinical setting.

Procedure: To assure all users are completing the CPI 3.0 tool correctly, all Clinical Instructors and students must complete the training modules and assessment provided on the APTA's Learning Center prior to use. The clinical education faculty will also review completed CPI assessments to verify that they are being completed correctly. (4J, 4O) The Clinical Instructor will be responsible for completing the CPI 3.0, however the DCE will ultimately be responsible for determining the course grade based on student performance (as assessed in the CPI 3.0) and timely completion of course assignments.

Clinical Site Visits

Policy: Site visits in physical therapy clinical education offer several benefits for both students and clinical instructors, enhancing the overall learning experience and professional development. Site visits allow clinical education faculty to observe student performance and clinical instructor mentoring, develop collaborative relationships between academic faculty and clinical instructors, and ensure that the clinical education aligns with academic standards and objectives. All students will receive at least one in-person site visit during their time in the program. Additional site visits may be scheduled based on individual student or clinical site needs. (4J)

Procedure: The clinical education faculty will be responsible for scheduling, monitoring and documenting frequency of student and faculty visits. Clinical site visits for students placed at distant or international clinical experience may be conducted via telephone or video calls.

Remediation

Policy: If a student does not meet the expected performance expectation during a clinical experience, the DCE will review the assessment information and determine an appropriate remediation plan which may include written and oral reflections, extending the duration of the clinical experience, or failure of the course requiring an additional clinical education experience.

Procedure: If a student does not meet the expected performance expectation during a clinical experience, the student will first complete a Post-Experience Review, which can be found on each Clinical Education Experience Moodle Site. The DCE will review CPI evaluations, the student's Post-Experience Review, as well as any additional information provided by the CI and determine if a course failure is deserved or if an alternative remediation option is appropriate. Should a student have a need for an altered level of clinical supervision, the DCE will communicate that with clinical faculty with the permission of the student. (1C4)

Social Networking Policy

Policy: Students are expected to maintain professionalism and uphold patient confidentiality at all times, refraining from posting any identifying information or photos about patients or clinical sites. Additionally, students should avoid sharing sensitive or proprietary information related to their clinical education experiences.

Procedure: Any interactions with patients or preceptors on social media should be approached with caution, and students will refrain from posting any identifying information or photos about patients or clinical sites unless explicit permission is granted from the CI, SCCE, or other authorized clinical site representative. Violation of this policy may result in disciplinary action, resulting in a graded deduction, or course failure.

Patient Risk Free Right to Refuse to Participate in Clinical Education

Policy: Patients have a risk-free right to refuse to participate in clinical education.

Procedure: Each student is required to wear a name badge during experiential and clinical coursework and introduce themselves as student physical therapists. Students are required to ask each patient / client for permission to treat prior to initiating treatment. Patients have the risk-free right to refuse to receive treatment provided by student physical therapists.

Grievance Process

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

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

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

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

Clinical Education Agreement

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

Procedure: A current signed, written clinical education agreement exists between the Bellarmine University Doctor of Physical Therapy Program and each clinical site providing off-campus clinical experiences. The University has developed a clinical education agreement that is provided for review and approval by the clinical site. In some cases, the University may consider adoption of a clinical education agreement generated by the clinical site. In either case, the agreement must address the purpose and objectives of agreement, rights and responsibilities of all parties, delineation of responsibility of patient care, supervision and assigning a course grade, procedures for reviewing, revising, or terminating the agreement, liability coverage limits, and language related to indemnification and governing law. Use of the Evaluation of Affiliation Agreement for Non-University/Facility-Modified Contract form ensures the agreement is reviewed for required language and provides a standardized method for documenting the review process. Contracts from clinical sites are reviewed by four university individuals (the Clinical Education Administrative Assistant, the Director of Clinical Education, the Dean, School of Movement and Rehabilitation, and the Vice President for Academic Affairs and Provost) and signed by two (the Dean, School of Movement and Rehabilitation and the Vice President for Academic Affairs and Provost). Fully-executed agreements are electronically provided to the clinical site and retained in Exxat.

Clinical Education Agreement Review

Policy: Clinical education agreements are reviewed regularly to ensure agreements remain active by the DCE and/or the Clinical Education Administrative Assistant.

Procedure: The DCE and/or the Clinical Education Administrative Assistant reviews clinical education agreements regularly and particularly prior to approaching clinical education experiences to ensure the agreements are unexpired, accurate and adequate for the needs of the Program and clinical faculty. Clinical education affiliation agreements are stored, tracked and managed through Exxat, the online clinical education management platform. Exxat will provide automatic email alerts to notify staff when an active clinical education site's affiliation agreement will expire in the upcoming three months, allow for manual searches on the contract tab of Exxat filtering for certain timeframes for expiration of affiliation agreements, and can verify that each site utilized for upcoming student clinical experiences has a contract valid that it will remain valid during the entirety of the clinical experience.

Clinical Site Development

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

Procedure: Faculty, students, and clinical sites should contact the DCE with information regarding prospective clinical site development. The DCE will assume responsibility for communicating with the clinical site designee regarding possible collaboration for clinical education experiences. If both parties desire future collaboration after review of shared information, a written Clinical Education Agreement will be executed per the policy and procedure. Clinical sites that will be used on an infrequent or one-time-only basis will rarely be considered for development secondary to the financial and time constraints associated with executing a clinical agreement. Under no circumstance should a student engage in communication with clinical sites, either affiliating or non-affiliating, in attempt to negotiate clinical

affiliation agreements, placements options, sway clinical faculty (SCCE; CI) decisions regarding student placement, and/or engage in other site recruitment efforts. Contacting a prospective site to arrange a clinical placement will be considered a breach of professional conduct.