



**GEORGE FOX**  
**UNIVERSITY**

**DOCTOR OF PHYSICAL THERAPY**

**CLINICAL EDUCATION HANDBOOK**

## Introduction

This handbook provides guidelines for the Clinical Education component of the curriculum of George Fox University's School of Physical Therapy ("School") to be completed at various clinical sites ("Clinics"). It is a reference to be used by the School's faculty, the School's Academic Coordinator of Clinical Education (DCE), Center Coordinators of Clinical Education (CCCEs), Clinical Instructors (CIs), and student interns in order to maximize the clinical experiences and the evaluation of their clinical performance. Information regarding rights, responsibilities, and risk management, such as orientation of CIs and student interns, communication, confidentiality of student intern records, and occurrence reports can also be found here. The handbook is reviewed annually by the School's DCE, who seeks approval for revisions from the Program Director. All students are subject to the policies of George Fox University. It is recognized that this document may not contravene the laws of the state of Oregon; rules, regulations, and policies of the Oregon Physical Therapy Licensing Board; and rules, regulations, and policies of George Fox University. If clarification on any procedure is needed, please contact the School DCE.

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# Mission

**University Mission:** [George Fox University](#), a [Christ-centered community](#), prepares students [spiritually](#), [academically](#), and [professionally](#) to [think with clarity](#), [act with integrity](#), and [serve with passion](#).

**College of Behavioral and Health Sciences Mission:** Members of the School of Behavioral and Health Sciences are committed to providing high-quality educational programs that prepare students to care for the overall wellness of diverse individuals and groups by utilizing their expertise in the areas of physical, emotional, and spiritual healing.

**School of Physical Therapy Mission:** The mission of the Doctor of Physical Therapy Program is to prepare physical therapists to meet the health and wellness needs of their community through innovative practice, passionate commitment, the pursuit of excellence, and generous service.

# Educational Philosophy

The faculty is committed to excellence in teaching.

1. Our responsibility is to involve the student in the educational process by creating a safe environment to allow the sharing of ideas and values between students and faculty.
2. Our responsibility is to facilitate and assist students to develop critical thinking and problem-solving skills.
3. We believe that the clinical education experience is an integral part of the curriculum that provides opportunities for students to utilize and integrate the knowledge, skills, and attitudes they develop in their academic courses.
4. The faculty models lifelong learning and professional growth through clinical experience, research, and service activities.
5. We expect our graduates to continue to participate in professional and community service activities.

The School functions within the guidelines presented by:

1. George Fox University
2. State of Oregon Physical Therapy Licensing Board
3. Documents of the American Physical Therapy Association ([www.apta.org](http://www.apta.org)):
  - a. Guide to Physical Therapist Practice
  - b. Code of Ethics and the Guide for Professional Conduct
  - c. Normative Model for Physical Therapist Professional Education
  - d. Statement on Professionalism in Physical Therapy: Core Values
  - e. The APTA web Clinical Performance Instrument
  - f. The Commission on Accreditation of Physical Therapy Education's Evaluative Criteria for Educational Programs for Preparation of Physical Therapists

## ***Program Goals***

The major objective of the Doctor of Physical Therapy Program is to develop graduate entry-level physical therapist practitioners who excel in clinical decision-making skills, demonstrate patient/client management functions, and exhibit a high level of professionalism.

## ***Educational Outcomes***

In keeping with the APTA's Vision 20/20 statement, the primary educational outcome of the program is to provide physical therapists who are doctors of physical therapy and who may become board-certified specialists. Consumers will have direct access to physical therapists in all environments for patient/client management, prevention, and wellness services. Physical therapists will be practitioners of choice in patients'/clients' health networks and will hold all privileges of autonomous practice. Physical therapists may be assisted by physical therapist assistants who are educated and licensed to provide physical therapist directed and supervised components of interventions. Guided by integrity, life-long learning, and a commitment to comprehensive and accessible health programs for all people, physical therapists and physical therapist assistants will render evidence-based services throughout the continuum of care and improve quality of life for society. They will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences. While fully availing themselves of new technologies, as well as basic and clinical research, physical therapists will continue to provide direct patient/client care. They will maintain active responsibility for the growth of the physical therapy profession and the health of the people it serves. The George Fox University Graduate Department of Physical Therapy is committed to offering a quality physical therapist education program operates within compliance of the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (CAPTE).

## ***Non-Discrimination Policy***

George Fox University students work and live in an environment where the dignity of each individual is respected. Demeaning gestures, threats of violence, or physical attacks directed toward another person are not tolerated.

This includes hazing, other initiations, or any actions that may be hazardous, dehumanizing, harassing, or humiliating to community members. Also included are the uses of telephones, United States or campus mail, or e-mail for the purpose of issuing obscene, harassing, or threatening messages. Vandalism of property is unacceptable. Students are expected to maintain an educational and workplace environment free from unlawful discrimination and harassment and to conduct themselves in a manner that ensures no discrimination or harassment occurs.

Discrimination or harassment due to race; color; sex; sexual orientation; marital status; religion; creed; age; national origin; citizenship status; workers' compensation status; physical or mental disability; veteran status; any other status protected under applicable local, state, or federal law; or any other distinguishing characteristic protected by non-discrimination law are prohibited.

The faculty recognizes the need for and is committed to the education of Physical Therapists representative of our diverse American population. This population includes men and women of any ethnic and cultural background.

## **Technical Standards and Students with Special Needs**

In keeping with the central tenets of its mission – teaching, faith, and service – George Fox University is committed to the full access and the inclusion of all qualified students in its programs. It is the policy of the University to ensure that students with disabilities have equal opportunity for participation in the University's academic programs and activities, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Some students may need reasonable accommodation for conditions in order to participate fully in the Physical Therapy program. If accommodation is needed, students must contact the Disability Services Office (DSO) as early as possible. Students who currently have a DSO Accommodation Plan should discuss their accommodations with their professors and their advisor at the start of each semester, in order to optimize their learning opportunities.

**Important:** The Physical Therapy program includes multiple lab experiences and off-campus clinical placements. Students may need additional, or different, accommodation arrangements for these lab and clinical components of the program. **It is the student's responsibility to meet with the DSO and the School of Physical Therapy Director's designee at least one month before the start of the lab experience and/or clinical placement in order to review the student's accommodation needs for the lab and/or clinical experience.**

The Graduate Department of Physical Therapy statement incorporates the University policy and is more specific to the technical standards of physical therapy in preparing students to fulfill the professional role of practicing physical therapists. These technical standards are outlined in the table below and are designed to provide full access to learning opportunities for all students while respecting the professional duty to ensure client/patient safety, well-being, and facilitated healing. *The use of a trained intermediary would mean that a candidate's judgment is mediated by someone else's power of selection and observation. Therefore, third parties cannot be used to assist students in accomplishing curricular requirements.*

### **Essential Performance Functions for Success in the School of Physical Therapy**

Students must be able to perform or develop the following essential functions with or without reasonable accommodation in order to fully participate in George Fox University Graduate Department of Physical Therapy. These essential functions are stated to assist faculty and potential and/or currently enrolled students to:

- 1) Decide whether to enter the School of Physical Therapy;
- 2) Assess the student's ability to progress in the program; and/or
- 3) Determine the nature/extent of accommodation that might be necessary for equal participation in the program. Please note that students are responsible for requesting accommodations for a disability in advance.

<b>Ability</b>	<b>Standard</b>
Critical Thinking	Critical thinking and reasoning sufficient for clinical judgment. This includes ability to measure, calculate, and analyze. It also requires ability to recall relevant events or research and incorporate these with a current patient/circumstance.
Behavioral Skills	Emotional health, ability to exercise sound judgment, and ability to develop mature and effective relationships with co workers and patients. Must be

	able to continue to function even under stress of outside distractions.
Communication Skills	Communicate easily, effectively and with sensitivity for patients and staff. Communication includes speaking, listening, reading, and writing. Use of electronic devices such as telephones and computers is becoming more essential in the classroom and clinic.
Mobility/ Motor Skills	Must have both gross and fine motor function necessary to effectively evaluate and assist patients, while considering patient and therapist. It must be considered that patients under the care of a physical therapist may require physical assistance to perform safe transfers or safe ambulation. The Physical Therapist must also possess adequate motor ability to care for a patient in the case of an emergency.
Observational Skills	<b>Vision-</b> required for the safe evaluation and care of a patient. Required to perform tests, use instruments, read reports, and remain current by literature review. <b>Hearing-</b> must be sufficient to converse with patient and to perform tests such as blood pressure, heart auscultation, and bowel sounds. <b>Tactile-</b> touch and pressure sensation required to evaluate strength and sensation of the patient and to grade exercise programs. <b>Other-</b> proprioception; hot, cold, and pain sensation; stereognosis; and vibration sensation.

## ***Practice Expectations***

The following outcomes are set forth in the APTA's ***A Normative Model of a Physical Therapist Professional Education***:

### **1. Accountability**

- a. Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- b. Has a fiduciary responsibility for all patient/clients.
- c. Practice in a manner consistent with the professional code of ethics.
- d. Changes behavior in response to understanding the consequences (positive and negative) of his/her actions.
- e. Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

### **2. Altruism**

- a. Place patient's/client's needs above the physical therapist's needs.
- b. Incorporate pro bono services into practice.

### **3. Compassion/Caring**

- a. Exhibit caring, compassion, and empathy in providing services to patients/clients.
- b. Promote active involvement of the patient/client in his/her care.

#### **4. Integrity**

- a. Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

#### **5. Professional Duty**

- a. Demonstrate professional behaviors in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
- b. Participate in self-assessment to improve the effectiveness of care.
- c. Participate in peer assessment activities.
- d. Effectively deal with positive and negative outcomes resulting from assessment activities.
- e. Participate in clinical education of students.
- f. Participate in professional organizations.

#### **6. Communication**

- a. Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

#### **7. Cultural Competence**

- a. Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

#### **8. Clinical Reasoning**

- a. Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.
- b. Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

#### **9. Evidence-Based Practice**

- a. Consistently use information technology to access sources of information to support clinical decisions.
- b. Consistently and critically evaluate sources of information related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
- c. Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
- d. Contribute to the evidence for practice by written systematic reviews or evidence or written descriptions of practice.
- e. Participate in the design and implementation of patterns of best clinical practice for various populations.

#### **10. Education**

- a. Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

#### **11. Screening**

- a. Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

#### **12. Examination**

- a. Examine patients/clients by obtaining a history from them and from other sources.
- b. Examine patients/clients by performing systems reviews.
- c. Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to those that assess:
  - i. Aerobic Capacity/Endurance
  - ii. Anthropometric Characteristics
  - iii. Arousal, Attention, and Cognition
  - iv. Assistive and Adaptive Device Requirements
  - v. Circulation (Arterial, Venous, Lymphatic)
  - vi. Cranial /Peripheral Nerve Integrity

- vii. Environmental, Home, and Work Barriers
- viii. Ergonomics and Body Mechanics
- ix. Functional Mobility, including Gait, Locomotion, and Balance
- x. Integumentary Integrity
- xi. Joint Integrity and Mobility
- xii. Motor Function (Motor Control and Motor Learning)
- xiii. Muscle Performance (including Strength, Power, and Endurance)
- xiv. Neuromotor Development and Sensory Integration
- xv. Orthotic, Protective, and Supportive Device requirements
- xvi. Pain
- xvii. Posture
- xix. Prosthetic Requirements
- xx. Range of Motion (including Muscle Length)
- xxi. Reflex Integrity
- xxii. Self-Care and Home Management (including ADL and IADL)
- xxiii. Sensory Integrity
- xxiv. Ventilation and Respiration/Gas Exchange
- xxv. Work (Job/School/Play), Community and Leisure Integration or Reintegration (including IADL)

**13. Evaluation**

- a. Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

**14. Diagnosis**

- a. Determine a diagnosis that guides future patient/client management.

**15. Prognosis**

- a. Determine patient or client prognoses.

**16. Plan of Care**

- a. Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.
- b. Establish a physical therapy plan of care that is safe, effective, and patient/client centered.
- c. Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
- d. Deliver and manage a plan of care that is consistent with (1) legal, ethical, and professional obligations, and (2) administrative policies and procedures of the practice environment.
- e. Monitor and adjust the plan of care in response to patient/client status.

**17. Intervention**

- a. Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
  - i. Therapeutic Exercise
  - ii. Functional Training in Self-Care and Home Management (including ADL and IADL)
  - iii. Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)
  - iv. Manual Therapy Techniques (including Mobilization/Manipulation, thrust and non-thrust techniques)
  - v. Prescription, Application, and as appropriate, Fabrication of Devices and Equipment (Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic)
  - vi. Airway Clearance Techniques
  - vii. Integumentary Repair and Protection Techniques
  - viii. Electrotherapeutic Modalities
  - ix. Physical Agents and Mechanical Modalities

- b. Determines those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of:
  - i. The needs of the patient/client
  - ii. The PTA's ability
  - iii. Jurisdictional law
  - iv. Practice guidelines/policies/codes of ethics
  - v. Facility policies
- c. Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.
- d. Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.
- e. Practice using principles of risk management.
- f. Respond effectively to patient/client and environmental emergencies in one's practice setting.

#### **18. Outcomes Assessment**

- a. Select outcome measures to assess individual and collective outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.
- b. Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.
- c. Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.
- d. Use analysis from individual outcome measurements to modify the plan of care.
- e. Select outcome measures that are valid and reliable and shown to be able to be generalized to patient/client populations being studied.

#### **19. Prevention, Health Promotion, Fitness, and Wellness**

- a. Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
- b. Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.
- c. Apply principles of prevention to defined population groups.

#### **20. Management of Care Delivery**

- a. Provide culturally competent first contact through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
- b. Provide culturally competent care to patients/clients referred by other practitioners and assure that care is continuous and reliable.
- c. Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
- d. Participate in the case management process

#### **21. Practice Management**

- a. Direct and supervise human resources to meet patient/client goals and expected outcomes.
- b. Participate in financial management of the practice.
- c. Establish a business plan on a programmatic level within a practice.
- d. Participate in activities related to marketing and public relations.
- e. Manage practice in accordance with regulatory and legal requirements.

## ***Generic Abilities***

Generic abilities are attributes, characteristics, or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Students will use this tool to assess themselves for readiness for clinical experience. Students will have the opportunity to complete this self-assessment in spring of their first and second year and fall of the third year prior to clinical experiences. These generic abilities are:

1. Commitment to Learning
2. Interpersonal Relationships
3. Communication Skills
4. Effective Use of Time and Resources
5. Use of Constructive Feedback
6. Problem Solving
7. Professionalism
8. Responsibility
9. Clinical Thinking
10. Stress Management



## George Fox University Graduate Department of Physical Therapy Student Generic Abilities Self-Assessment

Student \_\_\_\_\_

Graduation Year \_\_\_\_\_

The purpose of this checklist is to self-assess behaviors that will influence your ability to meet expected role requirements as a student and an entry-level professional physical therapist. The professional behaviors presented below are not meant as a portrayal of personality but as the necessary abilities required for professional clinical performance.

Please complete a personal behaviors assessment at the appropriate times each year using the three-point scale provided in each of the areas listed below. Criteria for the evaluation are identified in the accompanying document.

	Initial	Spring 1 <sup>st</sup> Year	Spring 2 <sup>nd</sup> Year	Fall 3 <sup>rd</sup> Year
Commitment to Learning	B   D   A	B   D   A	B   D   A	B   D   A
Interpersonal Relationships	B   D   A	B   D   A	B   D   A	B   D   A
Communication Skills	B   D   A	B   D   A	B   D   A	B   D   A
Effective use of Time and Resources	B   D   A	B   D   A	B   D   A	B   D   A
Use of Constructive Feedback	B   D   A	B   D   A	B   D   A	B   D   A
Problem Solving	B   D   A	B   D   A	B   D   A	B   D   A
Professionalism	B   D   A	B   D   A	B   D   A	B   D   A
Responsibility	B   D   A	B   D   A	B   D   A	B   D   A
Clinical Thinking	B   D   A	B   D   A	B   D   A	B   D   A
Stress Management	B   D   A	B   D   A	B   D   A	B   D   A

Commitment to Learning

Beginning Level- B	Developing Level-D	Advanced Level-A
Identifies problems, formulates appropriate questions, identifies own needs based on life experiences, identifies and locates appropriate resources, demonstrates positive attitude, sets personal and professional goals, offers own thoughts and ideas, identifies the need for further information.	Prioritizes information needs, takes collaborative approach, analyzes and subdivides large questions into components, monitors own progress, initiates own learning project, accepts learning as a lifestyle process, accepts that there may be more than one answer to a problem, recognizes the need to solve problems and can verify solutions to problems, meets all beginning level criteria.	Questions conventional wisdom, responds appropriately to unexpected or entirely new problems, reconciles conflicting information, seeks additional learning opportunities, applies new information and reevaluates performance, formulates and reevaluates position based on available evidence, plans and presents in-service program during clinical internship, meets all beginning and developing criteria.

Interpersonal Relationships

Beginning Level- B	Developing Level-D	Advanced Level-A
Maintains professional demeanor in all clinical interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients' lifestyles; communicates with others in a respectful, confident manner; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experiences.	Recognizes impact of non-verbal communication and modifies accordingly, assumes responsibility for own actions, motivates others to achieve, establishes trust, seeks to gain knowledge and input from others, respects role of support staff.	Listens to patient but reflects back to original concern, works effectively with challenging patients, responds effectively to unexpected experiences, talks about difficult issues with sensitivity and objectivity, delegates to others as needed, approaches others to discuss differences in opinion, accommodates differences in learning styles.

Communication Skills

Beginning Level- B	Developing Level-D	Advanced Level-A
Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of non-verbal communication; listens actively; maintains eye contact.	Utilizes non-verbal communication to augment verbal message; restates, reflects, and clarifies message; collects necessary information from the patient interview.	Modifies communication (verbal and written) to meet needs of different audiences, presents verbal or written messages with logical organization and sequencing, maintains open and constructive communication, utilizes communication technology effectively, dictates clearly and concisely.

Effective Use of Time and Resources

Beginning Level- B	Developing Level-D	Advanced Level-A
Focuses on tasks at hand without dwelling on past mistakes, recognizes own resource limitations, uses existing resources effectively, uses unscheduled time efficiently, completes assignments in timely fashion.	Sets up own schedule, coordinates schedule with others, demonstrates flexibility, plans ahead.	Sets priorities and reorganizes when needed; considers patient's goals in context of patient, clinic and third party resources; has ability to say "no"; performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently.

#### Use of Constructive Feedback

Beginning Level- B	Developing Level-D	Advanced Level-A
Demonstrates active listening skills, actively seeks feedback and help, demonstrates a positive attitude toward feedback, critiques own performance, maintains two-way information.	Assesses own performance accurately, utilizes feedback when establishing pre-professional goals, provides constructive and timely feedback when establishing pre-professional goals, develops plan of action in response to feedback.	Seeks feedback from clients, modifies feedback given to clients according to their learning styles, reconciles differences with sensitivity, considers multiple approaches when responding to feedback.

#### Problem Solving

Beginning Level- B	Developing Level-D	Advanced Level-A
Recognizes problems, states problems clearly, describes known solutions to problems, identifies resources needed to develop solutions, begins to examine multiple solutions to problems.	Prioritizes problems, identifies contributors to problem, considers consequences of possible solutions, consults with others to clarify problem.	Implements solutions, reassesses solutions, evaluates outcomes, updates solutions to problems based on current research, accepts responsibility for implementing of solutions.

#### Professionalism

Beginning Level- B	Developing Level-D	Advanced Level-A
Abides by APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image; attends professional meetings; demonstrates honesty, compassion, courage, and continuous regard for all.	Identifies positive professional role models, discusses societal expectations of the profession, acts on moral commitment, involves other health-care professionals in decision making, seeks informed consent from patients.	Demonstrates accountability for professional decisions, treats patients within scope of expertise, discusses role of physical therapy in health care, keeps patient as priority.

#### Responsibility

Beginning Level- B	Developing Level-D	Advanced Level-A
Demonstrates dependability, demonstrates punctuality, follows through on commitments, recognizes own limits.	Accepts responsibility for actions and outcomes, provides safe and secure environment for patients, offers and accepts help, completes projects without prompting.	Directs patients to other health care professionals when needed, delegates as needed, encourages patient accountability.

#### Critical Thinking

Beginning Level- B	Developing Level-D	Advanced Level-A
Raises relevant questions, considers all available information, states the results of scientific literature, recognizes "holes" in knowledge base, articulates ideas.	Feels challenged to examine ideas, understands scientific method, formulates new ideas, seeks alternative ideas, formulates alternative hypotheses, critiques hypotheses and ideas.	Exhibits openness to contradictory ideas, assess issues raised by contradictory ideas, justifies solutions selected, determines effectiveness of applied solutions.

#### Stress Management

Beginning Level- B	Developing Level-D	Advanced Level-A
Recognizes own stressors or problems, recognizes distress or problems in others, seeks assistance as needed, maintains professional demeanor in all situations.	Maintains balance between professional and personal life, demonstrates effective affective responses in all situations, accepts constructive feedback, establishes outlets to cope with stressors.	Prioritizes multiple commitments, responds calmly to urgent situations, tolerates inconsistencies in health care environment.

# ***DPT Curriculum***

## ***Three-Year Curriculum***

**The GFU DPT Program offers a three-year curriculum.** Successful completion of all academic and clinical coursework in successive order is required for graduation. Initially, the focus of the coursework is on foundational sciences in order to lay adequate groundwork on normal human structure and function as well as basic physical therapy modalities and practices. The student is introduced initially to differential diagnosis, clinical reasoning, and evidence-based practice across a lifespan and then advances to a greater understanding of systems; conditions; and the physical therapist role in rehabilitation, prevention, health promotion, administration and legislation. Coursework includes presentation of relevant testing, intervention, and education of a patient/client.

## ***Course Schedule***

### **Fall Year 1 (20 credits)**

PDPT 500 Professional Practices in Physical Therapy (2)  
PDPT 503 Basic Patient Care Skills (2)  
PDPT 510 Human Anatomy I (4)  
PDPT 520 Biomechanics and Kinesiology I (3)  
PDPT 531 Neuroscience (4)  
PDPT 550 Therapeutic Exercise I (2)  
PDPT 570 Applied Physiology (3)

### **Spring Year 1 (20 credits)**

PDPT 504 Principles of Motor Control (2)  
PDPT 511 Human Anatomy II (3)  
PDPT 521 Biomechanics and Kinesiology II (3)  
PDPT 529 Evidence-Based Practice & Clinical Decision Making (2)  
PDPT 540 Therapeutic Modalities (2)  
PDPT 551 Therapeutic Exercise II (2)  
PDPT 560 Essentials of Research Methods (3)  
PDPT 573 Pathophysiology (3)

### **Summer Year 1 (4 weeks)**

PDPT 580 Clinical Internship I (4)

### **Fall Year 2 (21 credits)**

PDPT 600 Cardiovascular and Pulmonary Therapeutics (3)  
PDPT 610 Pharmacology for Physical Therapy (3)  
PDPT 620 Geriatric Physical Therapy (2)  
PDPT 630 Neurorehabilitation I (4)  
PDPT 650 Orthopedic Assessment and Rehabilitation I (4)  
PDPT 670 Pediatric Physical Therapy (3)  
PDPT 750 Professional Research Project I (1)

**Spring Year 2 (15 credits + 6 credits/weeks clinical Internship)**

PDPT 611 Medical Surgical and Integumentary Conditions (3)  
PDPT 631 Neurorehabilitation II (3)  
PDPT 649 Medical Screening and Differential Diagnosis (2)  
PDPT 651 Orthopedic Assessment and Rehabilitation II (4)  
PDPT 660 Prosthetics and Orthotics (2)  
PDPT 680 Clinical Internship II (6)  
PDPT 751 Professional Research Project II (1)

**Summer Year 2 (6 credits)**

PDPT 690 Diagnostic Imaging for Physical Therapists (2)  
PDPT 710 Psychosocial Aspects of Patient Care and Disability (1)  
PDPT 752 Professional Research Project III (1)  
PDPT 760 Professional Duty and Social Responsibility (2)

**Fall Year 3 (11 credits + 8 credits/weeks clinical internship)**

PDPT 619 Health and Wellness in Physical Therapy (2)  
PDPT 720 Administration in Physical Therapy (3)  
PDPT 730 Professional Seminar (2)  
PDPT 770 Special Topics (2)  
PDPT 780 Clinical Internship III (8)  
PDPT 753 Professional Research Project IV (2)

**Spring Year 3 (2 credits + 17 weeks clinical internship)**

PDPT 781 Clinical Internship IV (8)  
PDPT 782 Clinical Internship V (9)

## ***Clinical Education Overview***

The clinical education component of the Doctor of Physical Therapy degree program includes five blocks (minimum of 35 weeks) of full time clinical education of varying lengths over three years. During these blocks of clinical practice, each student will have experiences with patients/clients across a lifespan in a variety of settings. To support the goal of the school in graduating generalists, the clinical education component has developed the following requirements for the 5 clinical experiences. Students must have clinical experiences in the following broad areas: outpatient orthopedics, acute care/home health, and rehabilitation (post-acute rehab, SNF, rehabilitation facility). Additionally, the last 3 rotations (of the 5 total) must include one inpatient and one outpatient setting.

## ***Roles and Responsibilities of the Clinical Education Team***

**Role of the DCE** (Director of Clinical Education) - The role of the DCE is to act as a connection between the School and the Clinic. The DCE:

1. Contacts the clinic to establish a relationship as a clinical education site.
2. Establishes and maintains the affiliation agreements.
3. Monitors the clinic's appropriateness as a clinical education site.
4. Initiates an annual commitment form to inquire about the number of students a clinic may accommodate for each clinical internship.
5. Reviews clinic information.
6. Prepares students in class for the clinic (infection control, HIPAA, professional dress, APTA Code of Ethics, etc.).
7. Reviews the students' portfolios (immunizations, criminal background check, drug screen, CPR, and insurance).
8. Assigns students to the clinical site.
9. Monitors the students' progress through contact with the Clinical Instructor.
10. Counsels/educates student and/or Clinical Instructor as necessary to maximize learning.
11. May change student assignment as necessary.
12. Reviews the students' Clinical Performance Instrument (CPI) provided by both the Clinical Instructor and the student.
13. Assigns grade for each clinical internship.
14. Reviews each of the clinical internship reports related to the clinical internship.
15. Recommends changes in content or process to the Clinical Site or the School, as appropriate, to ensure opportunity for positive ongoing relationship between the School and Clinical Site.
16. Visits Clinical Sites as needed.
17. The DCE reviews assessments by clinical faculty, program faculty, students, and self.

**Role of the CCCE** (Center Coordinator of Clinical Education) - The role of the CCCE is to act as the Clinical Site's representative to the School of Physical Therapy. The CCCE is responsible for:

1. Contacts School to establish a relationship as a clinical education site.
2. Presents the School with a copy of its own contract if their clinic prefers. The contract is to be renewed regularly.
3. Completes and updates the CSIF.
4. Respond to the annual commitment form to indicate the number of students their clinic may accommodate for each clinical internship.
5. Inform the DCE of any changes that may affect student internship.
6. Assign students to CI.
7. Route pre-clinical communication from the student/DCE to the CI.
8. Orient the student to the Clinical Site.
9. Provide feedback to the School regarding student preparedness or other relevant issues through the CCCE assessment of DCE performance evaluation.
10. The CCCE/CI/Clinical Site are evaluated by the student through assessments.

**Role of the CI (Clinical Instructor)** - The role of the CI is to provide the student with practical application to compliment didactic experience. The CI:

1. Is responsible for the safety and care of his/her patient.
2. Is clinically competent, demonstrates understanding of legal and ethical issues of the profession.
3. Is effective in communicating with the student in order to advance the student to practice as a proficient, ethical, well-rounded, and autonomous physical therapist.
4. Is responsible to match the student's current level of understanding with the patient at hand.
5. Shall communicate with CCCE and DCE regarding any concerns in the "red flag" areas or other concerns as soon as an issue becomes evident.
6. Shall prepare the CPI at midpoint and at completion of the clinical internship.  
The CPI link is found at: <https://cpi2.amsapps.com>
7. Shall complete DCE Performance evaluation form.

**Role of the Student (The student)**

1. Must maintain and produce evidence of compliance of pre-entry requirements. Such requirements will include proof of current health insurance; hepatitis B vaccine; immunization for measles (rubeola), mumps, rubella, and varicella; current TB test; CPR training for the Health Care Provider; criminal background check; certification of training in Standard Precautions; HIPAA regulation training; fire and electrical safety; and 10-panel drug screen.
2. Must complete all pre-requisite academic requirements.
3. Must follow the policies of the School and the Clinic:
  - a. Students will prepare a list of preferences for each clinical internship. (Preferences will be considered, but School's objective is to meet the clinical goals for all student interns).
  - b. Students may use CSIF for additional information.
  - c. After receiving his/her internship assignment, the student should prepare a letter to the CCCE to introduce himself/herself, to present his/her goals for the clinical internship, and to inquire about any special issues related to the internship. The student must be flexible regarding time and location of clinical internship.
  - d. Must observe the guidelines of the clinic regarding clinic times, contact information, dress code, etc.
  - e. **Student must inform the CI and the DCE of any absences.**
  - f. Must involve himself/herself in the clinical internship under the guidelines and supervision of the CI.
  - g. Must complete his/her CPI and review with his/her CI at midpoint and the end of the clinical experience. The CPI link is found at: <https://cpi2.amsapps.com> .
  - h. Must complete performance evaluations for the DCE, CI/CCCE, and facility.

## ***Clinical Site Overview***

### ***CSIF***

The program is provided a Clinical Site Information Form (CSIF) from each of its clinical sites. These are updated by the clinics on a regular basis. The CSIF provides information to the program and students regarding specifics about clinical offerings. The CSIF includes information about the clinic as a teaching facility, the Clinical Instructors' treatment and teaching experience, the types of patients seen, the size and scope of practice, and the additional offerings available through that particular Facility. Students will review this document as they make requests for clinical sites. To access the CSIF, please visit <http://cpi2@amsapps.com/sites>

### ***Affiliation Agreements***

Any clinical site associated with the George Fox University School of Physical Therapy will have a current Affiliation Agreement. Additionally, monitoring of the Clinical Site is completed through direct communication (face to face discussions, telephone conversations, clinical reviews, student evaluations, and on-site visits).

#### ***Clinical Evaluation includes:***

1. Type of clinical site
2. The experience of the clinical instructors as clinicians and educators
3. Specializations (pediatrics, burns, wound management, etc.)
4. Evidence of continuing staff development
5. The facility itself (cleanliness, size appropriateness, adequate equipment, etc.)

### ***Development of New Clinical Sites***

George Fox University School of Physical Therapy is continually looking for new Clinical Sites. The process of developing a new site begins with a conversation with the CCCE and evaluation of the clinic. The DCE may establish a relationship with a potential Clinical Site at a student's request. At this point, an affiliation agreement is proposed and if agreed upon by both parties a contract will be fully executed. The process may take several months, so lead time of a year is requested.

## ***Student Intern Placement Overview***

In order to achieve the George Fox University's mission of producing generalist physical therapists, each student is required to experience diverse clinical settings. The DCE meets with each individual student in the Fall of their first year to begin to determine the students' specific goals and experience level. Throughout the course of the next two years, each student meets with the DCE to review their priorities. In pairing or matching the students to clinical sites, the DCE reviews the available slots with the student and reviews each student's personal goals, taking into consideration the program requirements, student's preferences and available slots. Students review available slots and present priorities to the DCE. Appropriate placement is determined by student didactic achievement, prior clinical experiences, dialogue with student and faculty feedback. Consideration for convenient location minimally impacts the placement. A well rounded clinical education that is challenging, progressing, rewarding and meets the students goals are much greater criteria for placement. March 1<sup>st</sup> GFU sends Facility Commitment Request letters and are returned by April 15<sup>th</sup>. April 30<sup>th</sup>-June 15<sup>th</sup> DCE assigns placement for 2<sup>nd</sup> and 3<sup>rd</sup> year students for the following year. October 1<sup>st</sup>-October 15<sup>th</sup> DCE assigns placement for 1<sup>st</sup> year students. The students will have the opportunity to review the site selection for each clinical level. Because of the limits of each clinical facility, students may not always be given their preference.

### ***Student Intern Reassignment***

A student may require reassignment due to (1) changes in the Facility's staffing and inability to take a student for a particular rotation or (2) irresolvable issues between the clinical site and the student. In these cases, the DCE will make every effort to secure a new clinical site that fulfills the goals of the School in educating a well-rounded physical therapist. It may be noted that these changes may alter the exact dates of the clinical affiliation.

### ***Initial Student Contact with Facility***

Prior to clinical internship, students are responsible to prepare and maintain "Student Introductory Information Form" and "Curriculum Vitae". This will serve as an introduction of the student to the clinical internship. This will serve as final confirmation of the clinical assignment. The student should present a polished documentation, as this will be their first impression on each clinical site and the professional community.

Students are to provide background check, drug test results, CPR certification, proof of health insurance, and immunization records per request from Clinical Site.



## George Fox University School of Physical Therapy Student Introductory Information

Student name: \_\_\_\_\_

Name of facility: \_\_\_\_\_

Date(s) of internship: \_\_\_\_\_

Address during Internship: \_\_\_\_\_

Phone number during internship: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Address prior to start of internship: \_\_\_\_\_

<b>Internship History</b>	<u>Facility</u>	<u>Practice Area</u>
I. (4 weeks, first year):	_____	_____
II. (6 weeks, second year):	_____	_____
III. (8 weeks, third year):	_____	_____
IV. (8 weeks, third year):	_____	_____
V. (9 weeks, third year):	_____	_____

Key for practice areas: A=Acute, O=Orthopedic, G=Geriatric, P= Pediatric, R=Neurological Rehabilitation

1. Summary of clinical experience (include prior to school)
2. Feel competent in which skills?
3. Skills that will need work.
4. Immediate feedback (even in front of patient) or delayed/private

5. Learning Style
  
6. Midpoint goals/expectations
  
7. Final goals/expectations for this clinical experience
  
9. Do you need any special accommodations in order to perform your internship duties? If so, please describe here.

In accordance with the U.S. Family Education Rights and Privacy Act of 1974 (Buckley Bill), I hereby authorize George Fox University to release the above information to the named clinical affiliate for the sole purpose of assisting in clinical education. Furthermore, I agree to hold George Fox University harmless of any unauthorized use of this information by those not directly employed by the University.

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Signature

Date

## ***Prerequisites for Clinical Experiences***

It is the responsibility of the student to maintain all records required for their clinical affiliation, including any associated costs. Below are the requirements; however, specific clinical sites may require further tests such as additional criminal background checks or drug screen. The student will be responsible for these additional costs if not incurred by the clinic.

***Students assigned in other states are responsible to research the practice act of that state.***

### ***Immunization Record***

All students are required to upload and maintain records through CertifiedBackground.com and comply with, the elements of Administrative Standards for Health Professional Student Clinical Training (ORS 413.435). It is the students' responsibility to provide the clinical site with information as needed.

### ***Health Insurance***

George Fox University requires full-time students to carry medical insurance and provide proof of coverage. Insurance information is to be uploaded to CertifiedBackground.com. Medical insurance can be obtained from the Department of Health and Counseling Services: [http://www.georgefox.edu/offices/hea\\_cou/insurance.html](http://www.georgefox.edu/offices/hea_cou/insurance.html).

### ***CPR Training***

Each student is required to maintain cardiopulmonary resuscitation certification (CPR) throughout all 3 years in the program. They must demonstrate proof of CPR (health care provider/professional) by uploading their card to CertifiedBackground.com. It is the student's responsibility to ensure the maintenance of this certification.

### ***HIPAA Training***

The Health Insurance Portability and Accountability Act (HIPAA) was enacted nationally in an effort to protect an individual's rights to privacy and confidentiality. All students are required to successfully complete the program's HIPAA training. PDPT 500 *Professional Practices in Physical Therapy* provides education and testing on HIPAA as it involves patients. It is also the responsibility of each clinical site to orient students to the implications of HIPAA for their site as well as specific policies and procedures pertinent to their site during each clinical internship.

Students should be aware that patient information used in case studies, during class, or for any other reason must be de-identified (see section 164.514 of HIPAA). The following specific identifiers of individual patients or of relatives, employers, or household members of patients must be removed:

1. Names
2. All geographic subdivisions smaller than a state
3. All elements of dates (except year) for birth date, admission date, discharge date, date of death; all ages over 89; and all elements of dates (including year) indicative of such age
4. Telephone and fax numbers
5. E-mail addresses
6. Social security numbers
7. Medical record numbers
8. Health plan beneficiary numbers
9. Vehicle identifiers and license plate numbers

10. Device identifiers and serial numbers
11. Photographs or any comparable images

A student can maintain confidentiality by doing the following:

1. Hold in confidence any information about patients and families that come to his/her attention.
2. Refrain from public hallway, cafeteria, or elevator conversations about patient care.
3. Access only those records or parts of records that students and/or their CI's indicate are pertinent for performance of their clinical responsibilities.
4. Refer any requests for patient information from unauthorized sources to his/her CI or the CI's supervisor.
5. Do not photocopy any part of a medical record without obtaining written permission, and follow institutional policies for doing so.
6. Communicate any questions about confidentiality with his/her CI and seek help in finding out how this confidentiality is best maintained.
7. Learn and follow the procedures established at his/her facility to meet HIPAA requirements.

### ***Universal Precautions and Bloodborne Pathogens Competency***

Universal Precautions and bloodborne pathogens training will be required prior to the first clinical internship and will be provided by the School as part of PDPT 500 *Professional Practices in Physical Therapy*.

***Universal Precautions and Bloodborne Pathogens Policy: All students will function in the clinical setting under OSHA standards and follow Universal Precautions in the clinical area.***

This policy is designed to minimize the risk of exposure or transmission of blood borne pathogens. The practice of "Universal Precautions" is observed to prevent contact with blood and other potentially infectious materials. Appropriate barrier protection should be used when contact with blood or other body fluids are anticipated. The precautions are designed to protect you and the patient. Every individual is considered to be at risk for potential contamination. Latex or vinyl gloves should be worn whenever blood, body fluids, mucous membranes, or non-intact skin is handled or when coming in contact with items or surfaces soiled with blood or body fluids. Gloves should be changed and hands washed after each contact. Gowns, masks, and eye protection should be used if there is the potential for splashing of fluids.

Students who are exposed to blood-borne pathogens must:

1. Immediately report the exposure to their instructor and/or clinical preceptor.
2. Implement normal first-aid procedures. Wash the exposed site with warm water and soap. Flush exposed mucous membranes with water.
3. Seek immediate assistance from a health care provider, either in the facility or at the GFU student health center.
4. File report of exposure according to clinical agency policy where the exposure occurred.
5. Notify and file report with the Director or the DCE.

## ***Criminal Background Check***

Students are required to undergo a criminal background check prior entering the program. This information will be collected through CertifiedBackground.com. A clinical site may request an additional background check.

## ***Drug Screens***

Students are required to receive a drug screen prior to entering the program. This may be a urinalysis or blood test. This information will be collected through CertifiedBackground.com. A clinical site may request an additional drug screen.

## ***Determination of Student Readiness for Clinical Experiences***

Prior to visiting the Facility, the student must demonstrate satisfactory understanding of material presented in each course and practical application in course lab work. Faculty determines the readiness of each student. The student is required to complete each clinical internship in sequence before progressing to the next.

## ***Student Liability Insurance***

The following coverage is maintained by George Fox University, Oregon, covering their staff and students:

<u>Coverage</u>	<u>Limits of Liability</u>
Professional Liability Including staff and students	\$1,000,000 per occurrence \$3,000,000 per year
General Liability Premises	\$1,000,000 per occurrence \$2,000,000 per year
Auto Non-Owned & Hired Liability	\$1,000,000 Combined Single Limit
Excess Liability	\$6,000,000 per year
Workers Compensation	Statutory, Not including students

*STUDENTS MAY CHOOSE TO PURCHASE ADDITIONAL LIABILITY INSURANCE*

# **Student Policies**

## **Student Mistreatment**

**Students who believe that they are being treated unfairly or who have any concerns should contact the Department Director or the DCE.**

## **Privacy Rights of Student**

Students have the right to privacy under FERPA and the Buckley Amendment. Only when a student signs a release form can the School share information about health, disabilities, need for reasonable accommodations, and class standing. The student has the right to withhold this information from the clinic with the understanding that that this might jeopardize their ability to progress in the clinical setting and therefore may negatively affect the outcome and grade. The student is required to fulfill all duties outlined by the program guidelines as presented by the clinical instructor.

Information about academic standing is not shared with the clinical education faculty at the site as this is considered confidential information and can only be provided to the site by the student or, in special circumstances, by the DCE with written permission of the student.

Information regarding immunization records, drug screen, or criminal background check, will be shared by the student at request of the clinic site. Students should be aware that information obtained from the criminal background check or drug screen could jeopardize their ability to complete a scheduled clinical internship and/or impact eligibility for licensing as a physical therapist.

## **Occurrence Reports**

Any student involved in an incident with potential injury to self or others must comply with the facility's policies in reporting the incident. Also, the student needs to notify the DCE.

***Students are not eligible for worker's compensation benefits.***

***Red flag concerns related to any of the APTA CPI "Red Flag" criteria must be brought to the attention of the CCCE and DCE.***

## **Reporting to CCCE/DCE**

**Red flag concerns related to any of the APTA CPI "Red Flag" criteria must be brought to the attention of the CCCE and DCE.**

The DCE Serves as the liaison between the school and the clinical facility and as such must be made aware of anything "out of the ordinary" which might affect the student's clinical education. It is imperative that the DCE be contacted:

1. To report an illness and the need for a "sick day."
2. To report an emergency requiring time off from the clinical internship.
3. To report failure of a special clearance requirement (background check, health clearance, drug screen, etc.).
4. To report any breach of the state's practice act.
5. To report any breach of the APTA's Code of Ethics.
6. To request a travel day (to travel to an immediate clinical placement greater than 400 miles away).

7. To request an alteration in the clinical schedule (time off, shifted hours, etc.).
8. To request a medical leave of absence.

## ***Student Contact with Patient***

### **Informed Consent**

When in clinic, a student must wear his/her name badge, indicating that he/she is a student intern of George Fox University's School of Physical Therapy. Students must identify themselves as students or interns. **All patients have the risk-free right to refuse care provided by a physical therapy student.** Any refusal or declination must be honored by the CI and student. Students must not misrepresent themselves as physical therapists.

### **Practices to Protect Individuals' Rights, Safety, Dignity, and Privacy**

Necessary practices to protect the rights, safety, dignity, and privacy of patients, clients, other individuals, and the Facility:

1. Students must comply with all state and federal laws associated with patient rights and protected health information (HIPAA).
2. Students must comply with the specific clinic's policies and procedures regarding patient rights, privacy, protected health information, and safety of the patient.
3. Use of patient images requires a written consent from the patient which should include the intended purpose for the image.
4. Students will conduct themselves in such a manner to protect the safety and dignity of patients, family members, and others.
5. Students will not copy non-protected health information or materials for use outside the Facility without the express consent of the clinical instructor and department supervisor.

## ***Dress Code***

The facility dress code is to be the guide for the student. The following are general guidelines for students' dress and appearance when functioning in a professional capacity and when clinical attire is requested by faculty:

1. Students are expected to be meticulous regarding personal hygiene.
  - a. The following are to be clean in clinical situations: uniforms, shoes, shoe laces, socks, hair, and skin.
  - b. Nails are to be kept short and clean. Clear nail polish may be worn if in good condition. Artificial nails are not permitted.
  - c. The use of deodorants and mouthwash is encouraged.
  - d. Fragrances are not to be worn.
2. Hair is to be arranged neatly and secured with hairpins, plain clips, or rubber bands so that it will stay out of eyes and working area. Hair may not be dyed in unnatural colors such as blue, pink, or purple. Beards are to be neatly trimmed and not longer than two inches.
3. Jewelry is limited to a watch, a plain wedding band, and one set of "post" type earrings that may be worn in the earlobes.
4. For patient and personal safety, students are to keep jewelry at a minimum. Earrings cannot dangle as they may become entangled with a patient. Jewelry can (watches, rings, pins, bracelets, etc.) accumulate dirt and micro-organisms, and should not be worn. In particular, rings and other jewelry with stones should be removed during patient care to avoid injuring the patient.

5. Visible tattoos must be covered.
6. Students are never to chew gum in clinical situations.
7. Men are expected to wear dress shirts and slacks. Ties may be required in some clinics. Women are expected to wear business dress shirts or blouses and skirts or slacks. Clothing must not be sheer. Clothing must be of a length and style to protect the student's modesty during treatment activity in a variety of positions that the student may need to assume during the course of treatments.
8. Socks must match shoes.
9. Shoes must be close-toed and close-heeled. Athletic shoes are acceptable in some clinics.
10. ID: A School of Physical Therapy photo ID badge must always be worn and be readily available as part of the uniform. The School of Physical Therapy will provide this ID badge to you shortly after you begin classes. Replacement ID badges can be ordered from the Administrative Assistant of the School of Physical Therapy at a cost to the student of \$10.00.

***In some clinical areas, the dress requirements may vary. Before entering any clinical area, students must clarify with faculty the requirements specific to that area. Students are expected to comply with the dress requirements of the clinical agency to which they are assigned for clinical internship.***

### ***Protective Equipment***

Students will use personal protective equipment (eyewear, masks, gowns, gloves) as prescribed by the policy of the facility to which they are assigned. It is generally expected that the facility will provide this equipment for students. If this is not possible then the student will provide such equipment as recommended by the facility's policy.

## ***Professional Demeanor***

### ***Clinical Expectation***

1. Students' will not be allowed to "swap" or exchange Clinical Sites.
2. Students' are not permitted to select a Clinical Site where they have served more than 40 hours as a volunteer or an aide, or where a family member serves as a CI.

### ***Communication***

It is a goal and priority of the School of Physical Therapy to establish, support, and maintain close partnerships with each Clinical Education site. The DCE conducts or supervises a mid-term site visit, telephone call, or Skype call during all clinical internship. The DCE or designated faculty member completes the visit or call. It occurs generally near the mid-point of the experience and is intended to ascertain how the experience has gone to date inclusive of student strengths, goals, and specific areas in need of development. Prior to the visit/call, communication from the School of Physical Therapy to the student/CI/CCCE is made to set up a convenient time and mode of communication. If problems are identified during the visit/call, discussions at that time and as warranted throughout the remainder of the clinical internship may ensue with the CI/CCCE/student. There will be written documentation of the mid-term visit/call and any further discussions. This documentation can include any problems identified and any action steps created for remediation. If the CI/CCCE or student have concerns or questions about any aspect of the clinical internship, communication with the DCE is essential as soon as possible. The DCE should be notified even if all parties feel that the problem may be resolved by the end of the clinical internship. The DCE makes every effort to be available to do a site visit should a problem situation arise or become otherwise unmanageable. Site visits for remediation of problem situations take precedence over all other scheduled visits. The DCE is available for communication with all parties involved in clinical education at

any time via e-mail or phone with information that is provided to the student and clinical site/staff. If the DCE is not available, the George Fox Physical Therapy Program Director or other identified faculty will be available for communication. Student information is shared with the CCCE at each clinical facility prior to each clinical internship. It is e-mailed to the clinical site approximately 1 month prior to the start of the clinical internship. This information includes, letter of clinical good standing, list of coursework and competencies, syllabi, and link to the Clinical Handbook.

**It is not acceptable for any student to directly contact a clinical education site to request, negotiate, or cancel a clinical education experience.**

1. The student's contact with a facility may be made only after the clinical assignments have been determined.
2. Clinical internships are considered a firm commitment. If a student has concerns regarding their specific clinical internships, they are to contact the DCE.

### ***Attendance, Promptness, Disruption of Clinic***

Student interns must be prepared to begin clinic at the times and dates agreed upon with the CI and follow the hours and patterns of operation of the facility or CI. For example, some students may be assigned five 8-hour days/week, while others are assigned four 10-hour days. Should your clinical instructor work weekends, it is expected that you do also. The students are to follow the holiday and operation hours of the facility in which they are assigned, rather than that of the University. Although some clinic circumstances may require longer hours, **students are expected to participate in clinical education at least 40 hours/week**. Note that many centers may work hours beyond 40 hours per week. Be aware that additional hours (approximately 10-20 per week) are required outside scheduled clinical internship time to prepare for patient/client care. Students are to be prompt out of respect for both the CI and patients.

A clinical education site will not be cancelled once scheduled unless there are extenuating circumstances, such as student injury or illness limiting the ability to fulfill course requirements or a problem with the internship site as determined by the DCE or the CCCE.

Students are expected to attend clinical internship experiences according to the predetermined department calendar. If a student has extenuating circumstances or special needs that may prevent him/her from participating in the clinical education internships, according to the academic calendar, a formal written request for schedule modification must be submitted to the DCE for consideration. Such accommodations may limit the sites available to the student.

### ***Illness, Requiring Loss of Clinic Hours***

The student is required to contact the CI and the DCE immediately if he/she will be unable to participate in his/her clinical experience due to illness. A course of remediation will be determined by mutual agreement of the school and the facility.

All absences either expected or unexpected, are to be brought to the attention of the DCE in order to facilitate accommodations in order to make-up missed time. Students are discouraged from expected absences as excessive amounts of absences negatively affects the *Professional Behaviors* results on the APTAs web based CPI. It is the student's responsibility to initiate conversations with the CI and DCE related to missed clinic time.

## ***Medical Emergency or Injury***

In the case of medical emergency or injury during a clinical internship, students are instructed to follow their facility protocol. This may require notification of 911. Students are then required to contact the DCE.

## ***Additional Expenses***

Students are responsible for providing their own transportation to all clinical experiences. It is not a requirement but it is strongly recommended that the student have access to a car in order to ensure timeliness of reporting to clinical internships. Some clinic sites may be at great distances requiring additional costs for airfare. Additionally, students are responsible to make and pay for their own housing and living arrangements. Costs for housing and living expenses may total up to \$3000 for the program. This may be higher or lower depending on students' ability to make arrangements.

Other expenses may be related to a specific clinical site (i.e. - additional drug screening or background check).

## ***Clinical Site Visits***

The DCE and/or faculty members may visit the facility near the midway point of the internship. Upon occasion, there may be times when a student may not receive a site visit from the DCE or faculty.

1. The visit will consist of a discussion with the clinical instructor, the student, and may include the Center Coordinator of Clinical Education (CCCE) to review the facility, the student's performance, and completion of the Clinical Evaluation & Visit form.
2. During the midpoint assessment conference with the DCE, CI, and student, the DCE will ask, as part of the interview, if there are concerns related to academic regulations, policies, and procedures.
3. Corrective actions between the student and facility may include counseling at the point of contact; counseling at the site between the student, CI, and/or CCCE; development of a written educational action plan agreed upon by the student and CI/CCCE; or reassignment of the student to an alternate clinical site.
4. If any problems or questions occur during the internship, consult the DCE. **DO NOT** wait until the clinical visit or assume things will improve. Problem areas often can be easily handled without wasting valuable clinic time.

## ***Clinical Teaching and Learning***

In setting appropriate expectations for student performance, it is helpful to remember that just a portion of the overall education can be learned in the academic setting. The rest can only be taught and learned in the clinic. Instructional sequencing is a process whereby the student intern is guided through a series of progressively more complex tasks and cognitive situations. This sequencing begins in the classroom/lab and culminates in the clinic.

### **Academic Setting Learning Opportunities:**

- 1.Theory/didactics
- 2.Visualization
- 3.Demonstration by instructor on a student
- 4.Practice on classmates
- 5.Observe instructor demonstrate on a patient in class

### **Clinical Setting Learning Opportunities:**

- 1.Intern observes clinician evaluate and treat
- 2.Intern explains theoretical knowledge to clinician
- 3.Intern demonstrates evaluation and treatment on clinician
- 4.Intern evaluates and treats while clinician supervises and gives feedback
- 5.Intern evaluates and treats needing help to begin or complete task
- 6.Intern evaluates and treats without direct supervision/feedback to clinician
- 7.Intern independently/completely evaluates and treats

## ***Clinical Instructor Policies***

### ***Reference Manual for CCCE***

<http://www.apta.org/Educators/Clinical/EducatorDevelopment/>

### ***Clinical Instructor Preparedness***

***Student assignments to a CI are made by the CCCE.***

The Clinical Instructor:

1. Must have at least one year of clinical experience.
2. Must demonstrate competency in the area of practice in which he/she is providing clinical instruction as well as in legal and ethical practice.
3. Must demonstrate effective communication skills.
4. Must demonstrate effective behavior, conduct, and skill in interpersonal relationships.
5. Must demonstrate effective instructional and supervisory skills.
6. Must have completed the APTA web-based CPI instruction and demonstrate skill by having completed the performance evaluation.

## ***Rights and Privileges of the Clinical Instructor***

Clinical Instructors have the right to:

1. Access and review the Curriculum of the School of Physical Therapy and communicate their thoughts regarding the strengths and weaknesses of the curriculum with the Program Director or DCE.
2. Request professional development assistance in order to improve their clinical education skills.
3. Communicate with the school's DCE regarding specific concerns related to student intern performance in treatment skills, clinical reasoning, communication, ethics, or behavior.
4. Utilize the school's access to literature and research through the school library's digital resource database in order to enhance the clinical education experience.

## ***Responsibilities of a Clinical Instructor***

1. The Clinical Instructor, as a physical therapist, is ultimately responsible for the care of the patient. The physical therapist must adhere to the laws and regulations governing the practice of physical therapy to ensure supportive personnel are supervised as required by the laws and regulations.
2. After reviewing the student's strengths and weaknesses, the Clinical Instructor is to establish clear, fair, and achievable goals for the clinical affiliation and discuss these with the student. By doing this, the clinical instructor reduces misunderstandings regarding expectations. Additionally, a clear platform for discussion between the CI and the student intern will be established.
3. The Clinical Instructor is responsible to the student to provide oversight and a clinical internship in accordance with the student's current educational level. They are responsible to model contemporary physical therapy practice consistent with the APTA Code of Ethics, Standards of Practice, and Guide to Physical Therapy; to provide ongoing feedback regarding the student's performance; and to provide progressively more challenging learning opportunities.
4. In providing feedback, remember:
  - a. Compare initial and final performance. Has the student made major gains in performance?
  - b. Tell the student what it takes to be successful. What a student is expected to do to be successful should not be a secret.
  - c. Utilize weekly planning forms to guide learning and focus on clinical education objectives.
5. The Clinical Instructor is responsible to the program to identify "red flag" items and report them as necessary; to communicate with the DCE as necessary; and to complete the APTA CPI at midpoint and upon completion of the clinical experience.

## ***Effectiveness of a Clinical Instructor***

Is strongly influenced by DCE and CCCE collaboration through:

1. Direct contact by visits, telephone, or e-mail conversations.
2. Review of the midterm and end-point CPIs.
3. Review of the performance evaluations (student, CI, and self-assessment).
4. Ability to note and report "Red Flag" areas (Safety, Professional Behavior, Accountability, Communication, Clinical Reasoning) and to assist in establishing a plan of action to correct these concerns.
5. Ability to provide student with progressively more complex learning experiences based upon the student's current skill level.
6. Ability to provide students with clear instruction and expectations. CI's should stress behaviors that can help the student improve.
7. Ability to provide feedback to the students on their progress related to expectations.
8. Ability to complete the CPI in a timely manner.

## ***Supervision of Student Interns***

Students must be supervised by an on-site, licensed physical therapist with a minimum of one year of clinical experience. The student cannot provide physical therapy services if a supervising therapist is not on-site and available for consultation. If a student is assigned to a small clinic with only one therapist, the student cannot provide physical therapy services without the therapist on-site as may occur if the therapist calls in sick or has a meeting away from the clinic.

1. Per the Oregon Physical Therapy Licensing Board, *“At all times, a supervising physical therapist must provide on-site supervision of an SPT or SPTA who provides treatment to a patient” and “for purposes of this rule ‘on-site supervision’ means that at all times the supervising physical therapist is in the same building and immediately available to provide in person direction, assistance, advice or instruction to the student. Documentation by a student physical therapist (SPT) shall be authenticated on the same day by the student and by a supervising physical therapist. A SPT’s documentation must be completed pursuant to OAR 848-010-0110.” A complete list of current rules is provided by the Oregon Physical Therapy Licensing Board.*
2. In the event that there is no supervising therapist available on-site at any time that a student is scheduled to be in the clinic, alternative arrangements must be made for the student’s clinical hours. Options may include observation of another professional discipline, assignment to another clinic for the day, or “make-up” days after the assignment.
3. Students can receive instruction from physical therapy assistants. However, the patient’s care must be directed by the supervising physical therapist and the physical therapist must be on-site and available for consultation.
4. The Center for Medicare and Medicaid Services provides clear guidelines for supervision of students. The APTA has provided a chart to assist in understanding payment for treatment involving student aid: <https://www.apta.org/APTALogin.aspx?RedirectTo=http://www.apta.org/Payment/Medicare/Supervision>.
5. Student interns must make continual progress during clinical education.
6. Remember, the care and safety of the patient is ultimately the responsibility of the physical therapist.

## ***Counseling Students***

We encourage all participants in the clinical education process to support the right of individuals to an open and confidential communication in order to maximize the learning potential of all involved. Should problems arise during a clinical internship, we recommend the following steps:

1. As soon as a problem is identified, it should be discussed only between the people involved.
2. If either person feels other intervention is needed or if they are not able to deal directly with one another, either person or both should speak with the CCCE or DCE.
3. If the problem cannot be resolved at this level, the Center Coordinator of Clinical Education or Student should contact the Academic Coordinator of Clinical Education.
4. If a student brings a problem directly to the Academic Coordinator of Clinical Education, the student will be advised to follow the steps as outlined above.

It is understood that some smaller departments and private practices may not have both a clinical instructor and a Center Coordinator of Clinical Education, but the steps should remain essentially the same. In addition, we acknowledge the need for directors and/or unit supervisors to be notified of any major problems.

## ***Reporting to CCCE/DCE***

**Red flag concerns related to any of the APTA CPI “Red Flag” criteria must be brought to the attention of the CCCE and DCE.**

The DCE serves as the liaison between the School and the Facility and as such must be made aware of anything “out of the ordinary” which might affect the student’s clinical education.

## ***Evaluating Student Intern Performance***

### **Purposes and Timing of Evaluations**

From the APTA Clinical Instructor Education and Credentialing Program:

1. Purposes of Evaluation
  - a. To determine how students are changing
  - b. To identify additional learning needed for mastery
  - c. To provide feedback for students regarding performance in cognitive, psychomotor, and affective domains.
  - d. To evaluate the overall effectiveness of a clinical course
  - e. To determine whether a student is competent in a procedure
  - f. To evaluate final achievement of objectives
  - g. To gather data for determining grades
  - h. To assist the student in developing self-assessment skills
2. Timing of Evaluation
  - a. Begin at once (as soon as the student starts the clinical internship)
  - b. Continue throughout the experience
  - c. Evaluate all aspects of student performance so there are no surprises at midterm or at the end of the clinical internship

### **Weekly Student Goal Setting**

Students at George Fox University’s School of Physical Therapy typically learn best by setting reasonable and achievable goals. It is strongly recommended the CI and student set one or two goals each week that are specific to the setting and student ability.

## Effective Feedback

Optimally, feedback sessions should be conducted with the understanding that the CI and student are working as allies with common goals. Some general characteristics of effective feedback include:

1. Specific
2. Individualized
3. Goal related
4. Remedial
5. Collegial
6. Positive
7. Descriptive rather than judgmental
8. Supportive
9. Well-timed and expected (private vs. public)
10. Based on first-hand observations
11. Fair and honest
12. Constructive

## Formative/Summative Evaluations

The purpose of the formative evaluation is to provide objective information to the student so as to help them to value changing behavior in order to reach a desired goal. Summative evaluation, on the other hand, relays the CI's judgment on how well the intern has performed with respect to the performance goal. Both types of evaluations have an appropriate role in the internship but formative feedback seems to be most effective in the daily setting.

The formative assessment is like a mirror in that the giver is simply reflecting back his or her observations of another person's behavior.

Summary (from the APTA Clinical Instructor Education and Credentialing Program):

1. Formative Evaluation
  - a. Used to provide feedback during the clinical internship
  - b. Used to further or modify behavior
  - c. Is provided during a specific learning experience
  - d. Critical audience is internal (the student)
  - e. Is predictive of **Summative** results
2. Summative Evaluation
  - a. Used to summarize performance outcomes
  - b. Used for grading or certification
  - c. Is provided at the end of a clinical internship
  - d. Critical audience is external (the academic program and the student)
  - e. Sets the standard for formative feedback

## **Grading**

The DCE will assign a grade of “pass, fail, or incomplete” to the clinical education internship based upon the final APTA web-based CPI completed by the CI and student as well as input from the CCCE as appropriate. This grade will be determined using the following as a guideline for determining a passing grade:

1. PDPT 580 rating of “Beginner” or above in all criteria.
2. PDPT 680 rating of “Advanced Beginner” or above in all criteria.
3. PDPT 780 rating of “Intermediate” or above in all criteria.
4. PDPT 781 rating of “Advanced Intermediate” or above in all criteria.
5. PDPT 782 rating of “Entry Level” or above in all criteria.

A grade of Incomplete will be assigned for students unable to complete a clinical internship and will be converted to “Pass or Fail” based on completion of this internship or an alternate clinical internship as determined by the DCE.

### ***Failure of a Clinical Internship***

Should a student fail a clinic internship (PDPT 580, PDPT 680, PDPT 780, PDPT 781, PDPT 782) they must remediate the failed clinical internship before progressing on to the next more advanced clinical internship.

1. Remediation programs are designed and implemented on a case-by-case basis and are determined by the circumstances that led to the failure. The results of the CPI will be used in determining remediation for a “Fail” grade by the DCE.
2. The DCE and Program Director will determine if remediation is appropriate and arrange alternate clinical internship as necessary.
3. A maximum of ONE internship may be repeated during the three-year course.
4. Failure and repeating of more than two clinical internships will result in dismissal from the School of Physical Therapy.

# Evaluations

## APTA Assessments

### CPI Training Instructions - Getting Started with the APTA Learning Center for PT CPI Course Participants:

#### APTA Members/Current or Former APTA Customers

**1. Login to [www.apta.org](http://www.apta.org).**

Enter your username and password and select "click here to continue":

(<https://www.apta.org/APTALogin.aspx>).

Under <https://www.apta.org/apta/profile/MyProfile.aspx> make note of the email address associated with your apta.org account. You will need to use the same address to verify your training completion in PT CPI Web.

**Important!** It is essential that you do not purchase or register for courses in the APTA Learning Center using more than one account number. If you've forgotten your password or were at one time an APTA member, go to <http://www.apta.org/APTA/ForgotMyPassword/ForgotMyPasswordGetEmail.aspx> to have it emailed to you OR contact 800/999-2782, ext 3395 for assistance.

**2. Set up your computer.**

Enable pop-ups for <http://www.apta.org> and <http://learningcenter.apta.org>. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: <http://learningcenter.apta.org/oht.aspx#q1>).

**3. "Purchase" the free PT CPI online course.**

To access the PT CPI online course, go to [http://learningcenter.apta.org/free\\_membercourses.aspx](http://learningcenter.apta.org/free_membercourses.aspx) (this is the "Free Member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

**4. Take the PT CPI online course.**

After purchasing the course, go to **My Courses** ([http://learningcenter.apta.org/My\\_Courses.aspx](http://learningcenter.apta.org/My_Courses.aspx)) within the APTA Learning Center.

**5. Print CEU certificate.**

Claim credit and print your 0.2 CEU certificate through My Courses ([http://learningcenter.apta.org/My\\_Courses.aspx](http://learningcenter.apta.org/My_Courses.aspx)) at the APTA Learning Center.

**6. Access the PT CPI Web site.**

To access PT CPI Web 2.0, please click <https://cpi2.amsapps.com>.

The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the "I forgot or do not have a password" link to establish a password. *The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.*

## **New Customers/Never Been an APTA Member**

### **1. Create an account at [www.apta.org](http://www.apta.org).**

Register at **apta.org**: <https://www.apta.org/APTALogin.aspx>. Complete the required information and write down your username and password.

*Please make a note of the e-mail address that you use when completing this registration information as you will need to use the same email address to verify your training completion in PT CPI Web.*

### **2. Set up your computer.**

Enable pop-ups for <http://www.apta.org> and <http://learningcenter.apta.org>. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: <http://learningcenter.apta.org/oht.aspx#q1>).

**Important!** You are now ready to purchase the free online course.

### **3. "Purchase" the free PT CPI online course.**

To access the PT CPI online course, go to [http://learningcenter.apta.org/free\\_membercourses.aspx](http://learningcenter.apta.org/free_membercourses.aspx) (this is the "Free member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

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## **Assessments**

**Clinical Performance Instrument**

**Student Assessment of Clinical Experience**

**Student Assessment of DCE**

**Faculty Assessment of DCE**

**CI/CCCE Assessment of DCE**

**DCE Self-Assessment**

**Guidelines and Self-Assessment for Clinical Sites**



# GEORGE FOX UNIVERSITY

## STUDENT AFFILIATION AGREEMENT

This Student Affiliation Agreement ("Agreement") is entered into this \_\_\_\_ day of \_\_\_\_\_ (the "Effective Date"), between George Fox University ("School") and \_\_\_\_\_ ("Facility"), located at \_\_\_\_\_.

Facility is willing to provide educational experience to students of School in accordance with the terms of this Agreement. School desires to use the Facility as an opportunity for its students to obtain clinical learning experience as required by their curriculum. Students are not and shall not be considered employees of the Facility.

The consideration for this Agreement is the mutual promises contained in this Agreement and the mutual benefits expected from entering into this Agreement.

### 1. **Responsibilities of the School**

1.1. **Preparation.** Ensure that the student is knowledgeable concerning and has made preparations for:

- (a) Transportation needed to fulfill responsibilities at the Facility.
- (b) Room and board during the time of clinical assignment (if applicable).
- (c) Scheduling arrival at and departure from the Facility.

1.2. **Scheduling.** School shall notify facility of specific student assignments no less than ten (10) working days in advance of the students' arrival, however:

- (d) A Student may be assigned with shorter notice in emergency circumstances, the facility reserving the right to accept or reject such assignments.
- (e) A Student may be canceled with shorter notice for academic or other good cause, with or without replacement by another student.

1.3. **Student Experiences.** It shall be the responsibility of the academic coordinator of clinical education of the School, after consultation with Facility, to help plan the educational program for student experiences.

1.4. **Program Description.** School will provide Facility with an annual announcement or description of the program, curriculum and objectives to be achieved at Facility.

**1.5. Student Compliance.** School will instruct students to abide by the policies of Facility while using Facility facilities, including policies related to confidentiality of patient information. School will instruct students not to copy or remove confidential information from Facility premises. Students will be expected to conduct themselves in a professional manner; their attire as well as their appearance will conform to the accepted standards of Facility. School will assure that students are educated regarding the elements of Administrative Standards for Health Professional Student Clinical Training (ORS 413.435) and other appropriate OSHA standards prior to coming to Facility. School will ensure that each student shall sign and deliver to facility a copy of the “Confidentiality Understanding,” attached hereto as Attachment A and incorporated herein by this reference, prior to the beginning of the clinical education.

**1.6. HIPAA.** School shall ensure that students are trained on HIPAA rules and regulations.

**1.7. Student Qualifications.** School will assign to Facility only those students who have satisfactorily completed the prerequisite didactic portion of the School’s curriculum and who have evidence of completion of a CPR course based on American Heart Association guidelines and related to the age group(s) with whom they will be working.

**1.8. Student Health.** Inform Students, and enforce the requirements that Students shall meet the health-related criteria as required of Facility personnel including any medical examinations, tests and immunizations.

## **2. Responsibilities of the Facility**

**2.1. Clinical Instruction.** Facility shall provide suitable experience for students as prescribed by the School's curriculum and in accordance with any written objectives provided by School to Facility. Students will be assigned to Facility upon the mutual agreement of Facility and School. Facility will inform appropriate personnel about the role of students and provide identification or security clearances, where appropriate. Facility retains full responsibility for the care of its patients. Students will receive no monetary compensation under terms of this Agreement, and are not deemed an employee under Worker’s Compensation statutes.

**2.2. Facility Personnel.** Facility will designate appropriate personnel to support the student's learning experience. This will involve planning and coordination between responsible School faculty and designated Facility personnel for the assignment of students to specific clinical cases and experiences including selected conferences, clinics, courses and programs conducted under the instruction of the Facility. In every case, the Facility’s designated Clinical Instructor who will be supervising students will be a Clinical Instructor who is a Physical Therapist with at least one year of clinical experience. Facility will designate and submit in writing to the School the name, professional and academic credentials, and the clinical experience of the Clinical Instructor responsible for the Student Affiliation Program.

**2.3. Inspection.** Facility will permit, on reasonable request, the inspection of clinical and related facilities by School or agencies charged with responsibility for accreditation of the School.

**2.4. Exclusion of Students.** Facility reserves the right to terminate the continuation of any student who is not complying with applicable Facility policies, procedures or directions from Facility personnel or physicians involved in the Student Affiliation Program or who is deemed by Facility not to have adequate qualifications or ability to continue in the program, or the health of the student does not warrant a continuation at Facility, or whose conduct interferes with the proper operation of Facility.

**2.5. Emergency Care.** Facility shall provide necessary emergency care or first aid required by an accident occurring at Facility for students participating under the terms of this Agreement, and, except as herein provided, Facility shall have no obligation to furnish medical or surgical care to any student. The student bears responsibility for the cost of such care as well as any follow-up care.

**2.6. Regulations.** Facility will provide the student with access to the written regulations that will govern the student's activities while at Facility.

**2.7. Records and Reports.** Facility will maintain records and reports on each student's performance as specified by each program and provide an evaluation to the School on forms provided by the School.

### **3. Insurance.**

School shall maintain, in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate, professional and general liability insurance for itself and those students participating in the Student Affiliation Program, and shall name Facility as an additional insured with respect to any risks that are the responsibility of School or its students under the terms of this Agreement.

Facility shall maintain, in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate, professional and general liability insurance and shall name School as an additional insured with respect to any risks that are the responsibility of Facility under the terms of this Agreement.

### **4. Indemnity.**

School agrees to indemnify and hold harmless Facility, its affiliates, officers, directors, agents, employees, and representatives ("Indemnified Parties," jointly and severally) from and against any and all liabilities or related costs (including reasonable attorney fees), arising out of or in connection with this Agreement, incurred by the negligent or intentional acts or omissions, or willful misconduct of School or its employees or agents, including students and faculty.

Facility agrees to indemnify and hold harmless School, its affiliates, officers, directors, agents, employees, and representatives ("Indemnified Parties," jointly and severally) from and against any and all liabilities or related costs (including reasonable attorney fees), arising out of or in connection with this Agreement, incurred by the negligent or intentional acts or omissions, or willful misconduct of Facility or its employees or agents.

## **5. FERPA Re-Disclosure**

Both parties recognize that they are bound to comply with the Family Educational Rights and Privacy Act (FERPA) in their handling of education records of any students which may be enrolled in any program related to this Agreement. It is also understood and recognized that employees and agents of each party will need to have access to the educational records maintained by the other party in properly administering any duties and obligations to students. It is agreed that each party shall thoroughly orient their employees and agents of their obligations under the Family Educational Rights and Privacy Act and shall maintain their practices in strict accordance with the requirements of that act. Neither party shall be permitted to authorize any further disclosure of educational records of students to persons or entities not a party to this Agreement without first having received permission of the other party and having obtained assurances that the other party has fully complied with the provisions of the family Education Rights and Privacy Act. Any permitted re-disclosure to persons or entities not a party to this Agreement, shall be under the condition that no further disclosure by such party shall be permitted. Each party agrees to save, indemnify, and hold harmless the other party and their officers, employees, and agents from any liability, damages, claims, actions, causes of actions, demands, judgments, or awards of whatsoever kind or nature, arising out of any failure by the other party or its officers, employees, or agents to abide by the Family Education Rights and Privacy Act or its implementing regulations.

## **6. Term and Termination.**

**6.1. Term.** This Agreement will be in effect beginning \_\_\_\_\_ and ending \_\_\_\_\_. This Agreement may be renewed for an additional five (5) year term upon the written agreement of both Facility and School.

**6.2. Termination.** Either party may terminate this Agreement at any time by giving 30 days written notice of termination to the other party. If Facility terminates this Agreement by giving such notice to School, students currently participating in the Student Affiliation Program at Facility will be allowed to complete the program.

## **7. Nondiscrimination.**

Facility and School agree that neither will discriminate in the performance of this Agreement against any individual on the basis of age, sex, race, color, national origin or physical handicap unless such is a bona fide occupational criteria. Facility and School agree that neither shall tolerate any acts of sexual harassment.

## **8. Non-assignability.**

Neither party may assign the rights or the duties of this Agreement without the prior written approval of the other party.

**9. Notices.**

When required by the terms of this Agreement, the parties shall give notice by personal delivery or by Certified Mail, return receipt requested, postage prepaid, and addressed as indicated below:

To School: George Fox University  
414 N. Meridian, Box 6029  
Newberg, OR 97312  
Attn: COO

To Facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_

IN WITNESS WHEREOF, the parties have signed this Agreement on the date written above.

GEORGE FOX UNIVERSITY \_\_\_\_\_

By: \_\_\_\_\_  
Theodore E. Allen

By: \_\_\_\_\_

Its: Chief Operating Officer

Its: \_\_\_\_\_

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

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

