



**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 Director of Clinical Education (DCE), Center Coordinators of Clinical Education (SCCEs), 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):
 - 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 Related to Clinical Education

1. The program will prepare physical therapists that are capable of practicing in direct access clinical environments in a manner that is ethical, safe, and demonstrates effective use of evidence and resources.
2. The program will graduate physical therapists prepared to apply critical thinking and self-reflection to provide creative and innovative solutions to human movement challenges.
3. The program will graduate physical therapists prepared to deliver service as a member of the interprofessional healthcare team.

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 and employees work, live, and learn in an environment where the dignity of each individual is respected. Harassment or discrimination due to race, color, sex, sexual orientation, gender identity, marital status, religion, creed, age, national origin, citizenship status, workers' compensation status, physical or mental disability, veteran status, or any other status protected under applicable local, state, or federal law; or any other distinguishing characteristic protected by applicable non-discrimination law, is prohibited.

Actions that constitute harassment or discrimination may be verbal or physical conduct that includes, but is not limited to the following: demeaning gestures, threats of violence, physical attacks, or any types of threatening or verbal remarks. These behaviors include hazing, other initiations, or any actions that may be hazardous, dehumanizing, harassing or humiliating to people within or outside the George Fox community. This prohibition also includes vandalism, destruction of a person's property, the misuse of telephones, voicemail messages, text messages, United States or campus mail, as well as e-mail, social media or other electronic communication for the purpose of issuing obscene, harassing, or threatening messages.

Such conduct has the purpose or effect of interfering with an individual's work, academic, or student life environment. Students and employees are expected to conduct themselves in a manner that shows respect to all and ensures no discrimination or harassment occurs.

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 Disabilities

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 two months 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-School 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.

Ability	Standard
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 phones 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	Vision- required for the safe evaluation and care of a patient. Required to perform tests, use instruments, read reports, and remain current by literature review. Hearing- must be sufficient to converse with patient and to perform tests such as blood pressure, heart auscultation, and bowel sounds. Tactile- touch and pressure sensation required to evaluate strength and sensation of the patient and to grade exercise programs. Other- 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.

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 (17 credits/weeks clinical internship)

PDPT 780 Clinical Internship III (8)
PDPT 781 Clinical Internship IV (9)

Spring Year 3 (11 credits + 10 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 753 Professional Research Project IV (2)
PDPT 770 Special Topics (2)
PDPT 782 Clinical Internship V (10)

Clinical Education Overview

The clinical education component of the Doctor of Physical Therapy degree program includes five blocks (minimum of 37 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, inpatient (acute care/home health/rehab), and rehabilitation (post-acute/SNF). 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 to meet requirements (infection control, HIPAA, professional dress, APTA Core Values and Code of Ethics, fire safety and hazardous materials and mandatory report of child and elder abuse),
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 SCCE (Site Coordinator of Clinical Education) - The role of the SCCE is to act as the Clinical Site's representative to the School of Physical Therapy. The SCCE 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. Respond to the annual commitment form to indicate the number of students their clinic may accommodate for each clinical internship.
4. Inform the DCE of any changes that may affect student internship.
5. Assign students to CI.
6. Route pre-clinical communication from the student/DCE to the CI.
7. Orient the student to the Clinical Site.
8. Provide feedback to the School regarding student preparedness or other relevant issues.

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 SCCE 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 II-V. 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, 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; and

- 10-panel drug screen, infection control, professional dress, APTA Core Values and Code of Ethics, fire safety and hazardous materials and mandatory report of child and elder abuse.
2. Must complete all pre-requisite academic requirements and be in good academic standing.
 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 students).
 - b. Students may use the Google Clinical Internship Website.
 - c. After receiving his/her internship assignment, the student should prepare the Student Profile to the CI/SCCE 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 clinic guidelines regarding times, contact information, dress code, etc.
 - e. **Student must inform the CI and the DCE of any absences.**
 - f. Must involve themselves in the clinical internship under the guidelines and supervision of the CI.
 - g. Must complete CPI and review with their 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/SCCE, and facility as requested.

Clinical Site Overview

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 https://csifweb.amsapps.com/site_access. Additionally, students can access additional resources such as the "Review my Clinic" on the Clinical Internship Google Site.

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, neuro, burns, wound management, 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 SCCE 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 recommended. Request must be made prior to January 15th the year prior to clinical placement to be considered.

Student Intern Placement Overview

In order to achieve the George Fox University's mission to produce physical therapy generalist, 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 discuss their internship goals. Throughout the course of the next two years, each student meets with the DCE to further define their internship goals. In pairing the students to a clinical site, the DCE reviews the available slots with the student and reviews each student's professional goals, taking into consideration the program requirements, student's preferences and available slots. Appropriate placement is determined by program requirements, student didactic achievement, prior clinical experiences, and dialogue with student and faculty. A well rounded clinical education that is challenging, progressing, and meets the student's professional goals is the primary criteria used for placement. Students should expect that at least one of their clinical experiences will be out of the area and should consider that in their budget.

In agreement with all other Physical Therapy programs in the US we abide by the following:

- 1) The earliest date requests can be sent to the clinic is March 1 for the following calendar year.**
- 2) Students are NOT to make any contact with clinics prior to placement.**

Pre-assignment

1. A site will not be cancelled once confirmed unless there are extenuating circumstances, such as student injury or illness limiting the ability to fulfill course requirements or a problem with the site as determined by the DCE or the SCCE. Changes in schedule/conflicts of clinical rotations for personal reasons are not allowed.
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.
3. Students' are not permitted to select a Clinical Site where they are employed.

Assignment

Requesting clinics - In the Fall, the student meets with the Director of Clinical Education (DCE) for guidance in developing clinical rotation schedules.

- 1) Highest request: The student may provide a list of 3 options for their highest priority for one of the 3rd year clinical experiences. From this list, the DCE will attempt to fulfil one of these options in the final academic year (*specialty clinics are all requested through the DCE with the assistance and approval of appropriate faculty*).
- 2) General Request: March 1 of each year the school sends out a "general request form" to our contracted facilities for the following calendar year and typically received back by April 15. This creates a general availability pool.
- 3) Individual request: March 1 the DCE will send out special requests for all students who are interested in specific placements. This is done by the following process.
 - a. Between January 15 and February 15, the office will send a link to a form to complete your individual requests.

- b. The student will submit a resume (with photo).
- c. The DCE will send a letter with the student's personalized request and resume to the clinical site.
 - i. If the site agrees with the request, the clinical experience will be confirmed.
 - ii. If the site does not agree with the request, the DCE will assign the student from the *general availability pool*.
- d. If no individual request was made the DCE will assign student placement from the *general availability pool*.

Post-assignment

It is a goal and priority to establish, support, and maintain close partnerships with each Clinical Education site and students. The student's contact with a facility may be made only after the clinical assignments have been determined. Clinical internships are considered a firm commitment and not to be changed.

Initial Student Contact with Facility

Prior to clinical internship, students are responsible to prepare and maintain "Student Profile" and "Resume". This will serve as an introduction of the student to the clinical internship. The student should present a polished documentation, as this will be their first impression on each clinical site and the professional community.

If requested by clinical site, student is to provide their background check, drug test results, CPR certification, proof of health insurance and immunization records.



School of Physical Therapy Student Profile

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: _____

Internship History	<u>Facility</u>	<u>Practice Area</u>
I. (4 weeks, first year):	_____	_____
II. (6 weeks, second year):	_____	_____
III. (8 weeks, third year):	_____	_____
IV. (9 weeks, third year):	_____	_____
V. (10 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.

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 additional tests such as criminal background check or drug screen. The student is 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

In July 2015 the State of Oregon passed a law which set a common standard for [requirements for students in health care](#) programs prior to clinical rotations. These requirements are in place to protect the public during your clinical rotations. Therefore, students are expected to monitor their individual records and keep their Castle Branch profile up to date.

The following are required under CDC recommendations and Administrative Standards for Health Professional Student Clinical Training (ORS 413.435). It is the students' responsibility to keep current with proof uploaded to Castle Branch:

- Hepatitis B
- Measles, Mumps, Rubella
- Tdap (Tetanus, Diphtheria, Pertussis)
- Varicella
- Influenza (Recommended by CDC but required by GFU DPT)
- Tuberculosis Screening
- 10 Panel Drug Screen
- Criminal Background Check
- CPR /Basic life support for healthcare providers in compliance with American Heart Association Standards
- Current health insurance

Ten weeks before each clinical experience the Clinical Education Department reviews each student's Castle Branch information to insure that it is up to date prior to the start of the clinical experience. If the student's requirements are incomplete, the on-boarding process will not begin. **This may result in a late start or loss of clinical opportunity altogether. If an immunization becomes past due during the clinical experience the SCCE, CI and student will be notified immediately which will result in immediate removal from the clinic and may ultimately result in failure of that clinical experience.** If remediation is required for this reason, it will happen the following academic year, not during the summer.

Health Insurance

George Fox University requires full-time students to carry medical insurance and provide proof of coverage. Medical insurance can be obtained from the Department of Health and Counseling Services:

http://www.georgefox.edu/offices/hea_cou/insurance.html.

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 through PDPT 500 *Professional Practices in Physical Therapy*. 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

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 or clinical instructor.
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 for admittance into the program. This information will be collected through Castle Branch. A clinical site may request an additional background check.

Drug Screens

Students are required to complete and pass a 10 panel drug screen for admittance into the program and may also be asked to complete additional drug screens by the University or the clinical site. This may be a urinalysis or blood test. The results will be collected through Castle Branch.

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:

General Liability	\$1,000,000 per occurrence \$3,000,000 per year
Auto Non-Owned & Hired Liability	\$1,000,000 Combined Single Limit ..
Excess Liability	\$9,000,000 per year ..
Prof Med. Mal.	\$2,000,000 per occurrence \$4,000,000 per year
Workers Compensation	Statutory, Not including students

STUDENTS MAY CHOOSE TO PURCHASE ADDITIONAL LIABILITY INSURANCE

Student Intern Policies

Student Mistreatment

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

Privacy Rights of Student

Students have the right to privacy under FERPA and the Buckley Amendment. School may share education records for legitimate educational purposes with Clinical Faculty. However, the student has the right to withhold this information from the clinic with the understanding 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 regarding immunization records, drug screen, and criminal background check, will be shared with 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 SCCE and DCE.

Reporting to SCCE/DCE

The DCE serves as the liaison between the school and the clinical site 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 in the event of the following:

1. Illness and the need for a "sick day."
2. An emergency requiring time off
3. Special clearance requirement (background check, health clearance, drug screen, etc.).
4. Breach of the state practice act.
5. 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 all stakeholders.
5. Students will not copy any non-protected health information or materials for use outside the Facility without the express consent of clinic protocol.

Dress Code/Hygiene

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 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 1 inch.
3. 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 injury. Single piercings are acceptable.
4. Visible tattoos must be covered.
5. Chewing gum in clinical situations is not permitted.
6. 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. Leggings and yoga pants are not acceptable attire. 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.
7. Shoes must be close-toed and close-heeled. Athletic shoes are acceptable in some clinics.

8. 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 the 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.

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, and 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

According to APTA professionalism is defined as: "Physical therapists consistently demonstrate core values by aspiring to and wisely applying principles of altruism, excellence, caring, ethics, respect, communication and accountability, and by working together with other professionals to achieve optimal health and wellness in individuals and communities." Student will also represent the University with excellence and follow all policies.

Communication

1. It is a goal and priority of the School of Physical Therapy to establish, support, and maintain close partnerships with each Clinical Education site and students.
 - a. **It is not acceptable for any student to directly contact a clinical site to request, negotiate, or cancel a clinical education experience.**
 - i. The student's contact with a facility may be made only after the clinical assignments have been determined.
 - ii. Clinical internships are considered a firm commitment and not to be changed. If a student has concerns regarding their specific clinical internships, they are to contact the DCE.
 - b. On your behalf the DCE /Faculty communicates with clinical site to:
 - c. Set up clinical internship
 - d. Schedule and complete Mid-Term visits via on-site visit, telephone call or FaceTime,
 - i. If concerns 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/SCCE/student. There will be follow-up for any issues identified and action steps created.
 - ii. Collaborate with CI and student to maximize their clinical learning experience.

Continuing Education and In-Services

Students are encouraged to attend Continuing Education courses and In-Services offered by the clinical site.

Students are encouraged to present at an In-Service if given the opportunity.

Attendance, Promptness, Disruption of Clinic

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 request for schedule modification must be submitted to the DCE for consideration. Such accommodations may limit the sites available to the student.

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. If this exceed more than 2 days, a course of remediation will be determined by mutual agreement of the school and the facility.

Students are discouraged from expected absences as excessive amounts of absences negatively affects the *CPI Professional Behaviors*. It is the student's responsibility to initiate conversations with the CI and DCE related to missed clinic time.

Student 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 a 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 per 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 for time to prepare for patient/client care. Students are expected arrive prior to start time and prepared to participate in patient care.

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, a student may not receive a site visit from the DCE or faculty.

The visit will consist of a discussion with the clinical instructor, the student, and may include the SCCE to review the facility, the student's performance. 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 students' adherence to academic regulations, policies, and procedures.

If the CI/SCCE or student has concerns or questions about any aspect of the clinical internship, communication with the DCE is essential and should be communicated as soon as possible. The DCE makes every effort to be available for communication and to do an on-site visit should a problem situation arise/progress or become otherwise unmanageable. If the DCE is not available, the George Fox Physical Therapy Program Director or other identified faculty will be available for communication.

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 SCCE; development of a written educational action plan agreed upon by the student and CI/SCCE; or reassignment of the student to an alternate clinical site. 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 SCCE

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

Clinical Instructor Preparedness

Student assignments to a CI are made by the SCCE.

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 found on the website.
5. The Clinical Instructor is responsible to identify “red flag” items and report them; 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 SCCE collaboration through:

1. Direct contact by visits, telephone, or e-mail conversations.
2. Review of the midterm and final 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 by the end of the rotation.

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 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: : <http://www.apta.org/Payment/Medicare/Supervision/>
5. Student interns must demonstrate 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 additional intervention is needed or if they are not able to deal directly with one another, either person or both should speak with the SCCE or DCE.
3. If the problem cannot be resolved at this level, the SCCE or Student should contact the DCE
4. If a student brings a problem directly to the DCE, 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 CI and a SCCE, 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 SCCE/DCE

Red flag concerns related to any of the APTA CPI “Red Flag” criteria must be brought to the attention of the SCCE 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 Performance

Purposes and Timing of Evaluations

1. Purposes of Evaluation
 - a. To determine how students are progressing
 - 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
 - d. Mid-term CPI for PDPT680, 780, 781 and 782
 - e. Final CPI for PDPT580, 680, 780, 781 and 782

Weekly Student Goal Setting

Students 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. Examples are found in each course syllabi. See website for forms.

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 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 completion surveys, final CPI and input from the SCCE/CI as appropriate. This grade will be determined in part 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 (PDPT580, PDPT680, PDPT780, PDPT781, PDPT782) 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 an 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.

Remediation Process:

- a) In cases where sufficient progress is not being made and the student will not achieve the criteria for passing by the conclusion of a clinical education experience, a remediation and/or extension of clinical time may be offered at the discretion of the DCE, SCCE, and CI. All students will begin a remediation/extension with a learning contract outlining the student’s individualized goals.
- b) If the student is unable to meet the criteria for passing the clinical experience within the prescribed timeframe, or if additional weeks would not be sufficient or logistically possible, a full-length remedial clinical experience may be assigned. The student will be given a grade of “Incomplete” for the course and will need to repeat the clinical experience. The DCE and the Program Director will determine appropriate remediation for the student. Students will be granted permission to continue with academic coursework and must remediate the experience before advancing to the next Clinical Education Course. Upon successful completion of the repeated clinical experience, the grade of incomplete (I) will be converted to a pass (P). Students who do not achieve the passing criteria by the end of the remedial clinical experience will receive a NP (no Pass) for the course.
- c) In select cases where a simple skill set has not been met, the Program Director and DCE may elect remediation that includes continued didactic training and a recheck in the next clinical setting.

All remediation opportunities will be presented to the student.

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 <https://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/>).

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

To access the PT CPI online course, go to

<http://learningcenter.apta.org/student/Catalogue/CatalogueCategory.aspx?id=712b3e3b-466a-4c9b-b810-753d49bcca11> (this is the "Free Member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" 2013 PT CPI- Using the APTA Physical Therapist Clinical Performance Instrument for Students: A Self-Guided Training Course. (**DO NOT PICK THE 2016 PTA – CPI** - that is for PT Assistants and will suffice for you.) 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/Student/MyCourses.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) 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/**
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/>).
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/student/Catalogue/CatalogueCategory.aspx?id=712b3e3b-466a-4c9b-b810-753d49bcc11> (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/Student/MyCourses.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) at the APTA Learning Center.
- 6. Access the PT CPI website.**
To access PT CPI Web 2.0, please click https://cpi2.amsapps.com/user_session/new
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.*

Assessments

- Clinical Performance Instrument
- Student Assessment of Clinical Experience
- Student Assessment of DCE
- Faculty Assessment of DCE
- CI/SCCE Assessment of DCE
- DCE Self-Assessment
- Guidelines and Self-Assessment for Clinical Site

Liability Disclaimer

The reader should take notice that while every effort is made to ensure the accuracy of the information provided herein, this institution reserves the right to make changes at any time without prior notice. The institution provides the information herein solely for the convenience of the reader and, to the extent permissible by law, expressly disclaims any liability, which may otherwise be incurred.



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.

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 shall be effective from the Effective Date for an initial term of one (1) year and thereafter shall renew for successive one (1) year terms on the anniversary of the Effective Date, subject to the termination provisions contained herein.

6.2. Termination. Either party may terminate this Agreement at any time by giving 90 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 unlawfully 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: Paul Shew

To Facility:

Attn:

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

GEORGE FOX UNIVERSITY

By: _____

Its: _____

Date: _____

By: _____

Its: _____

Date: _____