



**GEORGE FOX
UNIVERSITY**

COLLEGE OF PHYSICAL THERAPY

CLINICAL EDUCATION HANDBOOK

2023-24

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), Site Coordinators of Clinical Education (SCCEs), Clinical Instructors (CIs), and student physical therapists (SPTs) 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 SPTs, communication, confidentiality of student records is also included. 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 and the School of Physical Therapy. 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 DCE.

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Program Overview

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](#).

Wellness Enterprise Mission: Members of the Wellness Enterprise 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. To this end, there has been established the following:

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, faculty, and clinical 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. Oregon Board of Physical Therapy
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 for the Physical Therapist and Physical Therapist Assistant](#)
 - e. [APTA Clinical Performance Instrument](#)
 - f. The Commission on Accreditation of Physical Therapy Education (CAPTE) Evaluative Criteria for Educational Programs for Preparation of Physical Therapists

Program Goals

1. The program will prepare physical therapists who 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 deliver a curriculum emphasizing the affective, relational, and moral dimensions and responsibilities of physical therapy care delivery.
3. The program will graduate physical therapists prepared to apply critical thinking and self-reflection to provide creative and innovative solutions to human movement challenges.
4. The program will assume a leadership role in education, research, and innovation directed at enhancing the quality and value of physical therapy.
5. The program will graduate physical therapists prepared to deliver service as a member of the interprofessional healthcare team.

George Fox University School of Physical Therapy is committed to offering a quality physical therapist education program that operates within compliance of the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association.

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. Prohibited actions also include 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 with disabilities may need reasonable accommodation in order to participate fully in the Doctor of Physical Therapy program. If you have specific physical, psychiatric, mental health, or learning disabilities and require accommodations, please contact Disability & Accessibility Services (DAS) as early as possible so that your learning needs can be appropriately met. For more information, go to www.georgefox.edu/das or email das@georgefox.edu.

The DPT 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. **The Director of Clinical Education must be aware of any accommodation approvals which are being requested for clinical experiences.** Early notification improves the ability to arrange a suitable placement to support needed accommodations. If an Accessibility Plan is submitted after the designated date, the Director of Clinical Education will attempt to arrange placements that meet accessibility needs, but the student might be delayed in completing clinical experiences.

The DCE may meet with the student at the students' request to discuss strategies for a successful completion of the clinical education experience. Students may be encouraged at this time to meet with the Site Coordinator of Clinical Education (SCCE) to come to an agreement as to the request for accommodations. At no time is the student required to disclose their medical diagnosis. Prior to the clinical placement, the SCCE signs the **Field Experience Accessibility Plan**. The SCCE may decline the student request if the request is unreasonable for their specific setting.

Essential Performance Standards for Success in the School of Physical Therapy

The School 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 essential performance standards are outlined in the table 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.

A significant component of a practicing physical therapist is the assessment and treatment of movement disorders. Students must be able to perform the following essential functions with or without reasonable accommodation in order to fully participate in DPT Program. The following table is not a comprehensive listing of the functions of a physical therapist; 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.

The student must be able to perform these minimal abilities prior to beginning the didactic portion of the educational program and prior to any clinical education experience. If unable to meet these essential performance standards, a student will not be allowed to continue in the program.

Essential Performance Standards

| 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 coworkers 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 practice expectations are set forth in the Standards & Required Elements for Physical Therapist Education Programs published by the Commission on Accreditation in Physical Therapy Education (CAPTE):

Professional Ethics, Values and Responsibilities

1. Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
2. Report to appropriate authorities suspected cases of abuse and vulnerable populations.
3. Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
4. Practice in a manner consistent with the APTA *Code of Ethics*.
5. Practice in a manner consistent with the APTA *Core Values*.
6. Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.
7. Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
8. Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
9. Access and critically analyze scientific literature.
10. Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.
11. Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.
12. Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.
13. Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.
14. Advocate for the profession and the healthcare needs of society through legislative and political processes.
15. Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

Patient/Client Management Screening

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

Examination, Evaluation and Diagnosis

17. Obtain a history and relevant information from the patient/client and from other sources as needed.
18. Perform systems review.
19. Select, and competently administer tests and measures appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:
 - a. Aerobic Capacity/Endurance
 - b. Anthropometric Characteristics
 - c. Assistive Technology
 - d. Balance
 - e. Circulation (Arterial, Venous, Lymphatic)
 - f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life
 - g. Cranial and Peripheral Nerve Integrity
 - h. Environmental Factors
 - i. Gait
 - j. Integumentary Integrity
 - k. Joint Integrity and Mobility

- l. Mental Functions
- m. Mobility (including Locomotion)
- n. Motor Function
- o. Muscle Performance (including Strength, Power, Endurance, and Length)
- p. Neuromotor Development and Sensory Processing
- q. Pain
- r. Posture
- s. Range of Motion
- t. Reflex Integrity
- u. Sensory Integrity
- v. Skeletal Integrity
- w. Ventilation and Respiration or Gas Exchange

- 20. Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.
- 21. Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.
- 22. Determine a diagnosis that guides future patient/client management.

Prognosis and Plan of Care

- 23. Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.
- 24. Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.
- 25. Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.
- 26. Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.

Intervention

- 27. Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
 - a. Airway Clearance Techniques
 - b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
 - c. Biophysical Agents
 - d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
 - e. Integumentary Repair and Protection
 - f. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)
 - g. Motor Function Training (balance, gait, etc.)
 - h. Patient/Client education
 - i. Therapeutic Exercise

Management of Care Delivery

- 28. Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.
- 29. Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.
- 30. Monitor and adjust the plan of care in response to patient/client status.
- 31. Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.
- 32. Complete accurate documentation related to numbers 15 through 30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

33. Respond effectively to patient/client and environmental emergencies in one's practice setting.
34. Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.
35. Provide care through direct access.
36. Participate in the case management process.

Participation in Health Care Environment

37. Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team.
38. Participate in activities for ongoing assessment and improvement of quality services.
39. Participate in patient-centered interprofessional collaborative practice.
40. Use health informatics in the health care environment.
41. Assess health care policies and their potential impact on the healthcare environment and practice.

Practice Management

42. Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.
43. Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

DPT Curriculum

The George Fox University School of Physical Therapy offers a 2.5-year Doctor of Physical Therapy 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 (16 weeks, 18 credits)

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 (16 weeks, 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 (6 weeks, 6 credits)

PDPT 500 Professional Practices in Physical Therapy (2)
PDPT 581 Comprehensive Clinical Experience (4)

Fall Year 2 (16 weeks, 20 credits)

PDPT 600 Cardiovascular and Pulmonary Therapeutics (3)
PDPT 611 Medical Surgical and Integumentary Conditions (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 (10 weeks, 15 credits + 6 credits/weeks clinical education experience)

PDPT 610 Pharmacology for Physical Therapy (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 I (6)
PDPT 751 Professional Research Project II (1)

Summer Year 2 (4 weeks, 8 credits + 8 credits/weeks clinical education experience)

- PDPT 619 Health and Wellness in Physical Therapy (2)
- 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)
- PDPT 780 Clinical Internship II (8)

Fall Year 3 (19 credits/weeks clinical education experience)

- PDPT 781 Clinical Internship III (9)
- PDPT 782 Clinical Internship IV (10)

Spring Year 3 (6 weeks, 9 credits)

- PDPT 720 Administration in Physical Therapy (3)
- PDPT 730 Professional Seminar (2)
- PDPT 753 Professional Research Project IV (2)
- PDPT 770 Special Topics (2)

Total credits = 129

Clinical Education Schedule

| <u>Course Number and Description (credits)</u> | <u>Duration</u> | <u>Time offered</u> |
|--|-----------------|---|
| PDPT 581 Comprehensive Clinical Experience (4) | 4 weeks | First year, May term |
| PDPT 680 Clinical Internship I (6) | 6 weeks | Second year, spring semester |
| PDPT 780 Clinical Internship II (8) | 8 weeks | Third year, summer/fall semester (June – Aug) |
| PDPT 781 Clinical Internship III (9) | 9 weeks | Third year, fall semester (Aug – Oct) |
| PDPT 782 Clinical Internship IV (10) | 10 weeks | Third year, fall semester (Oct – Dec) |

Clinical Education Overview

The clinical education component of the Doctor of Physical Therapy degree program includes five blocks (minimum of 33 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 4 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 4 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 DCE is responsible for developing, assessing, and refining the clinical education component of the curriculum. This includes leading the Clinical Education Team in evaluating students' performance, developing clinical education experience opportunities, and serving as a connection between the School and the clinical sites. The Clinical Education Team responsibilities include:

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 education experience.
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 clinical sites.
9. Monitors students' progress through contact with the clinical instructor and student.
10. Counsels/educates student and/or clinical instructor as necessary to maximize learning.
11. Changes student assignment as necessary.
12. Reviews the students' clinical performance feedback provided by both the clinical instructor and the student.
13. Assigns grade for each clinical education experience.
14. Reviews each of the experience reports related to the clinical education experience.
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. Communicates with 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 responsibilities include:

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 education experience.
4. Inform the DCE of any changes that may affect a student's clinical education experience.
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 of didactic knowledge in a clinical setting. 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 education experience II-V. The CPI link is found at: <https://cpi.apta.org>
7. Shall complete ACCE/DCE Performance Assessment Survey.

Role of the Student (The student):

1. Must maintain and produce evidence of compliance of pre-entry requirements. Requirements include: proof of current health insurance; hepatitis B vaccine; immunization for measles, mumps, rubella and varicella; current TB test; AHA CPR training for the Health Care Provider; criminal background check; certification of training in Standard Precautions; HIPAA regulation training; a 10-panel drug screen (which must include the following eight substances: amphetamines & methamphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, opiates and phencyclidine); infection control; professional dress; APTA Core Values and Code of Ethics; fire safety and hazardous materials and mandatory report of child and elder/vulnerable adult abuse. If a student suspects abuse, neglect or financial exploitation of a child, an elderly person or an adult with physical disabilities, they must [report abuse or neglect](#) to the Department of Human Services office in their area.
2. Must complete all pre-requisite academic requirements and be in good academic standing.
3. Must follow the policies of the School and the clinical site, including:
 - a. Student will prepare a list of preferences for clinical education experiences. Preferences will be considered, but School's objective is to prepare entry-level clinicians and to meet the clinical goals for all students.
 - b. Inform DAS of any accommodations needed for each clinical education experience.
 - c. After receiving his/her clinical education experience assignment, the student will prepare a student profile to the CI/SCCE to introduce themselves, to present their goals for the clinical education experience, and to inquire about any special issues related to the experience. The student must be flexible regarding time and location of the clinical education experience.
 - d. Observe the clinic guidelines regarding times, contract information, dress code, etc.
 - e. **Inform the CI and the DCE of any absences by 8:00 am prior to scheduled work shift.**
 - f. Involve themselves in the clinical education experience under the guidelines and supervision of the CI.
 - g. Complete CPI and review with their CI at midpoint and at the end of the clinical education experience. The CPI link is found at <https://cpi.apta.org>
 - h. Complete the following surveys as assigned:
 - i. Clinical Instructor Information
 - ii. ACCE/DCE Performance Assessment Student Survey
 - iii. Evaluation of Clinical Experience

Affiliation Agreements

Any clinical site where the George Fox University School of Physical Therapy sends student physical therapists must have a current affiliation agreement. This agreement is a voluntary, contractual agreement that describes the roles, rights, and responsibilities of the School, the clinical site, and the student. Additional monitoring of clinical sites is completed through direct communication (face-to-face discussions, telephone conversations, emails, clinical site reviews, student evaluations, and on-site visits).

Development of New Clinical Sites

The George Fox University School of Physical Therapy is continuously assessing its clinical partnerships and considering additional opportunities to strengthen the development of students in various clinical settings. The process of developing a new clinical partnership begins with a conversation with the SCCE. The DCE may establish a relationship with a potential clinical site at a student's request, but entering into an affiliation agreement involves many considerations beyond student preference. Should a pursuing a new partnership be deemed appropriate by the DCE, an affiliation agreement is proposed and, if agreed upon by both parties, a contract will be fully executed. The site assessment and contract negotiation process may take several months, so students are advised to remain patient. Requests must be received prior to January 15th the year prior to the clinical experience to be considered.

Clinical Education Experience Placement Overview

In order to achieve the mission of George Fox University School of Physical Therapy to produce physical therapy generalists, each student must meet certain setting requirements, including at least one inpatient experience, at least one outpatient experience, and experience with diverse patient ages and conditions. The Clinical Education Team also takes steps to assist in helping students have experiences that also align with their career goals. To accomplish this, the Clinical Education Team meets with each individual student in the fall of their first year for a “Dream Meeting” to understand individual students’ perspectives and goals. Throughout the course of the next two years, each student may meet with the Clinical Education Team as needed to modify or further define their goals. In pairing students with a clinical site, the Clinical Education Team considers timing, site availability, program requirements, student preferences, and cohort needs. Final determination of appropriate placement is made by the Director of Clinical Education (DCE). Students should anticipate at least one (and likely more) of their clinical education experiences will be out of the area and should plan for this expense in their budget.

George Fox University School of Physical Therapy follows the Uniform Mailing Date advocated by the Clinical Education Special Interest group of the APTA. In concordance with this voluntary guideline:

1. Requests are sent to sites no earlier than March 1 for clinical education experiences occurring the following calendar year (e.g., requests for experiences in 2024 are sent no earlier than March 1, 2023).
2. All requests are sent by the Clinical Education Team.
3. **Students are NOT to make contact with clinics prior to receiving placement confirmation.**

Pre-assignment

1. Students have a “Dream Meeting” discussion with the Clinical Education Team to provide career goals, experience preferences, logistical considerations, etc. which they would like to be considered for clinical education experiences.
2. The Clinical Education Team will identify a plan for each student and cohort, considering the information described above.
3. Students are not permitted to attend 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.
4. Students are not permitted to select a clinical site where they are/were employed.

Assignment

1. Individual requests: March 1 of each year, the School will send out “targeted requests” for students which includes student name and profile, timing and duration of the experience, and request for acceptance or declination.
 - a. If the site agrees with the request, the clinical education experience is considered confirmed.
 - b. If the site does not agree with the request, the Clinical Education Team will explore other options consistent with the criteria described above.
2. General requests: March 1 of each year, the School will send out a “general request” to our contracted facilities for the following calendar year. Responses are typically received by April 15, creating a *general availability pool*.
3. Once confirmed, a clinical education experience will not be cancelled 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.

Post-assignment

It is a goal and priority of the Clinical Education Team to establish, support, and maintain close partnerships with each clinical site and students. The student’s contact with a facility may be made only after the clinical assignments have been determined. Clinical education experiences are considered a firm commitment and not to be changed except in the case of extenuating circumstances and through written appeal to the Clinical Education Team.

Initial Student Contact with Facility

Prior to clinical educational experiences, students are responsible for preparing and maintaining their student profile. These documents serve as an introduction of the student to the clinical site. The student should present polished documents as these will be their first impression on each clinical site and the professional community.

In order to meet compliance requirements and contractual agreements, a clinical site will have access to a student's documentation including background check, drug test results, CPR certification, proof of health insurance, and immunization records. These records are expected to be used only as needed for the clinical education experience and consistent with FERPA requirements.

Pre-Requisites for Clinical Education Experiences

It is the responsibility of the student to maintain all records required for their clinical education experiences, including any associated costs. Below are the general requirements; however, specific clinical sites may require additional tests such as criminal background check, drug screen, or other site-specific requirements. The student is responsible for 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 that established standard [requirements for health professional student placements in clinical training settings](#). These [requirements](#) are intended to reduce inconsistencies between clinical placements, reduce costs for students and clinical sites, and to promote safety for patients, clinical staff, and students.

The following [requirements](#) are established by the Oregon Health Authority and are consistent with CDC recommendations and Administrative Standards for Health Professional Student Clinical Training (ORS 413.435). It is the student's responsibility to maintain current records 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 – if lapsed in annual renewal a 2 step must be completed again
- 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 education experience, the Clinical Education Team reviews each student's information to ensure that it is current prior to the start of the clinical education 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.

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 education experience.

Students should be aware that patient information used in case studies, during class, or for any other reason must be deidentified (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:

- Names
- All geographic subdivisions smaller than a state
- 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
- Telephone and fax numbers
- E-mail addresses
- Social security numbers

- Medical record numbers
- Health plan beneficiary numbers
- Vehicle identifiers and license plate numbers
- Device identifiers and serial numbers
- 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 education experience and will be included as part of PDPT500 *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 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 site 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. Instructions for completing this will be provided electronically. **A clinical site may request an additional background check; associated costs are the responsibility of the student.**

Drug Screen

Students are required by the state of Oregon to complete a 10-panel drug screen for substance abuse prior to 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; completion instructions will be provided electronically. The 10-panel drug screen must include the following 8 substances:

1. Amphetamines (including methamphetamines)
2. Barbiturates
3. Benzodiazepines
4. Cocaine
5. Marijuana
6. Methadone
7. Opiates
8. Phencyclidin

As of July 1, 2015 marijuana became legal in the State of Oregon, but under federal law marijuana continues to be illegal. For the University to remain eligible for federal funding and the financial aid programs for our students, federal law must be followed. The use, possession or distribution of this drug continues to be prohibited and against University policy.

Determination of Student Readiness for Clinical Education Experiences

Students must demonstrate satisfactory readiness in both cognitive understanding of material presented in each course and practical application all course lab work. The collective core faculty are responsible for determining the readiness of each student to progress into clinical education experiences. The student is required to complete each clinical education experience in sequence before progressing to the next.

Insurance

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 | \$25,000,000 per year |
|------------------|-----------------------|

| | |
|----------------|--|
| Prof Med. Mal. | \$2,000,000 per occurrence \$4,000,000 per year |
|----------------|--|

| | |
|---------------------------|------------------------|
| Workers Statutory SAIF | Workers Statutory SAIF |
|---------------------------|------------------------|

(Excluding students / Exception: Clinical rotation students and students completing internships as part of their curriculum are covered under a participant accident through Philadelphia Insurance Policy #PHPA0210205 with limits up to \$25,000.)

STUDENTS MAY CHOOSE TO PURCHASE ADDITIONAL LIABILITY INSURANCE

Health Insurance

Students are required to maintain their own health 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.

Workers' Compensation Insurance

Students are not eligible for workers compensation benefits.

Student Physical Therapist Policies

Attendance

Attendance, Promptness, Disruption of Clinic

Students are expected to attend clinical education experiences according to the predetermined department calendar. If a student has extenuating circumstances or special needs that may preclude participation in the clinical education experience according to the academic calendar, a request for schedule modification must be submitted to the DCE for consideration at least three months in advance. Such accommodations may limit the opportunities available to the student.

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. Scheduled working hours are established by the facility and the clinical instructor. Students are not expected to work a longer day than any one staff PT. Students are also not expected to work more days than any full-time staff PT. Typically, a full-time schedule is a 40-hour work week comprised of five 8-hour days or four 10-hour days. If applicable, the student may work on the weekend with a day off during the week, depending on departmental policies and the schedule of the clinical instructor.

Each student is expected to spend *no fewer* than 36 hours per week (but should anticipate 40 hours per week) in the clinic to meet the minimum requirements for a full-time clinical experience. If there is concern that this minimum may not be met, the DCE should be contacted within the first two weeks of a clinical education experience so that other arrangements can be made. Tardiness during a clinical education experience is not professional behavior.

Students are to follow the holiday and operation hours of the facility in which they are assigned, not than that of the University. If a clinic is closed for observance of a holiday, a student is not expected to attend or to make that time up. Students should expect to spend an additional 10-20 hours per week OUTSIDE OF SCHEDULED CLINIC TIME studying, preparing, and reviewing relevant material. This time is not considered part of the full-time hours spent in the clinic. Students are expected to arrive prior to start time and prepared to participate in patient care.

Absences

Absences must be related to illness or emergency only and are to be made up at the discretion of the DCE and/or clinical instructor in order to meet the clinical learning and performance expectations for the clinical education experience. The facility must be notified of an absence by 8:00 a.m. or upon opening. The DCE must also be notified each day of an absence. Students are allowed two excused absences for each full-time clinical education experience; additional absences are required to be made up. If a clinic is closed for a national holiday, this is not considered an absence and the time does not need to be made up.

If an absence is related to inclement weather and treacherous travel conditions, the following considerations apply:

- If the CLINIC IS CLOSED *or* the CLINICAL INSTRUCTOR is unable to attend, time does not need to be made up
- If the CLINIC IS OPEN but the STUDENT is unable to attend, this is considered an 'emergency' and the above conditions apply

Students may have opportunity to participate in School-approved or School-sponsored activities during a clinical education experience, including state, national, or international professional meetings, and/or service learning experiences. In addition, students may be asked to participate in or attend momentous occasions such as weddings, funerals, or the birth of a child. Students may participate in these activities under the following conditions:

1. The absence is approved by the clinical instructor
2. The absence is approved by the DCE
3. The time missed is made up

If all three of these conditions cannot be met, the student is not allowed to participate in the activity. **Students may not schedule personal occasions during a clinical education experience that can be reasonably scheduled outside of the experience dates (e.g., student's own wedding, family vacation, etc.).**

Students should be mindful that they are guests in a volunteer facility with a volunteer clinical instructor hosting them for a short period of time. Absences can have a significant impact on the clinical learning experience.

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. Please review the policy regarding FERPA in the Academic Handbook. Forms to release or suppress information are available through the Registrar's Office. 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 upon receiving approval from the student. Students should be aware that information obtained from these records could affect clinical placement and/or jeopardize their ability to complete a scheduled clinical education experience 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. Additionally, the student must notify the DCE via phone, email, anecdotal report, or critical incident report on the CPI.

"Red flag" concerns related to any of the APTA CPI criteria must be brought to the attention of the SCCE and DCE. Clinical faculty may also communicate concerns via telephone, email, anecdotal report, or critical incident reports.

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. To request a travel day (to travel to an immediate clinical placement greater than 400 miles away)
3. To request an alteration in the clinical schedule (time off, shifted hours, etc.). Students are not provided personal days; this is considered unprofessional behavior.
4. To request a medical leave of absence
5. An emergency requiring time off
6. Special clearance requirement (background check, health clearance, drug screen, etc.)
7. Breach of the state practice act
8. Breach of the APTA's Code of Ethics

Student Contact with Patient

Informed Consent

When in clinic, a student must wear their name badge, indicating that person is a student physical therapist of George Fox University. Students must identify themselves as student physical therapists; some sites may choose to use the term "intern" but the most accurate term is "student physical therapist." **All patients have the risk-free right to refuse care provided by a student physical therapist.** 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 include:

1. Comply with all state and federal laws associated with patient rights and protected health information (HIPAA).
2. Comply with the specific clinic's policies and procedures regarding patient rights, privacy, protected health information, and safety of the patient.
3. Obtain written consent from the patient which should include the intended purpose for the image. Student must have facility consent.
4. Conduct themselves in such a manner to protect all stakeholders.
5. Abstain from copying any non-protected health information or materials for use outside the Facility without the express consent of clinic protocol.

Dress Code/Hygiene

Students are expected to comply with the dress requirements of the clinical site to which they are assigned for their clinical education experience. 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:

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.
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 should be covered per policy of the clinical site.
5. Chewing gum in clinical situations is not permitted.
6. Students are expected to dress in clinic attire. Leggings and yoga pants are not acceptable. 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.

Protective Equipment

Students will use personal protective equipment (eyewear, masks, gowns, and gloves) consistent with the policy of the facility to which they are assigned. It is generally the case that the facility will provide this equipment for students. If this is not the case, the student will provide such equipment as recommended by the facility's policy. Policies for COVID-19 are set by each site and students are required to abide by the policies specific to each site.

Professional Demeanor

According to APTA, "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 also represent George Fox University with excellence and are expected to follow all policies.

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 and students. On behalf of its students, the DCE and Clinical Education Team communicate with clinical sites to:

- Establish clinical education experiences
- Collaborate with CI and student (collectively and/or individually) to maximize student learning in a clinical environment
- Ensure that clinical learning expectations are being met
- Schedule and complete mid-term visits via on-site visit, telephone call, or virtual meeting
- If concerns are identified during a visit/call, discussions at that time and as warranted throughout the remainder of the clinical education may ensue with the CI/SCCE/student. Individualized action plans will be created as appropriate for the situation.

It is not acceptable for any student to directly contact a clinical site to request, negotiate, or cancel a clinical education experience. All coordination of clinical education experiences is managed by the DCE and the Clinical Education Team.

- a. The student's contact with a facility may be made only after the clinical assignments have been determined.
- b. Clinical education experiences are considered a firm commitment and not to be changed. If a student has concerns regarding their specific clinical assignment, they are to contact the DCE.
- c. If a student coordinates or attempts to coordinate a clinical experience directly with a clinical site, the student will not be allowed to participate in any clinical experiences with that site.

Continuing Education and In-Services

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

Students are also encouraged to present at an in-service if given the opportunity. Clinical sites have the right to require that students present an in-service.

Medical Emergency or Injury

In the case of medical emergency or injury during a clinical education experience, 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 education experience. Although not a "requirement" of the program, it is strongly recommended that the student have access to a car in order to ensure timeliness of reporting to clinical education experiences. Some clinic sites may be at great distances, requiring additional costs for airfare. Additionally, students are responsible to arrange and pay for their own housing/living arrangements. Costs for housing and living expenses are highly variable and difficult to predict, but students should anticipate a total of at least \$3000 additional for clinical education housing expenses incurred throughout the program. This may be higher or lower depending on students' ability to make arrangements.

Other additional expenses related to a specific clinical site (e.g., timebound background check, additional drug screening, site-specific requirements, etc.) are the responsibility of the student.

Early Discontinuation of a Clinical Education Experience

Early discontinuation of a clinical education experience is managed on a case-by-case basis due to the wide range of potential reasons for discontinuation. Potential reasons include (but are not limited to): health concerns (physical, mental, and/or emotional) that preclude completion of the clinical education experience, family emergency (e.g., family member illness, bereavement, birth or adoption of a child, etc.), site discretion (lack of student preparedness, professional and/or behavioral concerns, etc.), or disruption in site availability (clinical instructor unavailability, staffing shortage, low patient census, etc.). **Any clinical education experience that is not completed according to the criteria described in the course syllabus will only continue once a learning contract is established.** This learning contract will be developed with input from the DCE, student, clinical site, and Program Director; all four parties will sign the learning

contract. **Early discontinuation of a clinical education experience due to concerns regarding professional behavior or clinical performance may result in a “No Pass” grade and will be evaluated on a case-by-case basis.**

Site Visits

The DCE, Assistant DCE, and/or faculty members may visit the facility near the midway point of the clinical education experience or at other times. A student may not receive a site visit from the DCE or faculty for each of their clinical education experiences. A major intent of a site visit is to maintain and grow a strong clinical partnership. An additional intent is to assess and support the learning of a student at the site during the visit.

The visit will consist of a discussion with the clinical instructor, the student, and may include the SCCE to review the facility and the student’s performance. During the midpoint assessment meeting with the DCE, CI, and student, the DCE will ask, as part of the discussion, if there are concerns related to the student’s adherence to academic or clinical regulations, policies, and procedures.

If the CI/SCCE or student has concerns or questions about any aspect of the clinical education experience, 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 problematic situation progress or become otherwise unmanageable. If the DCE is not available, other members of the Clinical Education Team, 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 clinical education experience, a student should 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. Clinical skills must be practiced in a clinical (not classroom) environment. Instructional sequencing is a process whereby the student physical therapist 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. Student observes clinician evaluate and treat
2. Student explains theoretical knowledge to clinician
3. Student demonstrates evaluation and treatment on clinician
4. Student evaluates and treats while clinician supervises and gives feedback
5. Student evaluates and treats needing help to begin or complete task
6. Student evaluates and treats without direct supervision/feedback to clinician
7. Student independently/completely evaluates and treats

Clinical Instructor Policies

APTA Resource for Developing Clinical Educators

<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 they are 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 performance in treatment skills, clinical reasoning, communication, ethics, or professional 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 will be established.
3. The Clinical Instructor is responsible to the student to provide oversight and a clinical education experience 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 outcomes 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

The effectiveness of a clinical instructor is strongly influenced by DCE and SCCE collaboration through:

1. Direct contact by visits, telephone, e-mail conversations, or zoom meetings.
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 Physical Therapists

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.

1. Per the Oregon Board of Physical Therapy, *“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 848-040-0100.” A complete list of current rules is provided by the [Oregon Board of Physical Therapy](#).*
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, the student may not provide direct patient care during that time. 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. Students are expected to demonstrate continual progress during clinical education experiences.
6. The care and safety of each 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 education experience, we recommend the following steps:

1. As soon as a problem is identified, it should be discussed 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 outlined above.

It is understood that in some instances the CI and SCCE are the same individual, 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 a student is 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 outcomes
 - g. To gather data for determining grades
 - h. To assist the student in developing self-assessment skills
2. Timing of evaluation
 - a. Begins at once (as soon as the student starts the clinical education experience) and continue throughout the experience
 - b. Evaluate all aspects of student performance so there are no surprises at midterm or at the end of the clinical education experience
 - c. Mid-term CPI for 680, 780, 781 and 782
 - d. Final CPI for 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. Students complete weekly reflection as part of their clinical education experience and may be shared with the CI on request.

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 student physical therapist has performed with respect to the performance goal. Both types of

evaluations have an appropriate role in the clinical education experience but formative feedback seems to be most effective in the daily setting.

The formative assessment is simply reflecting back on 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 education experience
 - 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 education experience
 - d. Critical audience is external (the academic program and the student)
 - e. Sets the standard for formative feedback

Grading

Grading for all clinical education coursework is assigned by the DCE following the conclusion of each clinical education experience. Grading options are *Pass*, *No Pass*, or *Incomplete*. Successful completion of clinical education experiences is based on a number of factors including:

- Clinical performance, rated using the CPI
- Appropriate professional behavior in clinic
- Timely completion of onboarding requirements
- Timely completion of course assignments
- Timely completion of course/experience and instructor surveys
- Timely completion of CPI

The ratings for the CPI are expected as follows:

1. PDPT581 Comprehensive Clinical Experience: rating of “Beginner” or above in all criteria
2. PDPT680 Clinical Internship I: rating of “Advanced Beginner” or above in all criteria
3. PDPT780 Clinical Internship II: rating of “Intermediate” or above in all criteria
4. PDPT781 Clinical Internship III: rating of “Advanced Intermediate” or above in all criteria
5. PDPT782 Clinical Internship IV: rating of “Entry Level” or above in all criteria

Students unable to complete a clinical experience due to extenuating circumstances (e.g., injury, extended illness, family leave, etc.) will be assigned a grade of “Incomplete.” This grade will be converted to “Pass” or “No Pass” based on satisfactory completion of this experience or an alternate clinical experience as determined by the DCE.

Failure of a Clinical Education Experience

Failure to meet the expectations described above will result in a “No Pass” grade. Should a student receive a “No Pass” following a clinic education experience (PDPT581, PDPT680, PDPT780, PDPT781, PDPT782), they must remediate the clinical experience before progressing on to the next, more advanced experience.

1. Remediation programs are designed and implemented on a case-by-case basis and are determined by the circumstances that led to the “No Pass” grade.
2. The DCE and Program Director will determine if remediation is appropriate and arrange an alternate clinical education experience as necessary.
3. A maximum of ONE clinical education experience may be repeated during the three-year course of study.
4. A second “No Pass” grade for a clinical education experience (including any remediation) will result in dismissal from the School of Physical Therapy.

Remediation Process:

In cases where sufficient progress is not being made and the student is unlikely to achieve the criteria for a “Pass” grade by the conclusion of a clinical education experience, an extension of the experience may be offered at the discretion of the DCE, SCCE, and CI. An extension will only be offered after a learning contract outlining the objectives to be demonstrated is completed in coordination with the Registrar’s Office.

If the student is unable to meet the criteria for passing the clinical education experience within the prescribed timeframe, or if additional weeks would not be sufficient or logistically possible, a full-length remedial clinical education experience may be assigned. A “No Pass” grade will be assigned for the course and the student will need to repeat the clinical education experience. The DCE and the Program Director will determine appropriate remediation for the student. Students will be granted permission to continue with academic coursework within that academic semester and must remediate the clinical education experience before advancing to the next Clinical Education Course.

In select cases where a simple skill set has not been demonstrated, the Program Director and DCE may elect remediation that includes continued didactic training and a recheck in the next clinical setting.

Remediation opportunities will involve input from the student. The final decision regarding the most appropriate course of action will be determined by the DCE and Program Director. Remediation activities will be described in a learning contract signed by the DCE, Program Director, and Student.

Evaluations

APTA Assessments

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

Current SCCEs/CIs

1. Access the PT CPI Web site.

To access PT CPI Web 3.0, please visit <https://cpi.apta.org/>

The password to login to APTA CPI 3.0 is the same as the password used to login to the APTA Web site. Even if not a member, users of CPI 3.0 must have an account with APTA.

New SCCEs/CIs

1. All users of CPI must have an account with APTA in order to complete the CPI training. Non-members can create a free account
2. Access the “APTA CPI 3.0 – CI/SCCE Training” site at https://learningcenter.apta.org/p/CPI-3_CI-SCCE
3. Follow instructions to complete the training. Ensure that it is for PT (not PTA) because the two are not interchangeable
4. Once CPI training is complete, notify the DCE and provide the email address associated with your APTA account
5. The DCE will connect you with the student(s) in CPI
6. **Access the PT CPI website at <https://cpi.apta.org/>**

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

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: Jeremy Hilliard

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: _____