

# SCHOOL OF ALLIED HEALTH SCIENCES DIVISION OF PHYSICAL THERAPY

# **Clinical Education Handbook**

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#### **Clinical Education Handbook Signature Form**

# SCHOOL OF ALLIED HEALTH SCIENCES PHYSICAL THERAPY DIVISION ENTRY DOCTOR OF PHYSICAL THERAPY (DPT) PROGRAM

Participation in clinical education carries risk including exposure to infectious disease and potentially harmful agents. I am fully aware of these risks and will fully comply with the standards and practices of my host clinical affiliation placement.

My signature below indicates that I have reviewed the DPT Student Handbook and the DPT Clinical Education Handbook. I understand that it is my responsibility to read and abide by the policies and procedures within this Clinical Education Handbook as is applicable during all clinical education activities. I also understand that noncompliance with the rules within this handbook may result in course failure or referral to the Student Progress Committee.

| Printed Nan | ne |  |  |  |
|-------------|----|--|--|--|
|             |    |  |  |  |
| Signature   |    |  |  |  |
|             |    |  |  |  |
| Date        |    |  |  |  |

#### **Clinical Education Handbook**

#### PURPOSE OF THE CLINICAL EDUCATION HANDBOOK

The Florida A&M University Doctor of Physical Therapy (DPT) Program Clinical Education Handbook serves to inform students, Clinical Instructors (CI), and Clinical Coordinators of Clinical Education (CCCE) of the curriculum, rules, and policies related to governing and the clinical education component of the DPT Program at Florida A&M University (FAMU). This handbook provides the student, Center Coordinator of Clinical Education, and Clinical Instructor an understanding of the expectations and intent of the entry-level Doctor of Physical Therapy Program.

The Clinical Education Handbook is intended to augment, but not replace, the Florida A&M University DPT Student Handbook or any clinical affiliate's published policies/procedures. Please direct questions related to the content of this handbook to the Director of Clinical Education or the Program Director.

#### Florida A&M University Contact Information

General DPT Program Contact Information:

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#### Florida A&M University Doctor of Physical Therapy Program

#### **Overview**

#### **CAPTE Accreditation Statement**

The Doctor of Physical Therapy (DPT) program at Florida Agricultural and Mechanical University (FAMU) is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100 | Alexandria, VA | 22305-3085 1111 North Fairfax Street, Alexandria, VA 22314 Telephone: 800-999-2782

Email: accreditation@apta.org

Website: (<a href="http://www.capteonline.org">http://www.capteonline.org</a>)

(http://aptaapps.apta.org/accreditedschoolsdirectory/AllPrograms.aspx?UniqueKey)

#### **UNIVERSITY Mission Statement**

Florida Agricultural and Mechanical University (FAMU) is an 1890 land grant, doctoral/research institution devoted to student success at the undergraduate, graduate, doctoral and professional levels. FAMU enhances the lives of its constituents and empowers communities through innovative teaching, research, scholarship, partnerships, and public service. The University continues its rich legacy and historic mission of educating African Americans and embraces all dimensions of multiplicity.

#### **UNIVERSITY Vision Statement**

Florida Agricultural and Mechanical University (FAMU) will be recognized as a leading national public university that is universally renowned for its competitive graduates, transformative research, and innovation.

#### **UNIVERSITY Values**

Florida Agricultural and Mechanical University is committed to the values of accountability, addition innovation, and integrity. The University also values and endorses the Board of Governors' Statement of Free Expression and expects open-minded and tolerant civil discourse to take place throughout the campus community. These values represent the tenets that guide our actions, enable us to sustain our historical mission, and realize our strategic plan.

#### **SOAHS Mission Statement**

The mission of the School of Allied Health Sciences is to provide an enlightened and enriched academic, intellectual, moral, cultural, ethical, technological, and student-centered environment for the purpose of educating individuals to become competent allied health professionals who are capable of: Complex critical thinking; Complete communication skills; Interdisciplinary collaboration; Analysis and involvement in research processes; Improving the health status of under-represented and underserved populations; Lifelong learning.

This mission will be accomplished through the contributions of dedicated faculty and staff that are capable of meeting student needs through inspired and creative teaching, exemplary scholarship and meaningful public, community, and professional service at local, state, national, and universal levels. As a result, students will be prepared to meet existing and emerging health care needs that will benefit the citizens of Florida, the nation, and the world.

#### **SOAHS Vision Statement**

The School of Allied Health Sciences, as an exemplary health professions entity within the Florida A&M University, views itself as a provider of highest quality academic experiences at graduate and undergraduate levels, through excellence in student advising, teaching, research and service, in existing and emerging health care arenas, for the benefit of the citizens of Florida, the nation and the world.

#### **SOAHS Core Values**

The School of Allied Health Sciences considers the following to be core values for students and faculty: Scholarship, Ethics, Excellence, Openness, Collaboration, Multiplicity, Service Fairness, Integrity, Respect, Collegiality, Freedom, Fiscal Responsibility, Accountability, Courage, and Honesty.

#### **DPT Mission Statement**

The Doctor of Physical Therapy Program at Florida A&M University fosters excellence in education, research, and practice. We cultivate a diverse and wide-ranging environment, preparing competent, compassionate, and culturally sensitive physical therapists. Our graduates excel in critical thinking, effective communication, interdisciplinary collaboration, and research, improving health outcomes for underserved populations. Committed to lifelong learning and ethical practice, our program addresses evolving healthcare needs at local, state, and national levels.

#### **DPT Vision Statement**

To be a leader in physical therapy education, research, and practice, recognized for our commitment to excellence, innovation, and inclusivity. We aspire to produce highly skilled and compassionate physical therapists who are dedicated to advancing health justice and improving the quality of life for diverse populations.

#### **DPT Core Values**

The Doctor of Physical Therapy Program is committed to upholding the core values of accountability, altruism, collaboration, compassion & caring, duty, excellence, addition, integrity, and communal responsibility, as reflected in the principles of the American Physical Therapy Association. These values guide our mission to develop competent and ethical practitioners dedicated to improving the health and well-being of the communities we serve.

- Accountability: We hold ourselves to the highest standards of professional and ethical behavior, taking responsibility for our actions and their impact on patients and society.
- **Altruism:** We prioritize the needs and well-being of our patients, demonstrating selflessness and a commitment to their care.
- **Collaboration:** We foster a collaborative environment that encourages teamwork and partnerships with other healthcare professionals to achieve the best outcomes for our patients.
- Compassion & Caring: We approach each patient with empathy, understanding, and genuine concern for their physical and emotional well-being.
- **Duty:** We are dedicated to our professional obligations, continuously striving to provide high-quality care and to advance the field of physical therapy.
- Excellence: We pursue excellence in all aspects of our work, from clinical practice to

- research and education, continually seeking to improve and innovate.
- **Addition:** We embrace multiplicity and promote an wide-ranging environment that respects and values the unique contributions of all individuals.
- **Integrity:** We adhere to the highest ethical standards, ensuring honesty, transparency, and fairness in all our interactions and decisions.
- **Communal Responsibility:** We are committed to advocating for communal justice, health justice, and the betterment of our communities through active engagement and public service.

These core values are the foundation of our program and are essential to the development of skilled, compassionate, and ethical physical therapists who are prepared to lead and serve in an ever-evolving healthcare landscape.

#### **DPT Program Philosophy**

The faculty of the Florida A & M University Division of Physical Therapy believes that each human being has a unique combination of gifts and abilities. In recognition of those individual characteristics, the physical therapy faculty provides both variety and choice in learning experiences. The faculty also recognizes the similarities and differences between various learning processes as well as the effects and demands of these processes on the learner and the learning environment. Therefore, an active learning environment is essential for learners to develop the skills required for clinical reasoning, reflective practice, life-long learning, and critical inquiry. The Florida A&M physical therapy faculty believes these processes are integral to the development of quality physical therapy graduates who have a desire for continued professional development.

Faculty contribute to the body of knowledge and advance the profession through scholarly work which may include basic and applied research, publications and presentations, and the creation of innovative teaching and clinical materials or procedures. Faculty and students are actively engaged in professional organizations and demonstrate commitment to service through participation in service activities that foster professional development i.e., FAMU committees and task forces, in the APTA/FPTA and other professional organizations, and in local community organizations, businesses and schools that provide service to the underserved.

#### **Clinical Education Program Overview**

#### **DPT Program Clinical Education Goals**

The goal of our Clinical Education program is to provide the student opportunity to build upon educational theory and develop entry level skills in physical therapy examination, assessment, and intervention throughout the scope of physical therapy practice.

#### **DPT Program Clinical Education Mission**

The mission of the Clinical Education program is to promote multiplicity in the physical therapy profession while developing clinical skills in our students. We provide clinical education experiences across the lifespan and continuum of physical therapy practice. Our students are overseen and mentored by experienced clinical instructor role models within strong clinical partner practices.

#### **Doctor of Physical Therapy Program Clinical Education Philosophy**

The clinical education opportunities at Florida A&M University physical therapy program values values clinical education as an indispensable component of a quality education program. The program design is structured to allow students to integrate the foundational and clinical sciences with clinical practice. Clinical education experiences are designed to progress students utilizing cognitive, affective, and psychomotor skills to develop professional competency.

#### Clinical Internships, Placement and Performance Requirements

Students will be assigned to multiple practice including interprofessional experiences, experiences across the spectrum of the profession, and across the lifespan. Each student must pass all courses, demonstrate behaviors consistent with the requirements of the PT Code of Ethics, and be approved by the faculty prior to attending a full-time clinical internship. Students on academic or professional probation are ineligible for clinical education placement. All students must have successfully completed all coursework as per the DPT Student Handbook.

Faculty members in the Division of Physical Therapy place great emphasis on the development of competency in professional behavior, setting policies, and safety in the clinic. Students are assessed utilizing both formative and summative evaluations from themselves, the Clinical Instructors (CI) and the Director of Clinical Education (DCE), with the DCE assigning the final grade.

Clinical Education performance will be graded using the Clinical Performance Instrument 3.0 (CPI 3.0). Students will be graded Students are expected to accomplish the Minimum Performance Expectations on all skills without a safety violation. At the conclusion of Clinical Education IV students are expected to accomplish Entry Level performance ratings on all skills.

| Course                            | Minimum Performance Expectations by End of Rotation (as measured by CPI 3.0) |
|-----------------------------------|--|
| PHT 6822 – Clinical Education II  | Intermediate   |
| PHT 6823 – Clinical Education III | Advanced Intermediate  |
| PHT 6824 – Clinical Education IV  | Entry Level  |

Students are evaluated on all CPI 3.0 items. Students with safety violations or not accomplishing the Minimum Performance Expectations on all items may receive an Incomplete or Unsatisfactory grade that may affect progression in the clinical education sequence. In some circumstances the case will be referred to the Student Progress Committee before a final decision is made by the DCE.

In the clinical setting it is expected that students demonstrate professionalism in patient safety,

decision-making, communication skills, and behavior. Students who fail to meet these expectations will not be allowed to progress in clinical education and may be dismissed from the program.

#### **DPT Program Clinical Education Preparation Requirements**

To be prepared for clinical education courses the student must have successfully completed all preparatory academic coursework as outlined in the curriculum (DPT CURRICULUM). To participate and progress along the clinical education track, all background academic and clinical coursework must be successfully completed in sequence according to the order of the FAMU DPT curriculum, set by the faculty. If for some reason a student should fall out of sequence or does not complete a clinical education placement within the normally scheduled period, a subsequent clinical placement will be made at the discretion of the DCE in consultation with the Student Progress Committee.

Prior to participating in clinical education all students must obtain and submit minimum onboarding documentation into Exxat. In addition to the minimum requirements found in Exxat, some clinical education locations have additional requirements that must be submitted to the DCE and clinical site. Some clinical partners require participation in other document compliance tracking systems. Students will be responsible for the charges incurred for the subscription as required.

#### **DPT Program Clinical Education Objectives**

Clinical education experiences augment classroom education to provide the student the opportunities to develop the affective and communication skills to transfer to clinical practice. Clinical progression is measured using the CPI 3.0 developed by the American Physical Therapy Association (APTA). The grading criteria on the CPI define the expectations for clinical progression using the opportunities available at each clinical education site. For students to graduate with professional competency as entry-level therapists they must demonstrate the clinical skills defined on the CPI in a consistent, effective, and safe manner on patients in multiple setting-types and settings.

#### Clinical Education Internship Plan, Descriptions, and Requirements

#### **Internships and Clinical Experiences**

As part of the entry-level DPT education, each student will be required to participate in part-time and 32-weeks of full-time clinical internships. The objectives and performance expectations are set, reviewed and revised annually by the core faculty.

#### **Table of Internships and Clinical Experiences**

| PHT 6934 Clinical Decision Making II (Integrated Clinical Experiences) |   |   |  |  |  |
|--|---|---|--|--|--|
| Timeframe  | Objectives  | Minimum Performance   | Curriculum   |  |  |
|  | _   | Expectations  | Prerequisites  |  |  |
| Fall of Year 2  • 4-hours  | Observe and participate in patient care at CI's discretion.      Develop and demonstrate an understanding of safe and effective clinical performance including communication, affective and psychomotor skills.      Develop an understanding of the legal issues related to PT practice. | Beginning Performance Student requires close clinical supervision and feedback 100% of the time while managing patients. At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner reflecting little or no experience. The student does not carry a caseload. | PHT 5025 Professional Behavior PHT 5115 Gross Anatomy PHT 5125 Analysis of Human Motion I PHT 5149 Life Span Development PHT 5154 Human Physiology PHT 5156 Exercise Physiology PHT 5166 Neurology I |  |  |

| <ul> <li>Develop an understanding</li> </ul>   |   |   |
|--|---|---|
| of the ethical issues related to PT practice.  |   | PHT 5166 Neuroscience PHT 5178 Analysis of Human Motion II PHT 5202 Patient Care Skills PHT 5243 Integument PHT 5246 Orthopedics I PHT 5306 Pathology & Pharmacology PHT 5380 Cardiopulmonary PT I PHT 5606 Scientific Inquiry I PHT 5932 Clinical Integration I  |
| tion II  |   |   |
| Objectives   | Minimum Performance   | Curriculum  |
| J  | Expectations  | Prerequisites   |
| Be introduced to full-time clinical practice.  Become professionally reliable.  Develop independence in managing patient cases.  Perform effectively as a student-therapist.  Safe and effective performance of clinical skills and communication.  Earn acceptance by the professional staff.  Demonstrate compliance with the ethics and values of the physical therapy profession.  Modify personal and professional behaviors when necessary following feedback.   | Intermediate Performance ratings on all CPI 3.0 components, participation in all discussion board activities, timely submission of required documents including Weekly Progress Updates.  • Student requiring less than 50% clinical supervision managing patients with simple conditions, and 75% of the time managing patients with complex conditions.  • At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.  • The student can maintain 50% of a full-time physical therapist's caseload.  • Students with safety violations will be referred to the Student Progress Committee. | PHT 5070 Diagnostic Testing and Evaluation PHT 5805 Clinical Education I PHT 6219 Physical Agents & Electrotherapy PHT 6248 Orthopedics II PHT 6312 Orthopedics III PHT 6328 Pediatric Physical Therapy PHT 6373 Gerontology PHT 6381 Cardiopulmonary PT II PHT 6420 Teaching and Learning PHT 6618 Scientific Inquiry II PHT 6719 Neurology II PHT 6713 Prosthetics and Orthotics PHT 6934 Clinical Integration II PHT 6935 Clinical Integration III  Note: Students may/will participate virtually in virtual classes concurrently with Clinical Education. |
| tion III   |   |   |
| Objectives   | Minimum Performance   | Curriculum  |
| J  | Expectations  | Prerequisites   |
| <ul> <li>Be introduced to full-time clinical practice.</li> <li>Become professionally reliable.</li> <li>Develop independence in managing patient cases.</li> <li>Perform effectively as a student-therapist.</li> <li>Safe and effective performance of clinical skills and communication.</li> <li>Earn acceptance by the professional staff.</li> <li>Demonstrate compliance with the ethics and values of the physical therapy profession.</li> <li>Modify personal and professional behaviors when</li> </ul> | Advanced Intermediate Performance ratings on all CPI 3.0 components, participation in all discussion board activities, timely submission of required documents including Weekly Progress Updates.  • Student requiring less than 25% clinical supervision managing patients with simple conditions, and 50% of the time managing patients with complex conditions.  • At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.   | PHT 5070 Diagnostic Testing and Evaluation PHT 5805 Clinical Education I PHT 6219 Physical Agents & Electrotherapy PHT 6248 Orthopedics II PHT 6312 Orthopedics III PHT 6328 Pediatric Physical Therapy PHT 6373 Gerontology PHT 6381 Cardiopulmonary PT II PHT 6420 Teaching and Learning PHT 6618 Scientific Inquiry II PHT 6719 Neurology II PHT 6713 Prosthetics and Orthotics  |
| •  | skills and communication.  Earn acceptance by the professional staff.  Demonstrate compliance with the ethics and values of the physical therapy profession.  Modify personal and   | skills and communication. Earn acceptance by the professional staff. Demonstrate compliance with the ethics and values of the physical therapy profession. Modify personal and  |

13

|  | necessary following feedback.            | <ul> <li>The student can maintain 75% of a full-time physical therapist's caseload.</li> <li>Students with safety violations will be referred to the Student Progress Committee.</li> </ul>   | PHT 6934 Clinical Integration II PHT 6935 Clinical Integration III  Note: Students may/will participate virtually in virtual classes concurrently with Clinical Education.  |
|--|--|---|---|
| PHT 6824 Clinical Ed                               |  | M:::  | C   |
| Timeframe  | Objectives                               | Minimum Performance   | Curriculum  |
|  |  | Expectations  | Prerequisites   |
| Spring of Year 3  • 12 weeks full-time (480 hours) | Development of clinical practice skills. | Entry Level Performance ratings on all CPI 3.0 components, participation in all discussion board activities, timely submission of required documents including Weekly Progress Updates.  • Student will demonstrate the ability to manage simple and complex patient conditions without assistance.  • At this level, the student is proficient with all skilled examinations, interventions and clinical reasoning.  • The student can maintain an entrylevel, full-time physical therapist's caseload.  • Students with safety violations will be referred to the Student Progress Committee. | Health Care Systems & Administration     Health Promotion and Wellness     Advanced Evidence-Based Practice     Advanced Differential Diagnosis     Special Topics in Physical Therapy     Clinical Education III  Note: Students may/will participate virtually in virtual classes concurrently with Clinical Education. |

#### **Assignment of Internships and Clinical Experiences**

Students will be included in the decision-making process for internship selections. Students will be asked to provide input on their preferred geographic location and specific professional practice interests. Additionally, students will be asked to participate in selection of placements using the Exxat program. Final assignment of clinical internships will be determined by the DCE based on mandatory course requirements including "across the lifespan" and "interprofessional experiences", individual learning needs, student preferences and site availability. The DCE in consultation with the DPT faculty will determine when students are academically prepared to move into clinical education.

Significant time and effort is dedicated to developing and maintaining clinical internships that have demonstrated effective educational opportunities. Desirable clinical placements require strong communication between the program and the site. To place a student within any location a current Clinical Affiliation Agreement must be in place between the clinic and FAMU (CLINICAL EDUCATION AFFILIATION AGREEMENT). New clinical agreements are developed as needed to broaden learning opportunities as needed.

Students will be required to complete all health and background requirements as required by the DCE and the clinical placement (<u>ONBOARDING DOCUMENTATION</u>). Internships may require students to travel and to make alternate housing arrangements. Each student is expected to assume the responsibility for the costs associated with clinical experiences.

Students are prohibited from contacting or recruiting clinical sites directly. Under no circumstance should a student contact a potential clinical education site without approval from the DCE. Students who pursue potential clinical sites independently WILL NOT be considered for these sites and may be subject to disciplinary action.

Consideration will be given to include the geographic locations requested by the student, the settings and area of interest requested by the student, the student's educational needs, and CAPTE requirements. Final placement decisions are made using the criteria below:

- 1. All students will obtain "across the lifespan" and "interprofessional" experiences as required by CAPTE.
- 2. Students will be placed within a 60-minute drive of stated housing whenever possible. Because the Tallahassee market is geographically separated from other population areas, the available placements within a 60-minute drive range will not accommodate all students for all placements.
- 3. All students will be asked to list the geographic areas where they would like to be placed. Whenever possible, students will be placed within a 60-minute drive of these locations if these areas include the opportunity for an "across the lifespan, interprofessional" clinical education.
- 4. All students will be asked their clinical areas of interest. Whenever possible, students will be placed in their expressed clinical area of interest within the geographic location requested.

The final decision on the location and type of internships will be assigned by the DCE. Confirmed internships are final and can only be changed with approval of the DCE.

#### **Declining a Clinical Education Placement**

Students may decline a clinical education internship in writing to the DCE. Re-assignment of a clinical education internship may delay academic progression. (Form: Declining a Clinical Education Placement)

#### **Placement Guarantees**

The clinical education needs of students can change. Additionally, clinical education placements are granted without charge to the University or students by employers and/or therapists at their own discretion. Therefore, clinical education placements can be cancelled by the DCE, university, clinical education site, or clinical instructor therapist at any time. Fieldwork and clinical experiences may be delayed secondary to instances outside of the control of the university and/or the clinical facilities. Students are responsible for any travel, lodging, and accommodations related to delayed placements or disrupted rotations at any time.

#### **Hardship Statement**

Students who demonstrate a specific hardship may apply for hardship status appealing for the general location of internship placement. To qualify for this hardship status, students must submit a letter of request to the DCE. The letter must include the student's name, geographic need for placement, and the specific hardship, as well as any relevant documentation. All hardship requests must be submitted during in writing by September 1 of the second year of matriculation. Hardship status allows students to list only sites in the geographic location of need but does not guarantee a specific site placement. Decisions granting hardship status will be made by the DCE.

#### **Attendance During Internships and Clinical Experiences**

While on internships students are to follow the schedule and calendar of the clinical placement location rather than the FAMU academic calendar including weekends and/holidays as is required of their respective clinical instructor (CI). Attendance is mandatory, and all absences will need to be made up to receive credit for the course. Students are not allowed to adjust the

clinical internship dates independently or by volunteering to work extended hours or weekends. Requests for adjustment of the times of the clinical education placement must be submitted and approved by the DCE in situations where an adjustment in the scheduled internship period is required.

Students are required to advise the DCE of any changes to their schedule. Generally, students will follow the same or similar work schedule as their CI's which may include longer than 8-hour workdays, weekends, and/or holidays.

Students are required to notify the clinic and the DCE of any absences that occur. Notification prior to the absence is required or ASAP if an emergency occurs. If the student unable to reach the DCE directly by phone, the student should leave a voice message and e-mail the DCE. In addition, the student should contact the PT Division leaving a message for the DCE and program director. If there is a prolonged absence (greater than three days) due to a medical concern the student must provide medical clearance from their healthcare provider prior to returning to participate in the internship.

If a site cannot accommodate additional days/time to make up for absences or tardiness, the student may be assigned to additional days/times at the discretion of the DCE. Extended absence may require termination or extension of an internship and may delay progression in the program including a delay in graduation. A student's failure to comply with the policy on absenteeism and tardiness can result in a failing grade (UNSATISFACTORY) for the clinical internship.

Students interested in attending professional meetings or the Combined Sections Meeting must contact the DCE to present this interest prior to contacting the Clinical Instructor. To allow attendance, students must obtain the permission of the DCE, obtain permission of the Clinical Instructor, and complete the appropriate "Complementary Travel" form as required by the School of Allied Health Sciences. Additional assignments may be developed in replacement for days out of the clinical setting.

Students are strongly encouraged to avoid scheduling important events (such as major vacations, weddings, etc.) during and between internships. Time-related internship deficiencies must be made up.

#### **Grading and Academic Promotion During Clinical Education**

Faculty members in the Division of Physical Therapy place great emphasis on the development of competency in physical therapy practice, professional behavior, and safety in the clinic. Students are expected to accomplish "Entry Level" status on all CPI items over the course of their clinical internships. Students are assessed using the CPI at mid-term and at the conclusion of each internship, with the DCE assigning the final grade.

The clinical education courses are graded on a SATISFACTORY / INCOMPLETE / UNSATISFACTORY basis. Students must have a SATISFACTORY grade to progress to the next clinical education internship placement. Grades in clinical education courses are assigned by the DCE. Grades are determined using several sources including timely submission of all coursework and participation in the weekly discussion boards, weekly progress updates, the Clinical Performance Index (CPI), and input from the Student Progression Committee when necessary. If there is a concern with student progress the student will be notified via email. It is

important to understand that a DCE concern of satisfactory progress is not a reprimand or disciplinary action. If at any point during a clinical placement the DCE feels that the student is at risk of a Satisfactory grade the following steps will be taken:

- The student will be notified via email, text, or telephone call to contact the DCE to discuss the performance concerns. This discussion can take place over the phone or in person. The Clinical Instructor will not be contacted at this stage in the process.
- If after the student meeting there continues to be a performance concern, the DCE will provide written "Notice of Academic Status" (The Notice of Academic Status form is included in this handbook) as per University policy to the student.
- Following a written notice of academic standing, the student will be asked to develop a written "Clinical Education Action Plan" (The Clinical Education Action Plan form is included in this document). This plan will be between the student, the DCE. The Clinical Instructor may be included in this plan when necessary.
- If there is ongoing concern, the DCE may contact the Clinical Instructor to discuss on the phone, virtually, or during a site visit.

#### **SATISFACTORY Grade**

A SATISFACTORY grade is a passing grade. A student will receive a SATISFACTORY grade if the Minimum Performance Expectations are met on all CPI 3.0 items and timely/completed submissions as assigned. Students receiving a SATISFACTORY grade may progress to the next clinical education internship.

#### **INCOMPLETE Grade**

A student may receive an INCOMPLETE grade only if she/he is in good academic standing and has personal problems or extenuating circumstances that prevent the student from completing the course. If this occurs, the course must be completed within one year or the INCOMPLETE grade will become a failing grade.

A grade of "I" may only be assigned if the student is passing the course, but has not completed all of the required coursework by the end of the term because of extenuating circumstances beyond the control of the student

- Grades of "I" may not be assigned in any course after the student has withdrawn or has excessive unexcused absences.
- A student receiving an "I" grade may not re-enroll in the course until after the "I" grade has been permanently changed to a passing grade.
- An "I" grade that is not changed by the end of the subsequent semester will convert to an "UNSATISFACTORY" grade.

#### **UNSATISFACTORY Grade**

An UNSATISFACTORY grade is equivalent to a failing grade. A student with an unresolved UNSATISFACTORY grade will not be permitted to progress to the next clinical education internship.

Actions leading to an UNSATISFACTORY grade include but are not limited to:

- Failure to achieve Minimum Performance Expectations as rated on CPI 3.0.
- Unsafe Clinical Behaviors
- Unexcused absence.
- Unprofessional behavior or conduct including poor judgment.
- Failure of the student to correct deficient behaviors or skills after feedback by the CI or DCE.

- Failure to comply with policies and procedures pertinent to student interns as mandated by licensing boards, professional/departmental codes, student affiliation agreements, etc.
- Failure to submit required assignments by assigned deadlines.
- Failure to report involvement in a criminal incident.

Note: All clinical education internships that result in an UNSATISFACTORY grade will include a referral to the Student Progress Committee.

#### Early Termination of a Clinical Education Experience or Internship

The DCE may terminate an internship at any time on the following grounds:

- It is deemed by the DCE that student safety is compromised.
- It is deemed by the DCE that patient safety is comprised.
- On the recommendation of the Clinical Coordinator for Clinical Education (CCCE) or the Clinical Instructor (CI).
- Inadequate performance, skill, or clinical judgment that places patients, staff, or self at risk of harm or injury. Students may be directed to write and implement a Clinical Education Action Plan (Appendix 6)
- Unsafe behaviors.
- Unprofessional workplace behavior.
- Failure of a student to comply with all rules, regulations, policies, and procedures of the clinical facility may also result in early termination of the clinical internship and failure of that internship.

Note: All internships that are terminated due to performance or safety concerns will result in an UNSATISFACTORY grade and will include a referral to the Student Progress Committee.

#### Withdrawal from a Clinical Education Internship

A student may withdraw from a clinical education internship for non-academic reasons within the withdrawal period established by the University Registrar. A student wishing to voluntarily withdraw from the program must meet with the DCE to ascertain the reason for the request and to receive guidance as necessary. The student should then submit a letter of withdrawal to the PT Division Director as per Division policy. If the student is readmitted the DCE will comply with the recommendation of the Student Progress Committee. Re-assignment of clinical education internships will delay the student's academic progression.

#### **Instructions for Handling Challenging Situations**

Students are expected to demonstrate good judgment and the ability to adjust to challenging situations or uncertainty. If a student is at risk for failure of any internship, the CCCE, CI, and/or student must contact the DCE so that a plan for addressing the concerns is developed. The student is expected to own the management and resolution of the identified performance concerns. If the student continues to struggle the DCE will make the ultimate pass/fail determination (Appendix 7).

# Responsibilities and Requirements of the Clinical Site and Clinical Instructor in Clinical Education

#### **Responsibilities of the Clinical Site**

The legal responsibilities of the clinical site, Clinical Instructor (CI) and Center Coordinator of Clinical Education (CCCE) are delineated and governed by the current affiliation agreement. Responsibilities of the clinical site and CCCE include but are not limited to:

- Ultimate responsibility for patient care.
- Orienting the student to the applicable policies and procedures, rules and regulations or

- appropriate delegation of the orientation.
- Providing learning experiences appropriate to the student's level of knowledge and in accordance with educational objectives and as established with the CI.
- Completion of CPI training.
- Evaluating student performance using the CPI at midterm and the end of the internship.
- Providing an appropriate environment and time for student learning and weekly CIstudent conferences.
- Providing the student with the required student information prior to internship start date.
- Providing the CI with any information that is communicated or sent to the CCCE prior to the start of the internship.

#### **Clinical Instructor Qualifications**

Clinical Instructors (CI) must be a licensed physical therapist with at least one year of experience. Students are permitted to provide patient care exclusively under the "direct supervision" of a licensed physical therapist. Therefore, the CI must be "immediately available," meaning physically present, interruptible, and able to furnish assistance or direction throughout the performance of all activities. The CI is not required to be present in the room during all procedures or within any other physical boundary as long as he or she is immediately available at any given time. "Immediate" is not directly defined in terms of time or distance however, examples of a lack of immediate availability include when the CI is performing another procedure or service that cannot be interrupted, or when a CI is so physically distant from where the care is being provided that he or she could not intervene in a timely manner.

When under the supervision of a non-Physical Therapist professional such as a Physician or Occupational Therapist students are permitted to observe but not provide direct patient care.

# Responsibilities and Requirements of the Student during Clinical Internships

#### **Temporary or Permanent Change of Clinical Instructor**

The student is obligated to contact the DCE within 24 hours to provide contact information in the event of a change of CI including vacation, absence, or employment change.

In the event of temporary absence, the CI or his/her designee will identify an alternate licensed physical therapist with > 1 year of clinical experience to serve as CI. A student may not provide patient care without having a qualified, licensed physical therapist clinical instructor clearly identified and present to supervise the student. If qualified physical therapist is unavailable for student oversight, the student must contact the DCE for direction. The newly assigned CI will be responsible for student oversight and all related documentation.

#### **Confidentiality of Student Information**

Clinical sites are expected to keep all student personal, health and educational records strictly confidential. The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Information related to student status, performance issues, etc. is protected by FERPA, and may be discussed on a need-to-know basis with relevant FAMU related personnel but may not be

discussed with other sources without the express written consent of the student.

#### Patient's Risk-Free Right to Refuse to Participate in Clinical Education

Students are required to wear a school and/or facility name badge identifying them as a student as well as introduce themselves as such when working with a patient. Patients have the right to refuse participation in student training.

#### **Confidentiality of Clinical Site Information**

All site information including but not limited to the site agreements, site requirements, correspondence with the sites and personnel, completed APTA clinical site information forms, certificates of insurance, policies and procedures applying to students and/or the program, previous student site evaluations, and other documentation received from facilities is placed in a file marked with the facility name and stored securely by the DCE. Student information, including CPIs completed by CIs, outcomes and communications related to student performance will be stored securely by the DCE.

#### **Documentation in Medical/Patient Records**

Student physical therapists (SPT) must sign all documentation entered to patient records with their name clearly written, followed by the designation "SPT." The student is not permitted to use any additional professional title. The CI must countersign all patient record entries for student created documentation to be considered part of the official medical record.

#### **APTA General Guidelines Related to Documentation**

- 1. Documentation is required for every patient visit/encounter.
- 2. All documentation must comply with the applicable jurisdictional/regulatory requirements and requires co-signature for student entries.
- 3. All handwritten entries shall be made in black ink and will include original signatures. Electronic entries are made with appropriate security and provisions.
- 4. Charting errors should be corrected by drawing a single line through the error and initialing and dating the chart or through the appropriate mechanism for electronic documentation that clearly indicates that a change was made without deletion of the original record.
- 5. All documentation must include adequate identification of the patient/client and the physical therapist or physical therapist assistant:
  - a. The patient's/client's full name and identification number, if applicable, must be included on all official documents.
  - b. All entries must be dated and authenticated with the provider's full name and appropriate designation.
  - c. Documentation of examination, evaluation, diagnosis, prognosis, plan of care, and discharge summary must be authenticated by the physical therapist who provided the service.
  - d. Documentation of intervention in visit/encounter notes must be authenticated by the physical therapist or physical therapist assistant who provided the service.
  - e. Documentation by physical therapist or physical therapist assistant graduates or others physical therapist and physical therapist assistants pending receipt of an unrestricted license shall be authenticated by a licensed physical therapist (co-signed).

- f. Documentation by SPT in physical therapy settings must be additionally authenticated by the physical therapist (co-signed).
- 6. Documentation should include the referral mechanism by which physical therapy services are initiated. Examples include:
  - a. Self-referral/direct access
  - b. Request for consultation from another practitioner
  - c. Documentation should include indication of no shows and cancellations.

Students and CIs should refer to the APTA web site for additional details regarding defensible documentation standards.

(http://www.apta.org/DefensibleDocumentation/)

#### **Professional Dress**

Students must wear the FAMU student name badge. Students are also required to follow the FAMU DPT program's dress code as an integral part of their professional training. Students who are inappropriately dressed or groomed will be sent home. In such cases, students will be considered tardy or absent.

The appropriate dress for off-campus activities that require interactions with the community or with patients/clients as a representative of the program is the program-designated scrubs. If the clinical site requires alternate dress the student must comply with the rules of the site using professional dress. Note: The shirt must be tucked in, and pants must be full-length and of professional fit. Rubber soled walking shoes or clean sneakers are considered appropriate professional dress. White lab coats with the program's insignia affixed, and name badge, should be worn by all students during patient care activities, unless otherwise directed by a faculty member or by a clinical instructor.

#### **Unacceptable Dress or Grooming**

Students must remember that this is a professional program and as such they are to display an appropriate level of judgment regarding personal hygiene, grooming and wearing of undergarments. Students must wear clean and professionally appropriate, closed toe shoes. At no time during clinical education will the following items of clothing or grooming methods be acceptable for students:

- Wearing hats of any type. (Wearing hats for medical or religious purposes is acceptable with documentation.) (Students may wear surgical scrub cap head coverings that match the scrubs worn at the facility.)
- Wearing sunglasses while in the clinical site buildings. (Wearing these items for medical purposes is acceptable with documentation.)
- Wearing clothing that reveals undergarments or does not properly cover the stomach, chest, breast, back, buttocks and/or pelvic areas.
- Wearing any type of sleepwear is prohibited.
- Wearing shorts or skirts shorter than mid-thigh.
- Wearing jeans, jeggings, or leggings.
- Wearing tank tops or any type of clothing with holes and/or cuts.
- Wearing clothing that is suggestive, revealing, or tight-fitting.
- Wearing clothing with pictures or slogans of any type.
- Wearing clothing that reveal piercings or tattoos on exposed skin such as the face, neck, chest, or breast.

- Unacceptable grooming including unkempt facial hair.
- Unacceptable grooming including unbound hair that falls into the face limiting the visual field.
- Unacceptable grooming of nails. Fingernails must be kept to no greater than ¼ inch. The World Health Organization guidelines prohibit artificial nails and extenders for all healthcare workers.

#### Name badge

Each student must purchase and wear a FAMU DPT program name badge designating the student as a Student Physical Therapist during clinical internships. Name badges must be worn over the left breast pocket during clinical internships. Additionally, if the clinical site requires a facility generated identification to be worn, the student is responsible for completing any requirements to obtain and wear this identification appropriately while at the clinical site.

#### **Criminal Background and Drug Screens**

All students are required to undergo complete background screening that includes criminal background checks, fingerprinting, and drug screening prior to clinical education internships. The background screening must be conducted by a University-authorized company at the student's cost. Failure to comply with the above policy may prevent clinical education and lead to dismissal from the academic program. Copies of the background and drug screens will be made available to internship sites upon request. Results may preclude placement at internship sites. Many clinical facilities may request site-specific or an up-to-date background screens based on the dates of the proposed internship. It is the student's responsibility to ensure compliance with these requirements. Students must provide a scanned and an original, signed copy of the Florida Volunteer & Employee Criminal History (VECHS) form to allow release of background screening to clinical sites. (VECHS)

#### **Liability/Malpractice Insurance**

Students that are registered and are participating in clinical internships have insurance coverage through a policy maintained by Florida A&M University. Limits will be no less than 1,000,000 per claim, 3,000,000 in aggregate. A student may be asked to purchase an additional level of coverage pending requests from a clinical site.

#### **Health Insurance**

Students must carry health insurance coverage. It is the responsibility of the student to verify that the DCE is provided an accurate and up-to-date document verifying health insurance coverage. It is not the responsibility of the clinical education facility or the University to offer or provide health insurance to the students. Coverage may be from parents, employer, or other sources. FAMU offers an affordable University sponsored health insurance plan that is available to students taking six (6) or more credits a semester.

(http://www.famu.edu/index.cfm?catalog&StudentAffairs)

#### **Immunizations**

All immunization documentation is needed on file in the Florida A&M University Student Health Services office at least 30 days before registration. As a prerequisite to matriculation or registration, the State University System of Florida shall require all students born on or after 1/1/57 to present documented proof of two immunization doses for Measles and one immunization dose for German measles (Rubella) 30 days apart.

No student will be allowed to register until this documentation has been submitted. All students

in the physical therapy program must have proof of prior vaccination, immunity to, or be vaccinated for Hepatitis B and Varicella at their own expense prior to the time of enrollment. Call the Student Health Center (Clinic) at (850)599-3777.

#### **Drug and Alcohol Testing**

Drug testing is required prior to starting clinical education internships, and alcohol testing may be required by some facilities. Positive results from drug and/or alcohol testing may result in denial or delay of a clinical internship. Re-assignment of clinical education internships may result in an INCOMPLETE or UNSATISFACTORY grade and may delay the student's academic progression.

#### Drug Use

- The University and the Physical Therapy Division has a zero-tolerance policy for drug use as specified in Regulation 2.012, of the Florida A&M University Code of Student Conduct. This includes the use of illegal drugs, the use of controlled substances without a prescription, and the use of or being under the influence of alcohol while on clinical education internships or in class. Students demonstrating a positive drug or alcohol screen will be referred to the Student Academic Progress Committee and the Office of Student Judicial Affairs and may be expelled from the program. Other sanctions may be imposed instead of or in addition to those described in the Code of Student Conduct.
- o If a student reports to the academic program for help with a personal drug or alcohol concern prior to being informed of an impending drug test, the student will be required to report to the Director of Student Services for appropriate action and referral. The student will only be permitted to report to class or a rotation/clinical experience when cleared by the Director of Student Services and the Dean.

#### **Other Requirements**

Some clinical education experiences require subscription to online document compliance tracking systems. Students placed within these settings will be required to subscribe to these systems as necessary. (i.e. myClinicalExchange, ACEMAPP)

#### **Student Responsibilities**

- Students participate in clinical education to develop behaviors consistent with an adult learner such as, but not limited to, self-directed, independent, critical thinker, adaptable, and flexible.
- Students may not function in the place of an employee or assume primary responsibility for a patient's care. Students shall not treat or discharge a patient from care without oversight and consultation with the CI.
- Students shall adhere to all internship facility's policies and procedures. Students are expected to perform only those procedures authorized by the FAMU DPT Program, clinical site, and CI. Students must adhere to all rules, regulations, policies, and procedures of the FAMU DPT Program, the clinical sites, and all applicable federal and state laws.
- Students are to maintain patient confidentiality and comply with Health Insurance Portability and Accountability Act (HIPAA) regulations at all times.
- Maintenance of valid health insurance policy. Failure to maintain health insurance will result in the student being removed from internships until proof of compliance is submitted to the program.
- Completion of all required immunizations and testing (MMR, Chicken pox, Polio, TB,

- Hep B, PPD with or without chest x-ray as indicated).
- Current (annual) physical indicating you are free of infectious disease also demonstrating negative TB testing. The student is responsible for maintaining their personal immunization record, and the student must carry this record with him/her to the site on the first day of each internship. Serum titers for immunization proof are acceptable in some cases. Failure to demonstrate an up-to-date immunization status on request will result in removal from the internship until proper proof of "current" immunization status is presented.
- Provide the clinical instructor with the following documentation/proof as requested:
  - o Emergency contact information.
  - O Physical examination completed within 12 months of commencement of internship indicating that student is free from infectious disease. A specific facility may require a more current physical examination.
  - o Proof of current health insurance.
  - o Current American Heart Association CPR certification valid throughout the entire clinical education placement.
  - O Blood borne pathogens HIV & four-hour AIDS education certificate.
  - o Negative TB or chest X-ray results.
  - o Immunization record.
  - o Background check and results of drug/alcohol screen.
- Daily access to FAMU Canvass and FAMU email. The student must keep the PT Program appraised of a working cell number and current address throughout the clinical internships.
- Student must always introduce themselves as the "student physical therapist" or "physical therapy intern" to patients, family members and in professional interactions with other healthcare providers at their facility.
- Students are responsible to complete and submit all paperwork and assignments required by the School for satisfactory completion of internships.

#### **Physical Therapist Essential Functions**

The demands of physical therapy practice require the student to perform certain essential functions. The following is a list of the essential functions required of the prospective DPT student to participate in academic and clinical components of the curriculum. Students must complete and sign form stating that they possess these abilities. Students not possessing the essential functions will be addressed on an individual basis. (Form: Essential Functions)

| <b>Essential Functions</b>      |   |  |  |  |  |
|---------------------------------|---|--|--|--|--|
| Intellectual Abilities:         | Intellectual skills include the ability to recall and comprehend large amounts of information and to apply this information to the patient's complex problems. The DPT student has the ability to:  |  |  |  |  |
|                                 | <ul> <li>Recognize and define problems, develop and implement solutions, and evaluate outcomes.</li> </ul>  |  |  |  |  |
|                                 | <ul> <li>Demonstrate critical thinking skills and appropriate clinical decision making with ability to differentiate<br/>relevant vs. irrelevant information</li> </ul>   |  |  |  |  |
|                                 | Memorize, analyze, synthesize and apply large volumes of information.   |  |  |  |  |
| <b>Communication Abilities:</b> | Effective communication skills enable the physical therapist to obtain appropriate information from patients and to effectively explain treatment procedures to patients and other professionals. The DPT student has the ability to:           |  |  |  |  |
|                                 | <ul> <li>Effectively process and comprehend written and verbal communications, in the English language, in any<br/>form of media at a level consistent with full participation in academic and professional clinical<br/>coursework.</li> </ul> |  |  |  |  |
|                                 | Utilize appropriate and effective verbal, written and non-verbal communication.   |  |  |  |  |
|                                 | <ul> <li>In all situations, respond appropriately verbally and in writing, in the English language, when<br/>communicating with any personnel.</li> </ul>   |  |  |  |  |
|                                 | <ul> <li>Respond to situations that indicate an individual's need for assistance.</li> </ul>  |  |  |  |  |
|                                 | <ul> <li>Participate in group and individual discussions, present oral and written reports and provide constructive<br/>feedback in the English language.</li> </ul>  |  |  |  |  |
| Interactive – Communal          | Intellectual skills include the ability to recall and comprehend large amounts of information and to apply this   |  |  |  |  |

| Abilities:       | information to the patient's complex problems. The DPT student has the ability to:  |
|------------------|---|
|                  | <ul> <li>Recognize and define problems, develop and implement solutions, and evaluate outcomes.</li> </ul>  |
|                  | <ul> <li>Demonstrate critical thinking skills and appropriate clinical decision making with ability to differentiate<br/>relevant vs. irrelevant information</li> </ul>   |
|                  | <ul> <li>Memorize, analyze, synthesize and apply large volumes of information.</li> </ul>   |
| Motor Abilities: | The practice of physical therapy requires that the practitioner possess the ability to perform basic evaluation and therapy procedures that require specific physical skills and stamina. A therapist must also use vision and somatic sensation in the evaluation and treatment of patients. The DPT student has the ability to: |
|                  | <ul> <li>Attend classes 30 or more hours per week during each academic semester. Classes consist of a<br/>combination of lecture, discussion, laboratory, and clinical activities.</li> </ul>   |
|                  | <ul> <li>Participate in clinical rotations 40 or more hours per week on a schedule that corresponds to the<br/>operating hours of the clinic.</li> </ul>  |
|                  | <ul> <li>Sit for two to 10 hours daily, stand for one to four hours daily, and walk or travel for two to four hours<br/>daily.</li> </ul>   |
|                  | <ul> <li>Lift a minimum weight of 10 pounds overhead and be able to move a 150-pound dependent person from<br/>one surface to another.</li> </ul>   |
|                  | <ul> <li>Carry in your arms (as opposed to in a box, backpack, on your head or shoulders) up to 25 pounds while<br/>walking up to a minimum of 50 feet.</li> </ul>  |
|                  | <ul> <li>Exert 75 pounds of push/pull forces up to 50 feet and sometimes exert 150 pounds of push/pull forces<br/>from a standing or seated position.</li> </ul>  |
|                  | Twist, bend, stoop, squat, crawl, climb onto equipment, reach above shoulder level, and kneel.  |
|                  | <ul> <li>Move from place to place and position to position at a speed that permits safe handling of classmates<br/>and patients.</li> </ul>   |
|                  | <ul> <li>Stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.</li> </ul>  |
|                  | <ul> <li>Climb stairs and negotiate uneven terrain with good balance. (ex: without stumbling or falling and<br/>without holding on to rails or other objects)</li> </ul>  |
|                  | Administer CPR – upon successful completion of appropriate CPR certification / training.  |
|                  | <ul> <li>Use hands to manipulate very small equipment, palpate body structures, handle injured body parts without causing injury to the subject, and safely guide a patient's movement.</li> </ul>  |
|                  | <ul> <li>Perform physical tasks while maintaining awareness of external factors; including patient response,<br/>monitor displays, equipment function and/or surroundings.</li> </ul>   |

#### **Student Summary of Duties**

- The student provides physical therapy interventions under the direct supervision and instruction from the onsite clinical instructor (CI).
- The physical therapy treatment services provided by the student must be performed within the State Physical Therapy Practice Act of the clinical site. Evaluation and treatment per plan of care and with the consent of the onsite clinical instructor.
- The physical therapist student will be limited to providing therapeutic assessments and interventions per the documented plan of care and progress patients as per the plan of care with intermittent assessments of patient progress with direct supervision of the CI.
- The physical therapist student will document interventions and treatments provided as per the facility procedures with a co-signatures of the onsite CI.
- The physical therapy student will apply physical agents as per the plan of care and be able to verbalize applications as well as indications, precautions and contraindications of the physical agent with CI supervision.
- The physical therapy student will participate in discharge planning as per the documented plan of care with direct supervision of the CI.

#### **Travel and Lodging Requirements**

Internships may require students to travel and make housing arrangements. Each student is expected to assume responsibility for all costs associated with clinical experiences.

#### **Confidentiality of Patient Information**

The national standards for Privacy of Individually Identifiable Health Information are based

upon the Health Insurance Portability and Accountability Act of 1996 (HIPAA) issued by the U.S. Department of Health and Human Services and is meant to protect a Patient/client's personal health information. In general, patient/clients have a right to:

- See or receive a copy of their medical record and other health information if the request is made in writing and the cost of copying and mailing is made (usually within 30 days).
- Correct erroneous information (response within 60 days).
- Know who has seen the data. Personal health information can be used and shared for specific reasons directly related to the patient's/client's medical care or, if not directly related, only if the patient/client has given permission. (<a href="http://www.hhs.gov/ocr/hipaa">http://www.hhs.gov/ocr/hipaa</a>)

The SPT must notify the patient of their student status and verify consent for treatment. The CI, at the time of initial introduction, should ask the patient/client if it is acceptable that a student physical therapist performs the examination, treatment, or part of the treatment prior to any patient care rendered by the student.

#### **Student Resources**

#### **Student Health Services**

Student Health Services (SHS) offer primary care clinic provides medical treatment and prevention services to registered students. Students currently enrolled for 6 or more credit hours are charged a student health fee along with tuition and are eligible to receive unlimited clinic visits at reduced costs. Students who are enrolled for fewer than 6 hours may elect to pay the health fee to have access to clinic services. All students must show a current Rattler Card at the time of service.

Students are seen on a "walk-in" basis, however appointments are required for more detailed examinations. Students must show a current FAMU picture I.D. at each visit. (http://www.famu.edu/index.cfm?shs&HomePage)

Health Services for FAMU Students Not Attending Classes in Tallahassee: When students are not attending classes in Tallahassee during off-campus educational experiences, FAMU has agreements with several Florida state universities to allow students assigned to another campus access to care in their student health centers. If SHS services are required in locations outside of Tallahassee the DCE must submit a list or name to SHS who will contact participating schools to notify them of eligibility to receive services. FAMU students are responsible for paying the provider for services rendered. If you receive care at another university, notify FAMU SHS (850-599-3777) and provide any requested documentation. FAMU SHS will then credit your student account for health fees paid to FAMU that semester.

There is no guarantee or requirement for medical emergencies outside the State of Florida. However, most, not necessarily all, clinical sites can and will arrange for immediate care of students in the event of accidental injury or illness at the student's expense. In cases where sites do not have responsibility, students must make their own arrangements for medical care. The student is responsible for all subsequent costs involved in follow-up medical care, treatment, counseling, hospitalization, or preventive care.

#### **ADA Accommodations**

If accommodation is authorized and written consent is received from the student, the DCE will

discuss the implications of a student's disability on the clinical education internship with the clinical site prior to the student's arrival. When written permission is not given, the DCE will strongly encourage the student to disclose information to the CCCE and/or CI at the assigned clinical site, to minimize the impact on clinical performance, time management, and scheduling. Facilities have the right to refuse clinical placement for a student requesting accommodation.

#### **Confidentiality of Student Information**

Clinical sites are expected to keep all student personal, health and educational records strictly confidential. The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Information relative to student status, performance issues, etc. is protected by FERPA, and may be discussed on a need-to-know basis with relevant FAMU related personnel but may not be discussed with other sources without the express written consent of the student.

#### **Additional Information**

#### **Nondiscrimination Policy**

FAMU has a standard nondiscrimination policy "...that each member of the University community is permitted to work or attend class in an environment free from any form of discernment including ethnic group, religion, color, age, disability, sex, sexual harassment, marital status, national origin, and veteran status as prohibited by State and Federal Statues. ..." (University Regulation 10:103) that is found on the website at (<a href="http://www.famu.edu/index.cfm?EOP&NON-DISCRIMINATIONPOLICYSTATEMENT">http://www.famu.edu/index.cfm?EOP&NON-DISCRIMINATIONPOLICYSTATEMENT</a>).

Likewise, students shall deliver health care service to patients without regard to their ethnic group, religion, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, and political beliefs.

#### **Grievances & Due Process**

Concerns and complaints related to matters involving a student's academic status during the clinical education internship (pertaining to a grade, evaluations, unjust treatment, or other situations etc.) should first be addressed by the CI with the student. If unresolved, the CI should promptly consult with the CCCE and the DCE by presenting the concern in writing.

If the DCE is the object of the concern or complaint, the concern or complaint should be presented to the Program Director. A written response indicating how the complaint/concern will be handled will be provided by the DCE or Program Director to the source of the concern or complaint. The Program Director will retain records of all written concerns and complaints received and the outcomes in a secured file.

#### **Counseling Services**

The Florida A&M University Office of Counseling Services, a unit of the Division of Student Affairs, located at 101 Sunshine Manor offers free individual, couples, and group counseling, psychiatric services, outreach education and emergency services to enrolled FAMU students. They are available to assist students with progression issues such as test-taking strategies and test anxieties. Students may also seek services for assistance with depression, anxiety, and substance abuse issues. Students may have up to twelve counseling sessions per semester. They are open Monday-Friday from 8:00-5:00 with extended hours on Thursdays from 8:00-7:00 pm. (www.famu.edu/counseling) or (850) 599-3145.

#### **Prevention of Communicable Diseases and Universal Precautions**

The provision of health care carries with it an inherent risk of exposure to communicable diseases that can be minimized when proper infection control measures are observed. This risk should be accepted as an unalterable aspect of the health professions, and as such, can never be justifiably used as a basis for refusing to treat a patient/client.

The student is responsible for following Occupational Safety and Health Administration (OSHA) Guidelines for universal precautions at the clinical internship site including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures. The DPT Program policy is that no student will be excused from administering therapy to an assigned patient/client on the basis that the patient has a communicable disease, except when exposure to disease presents risk to an unborn fetus. The possibility of any student acquiring a communicable disease is minimized when proper observation of infection control principles and procedures are performed and enforced. Students who refuse to treat assigned patients/clients during the curriculum may face dismissal from the program and may be advised to consider other careers. Any condition that a student may have that would limit or place the student in potential harm should be revealed to the Campus Student Health Services or to the DCE as appropriate.

#### HIV/AIDS Policy (http://www.famu.edu/index.cfm?catalog&StudentAffairs)

HIV testing is available at Student Health Services. Florida A&M University is committed to providing students and employees with accurate information concerning the transmission and prevention of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS.)

The HIV/AIDS Committee chaired by the Medical Director of the Student Health Services will evaluate each known student with HIV/AIDS on an individual case-by-case basis. There will be no discernment against such students by the University. Appropriate measures reflecting official University policy will be taken to ensure legal safeguards, confidentiality, and emotional support. Committee recommendations will be consistent with the welfare of both the individual patient and the university community.

Educational materials on HIV/AIDS can be obtained at Student Health Services. In addition, information on video tape is available for viewing in the health services.

#### **Exposure to Bloodborne Pathogens or Injury**

If a student is injured or believes that he/she has been exposed to HBV, HIV, TB, or other infectious disease, especially if any of the signs or symptoms of these diseases has been experienced, the student should consult his/her physician or doctor as soon as possible. The student is responsible for initiating care after any injury, or exposure to possible bloodborne pathogens. The student may consult his/her private physician or the FAMU Student Health Clinic for guidance and assistance. The CI and DCE must also be notified. All associated health care costs are the sole responsibility of the student.

#### **Retention of Student Clinical Education Documents**

Unless otherwise directed by the Program Director, student clinical education files are shredded after students graduate from the program, retaining only hard copies of student and site (CI) generated evaluations. Student evaluations (CPIs) completed by either the student and/or CI(s) electronically do not have to be printed and are not placed in student clinical education files.

#### **Incident Reports**

Students should report all occurrences or incidents that occur during a clinical internship regardless of whether someone is harmed or property is damaged by:

- Immediately notifying the CI and the DCE of the incident.
- Providing the DCE with any documents notifying of a potentially compensable event i.e.

- professional liability claim or action. Furnishing the DCE with written documentation and an oral report which will be submitted to the appropriate FAMU authorities.
- Completing the critical incident alert on the CPI website.

#### **CURRICULUM**

| Fall Semester, Year 1 Courses & Credits               |                | Spring Semester, Year 1 Courses & Credits              |    | Summer Semester, Year 1 Courses & Credits                      |     |
|---|----------------|--|----|--|-----|
| PHT 5025 Professional Behavior                        | 1              | PHT 5156C Therapeutic Exercise & Lab                   | 3  | PHT 5161C Neurological PT I & Lab                              | 3   |
| PHT 5115C Gross Anatomy & Lab                         | 4              | PHT 5166 Neuroscience                                  | 3  | PHT 5243C Integument PT & Lab                                  | 2   |
| PHT 5125C Analysis of Human<br>Motion I & Lab         | 3              | PHT 5178C Analysis of Human<br>Motion II & Lab         | 3  | PHT 5246C Orthopedic PT I & Lab                                | 3   |
| PHT 5149 Life Span Development                        | 2              | PHT 5202C Patient Care Skills & Lab                    | 3  | PHT 5380C Cardiopulmonary<br>PT I & Lab                        | 3   |
| PHT 5154 Human Physiology                             | 3              | <b>PHT 5306</b> Pathology in Physical Therapy Practice | 2  | PHT 5932 Clinical Decision<br>Making I                         | 2   |
| PHT 5352 Pharmacology in<br>Physical Therapy Practice | 2              | PHT 6420 Motor Control and<br>Motor Learning           | 2  | PHT 5805 Clinical Education I                                  | 1   |
|   |                |  |    | <b>PHT 5606</b> Evidence-Based Practice I                      | 1   |
| TOTAL CREDIT HOURS                                    | 15             |  | 16 |  | 15  |
| Fall Semester, Year 2<br>Courses & Credits            |                | Spring Semester, Year 2<br>Courses & Credits           |    | Summer Semester, Year 2 Courses & Credits                      |     |
| PHT 6618 Evidence Based<br>Practice II                | 2              | PHT 6935 Clinical Decision<br>Making III               | 2  | PHT 6822 Clinical Education II - 8 weeks                       | 4   |
| PHT 6219C Physical Agents & Electrotherapy& Lab       | 3              | PHT 6312C Orthopedic PT III & Lab                      | 3  |  |     |
| PHT 6248C Orthopedics PT II & Lab                     | 3              | PHT 6373 Geriatric Physical<br>Therapy                 | 2  | PHT 5070 Diagnostic Testing Evaluation - 12 weeks              | 2   |
| PHT 6381C Cardiopulmonary PT<br>II & Lab              | 3              | PHT 6609 Evidence Based Practice                       | 2  | PHT 5024 Health Care Systems<br>& Administration<br>- 12 Weeks | 2   |
| PHT 6719C Neurological Physical<br>Therapy II & Lab   | 3              | PHT 6713 Prosthetics & Orthotics                       | 2  |  |     |
| PHT 6934 Clinical Decision<br>Making II               | 2              | PHT 6328 Pediatric PT                                  | 2  |  |     |
|   |                | PHT 6733 Special Topics I                              | 2  |  |     |
| TOTAL CREDIT HOURS                                    | 16             |  | 15 |  | 8   |
| Fall Semester, Year 3 Courses & Credits               |                | Spring Semester, Year 3 Courses & Credits              |    |  |     |
| PHT 6823 Clinical Education III                       | 8              | PHT 6824 Clinical Education IV - 12 weeks              | 4  |  |     |
| - <b>PHT 6960</b> Professional PT<br>Practice I       | 1              | Professional PT Practice II                            | 1  |  |     |
|   |                | PHT 6730 Adv. Differential Diagnosis - 4-6 weeks       | 2  |  |     |
|   |                | PHT 6151 Health Promotion and Wellness                 | 2  |  |     |
|   |                |  |    |  |     |
| TOTAL CREDIT HOURS  TOTAL Didactic Learning           | 9<br><b>87</b> | TOTAL Clinical Education Credits                       | 9  | TOTAL Credits to Graduate                                      | 103 |
| Credits   | 07             | 10 1AL Chinical Education Credits                      | 10 | TOTAL Greates to Graduate                                      | 103 |

#### ONBOARDING DOCUMENTATION

Clinical education partners require onboarding documentation. The minimum required documentation is listed below however they may be updated at any time. The requirements vary from site to site, and there may be additional requirements by some clinical partners. Lastly, some clinical partners use tracking programs such as myClinicalExchange. These services require a small subscription fee that must be covered by the students. All documents must be submitted to Exxat in PDF format as assigned. All onboarding materials submitted no less than 30-days prior to the start of the clinical experience or the placement may be delayed or cancelled. Note: Some clinical education sites have additional requirements that must be completed to qualify for clinical education.

| Document Type   | Approximate Cost   |
|---|--------------------|
| Clinical Education Handbook Signature Page (00.00.00) | NA                 |
| Medical Errors Training Certificate (00.00.00)        | NA                 |
| Medical Errors Training Quiz (00.00.00)               | NA                 |
| Blood borne Disease Training Certificate (00.00.00)   | NA                 |
| Blood borne Disease Training Quiz (00.00.00)          | NA                 |
| OSHA Training Certificate (00.00.00)                  | NA                 |
| Background Screen (00.00.00) Castlebranch F23         | \$125 Package      |
| - Some locations may require additional screening     |                    |
| Drug Screen (00.00.00) Castlebranch F23               | \$125 Package      |
| - Drug Screen (00.00.00) Castlebranch F23DT           | \$35 Drug Screen   |
| - Some locations may require additional screening     |                    |
| Physician Clearance for Clinical Education (00.00.00) | Varies             |
| Flu Vaccine (00.00.00)                                | Varies             |
| - An annual flu vaccine is required                   |                    |
| PPD (TB Test) (00.00.00)                              | Varies             |
| BLS/CPR (00.00.00)                                    | \$50               |
| - Must be American Heart Association                  |                    |
| Health Insurance (00.00.00)                           | Does not need date |
| FAMU ID   | Does not need date |
| Driver's License                                      | Does not need date |
| Immunizations   | Does not need date |
| - MMR (3 doses)                                       |                    |
| - HEP B (2 doses)                                     |                    |
| - DPT   |                    |
| - Varicella (or titer if needed)                      |                    |
| CPI Training Certificate                              | Does not need date |
| Prevention of medical errors training                 | NA                 |
| COVID-19 Vaccine                                      | Varies             |
| OSHA Training   |                    |

#### COVID-19

#### **COVID-19:**

During the COVID-19 pandemic Clinical Education duration and performance requirements may need to be adapted to full-time and/or part-time experiences as required to accomplish clinical education curriculum requirements. Adaptations will be made on a case-by-case basis and will be consistent with CAPTE recommendations.

#### **Clinical Education Intearctive Requirements:**

Students are required to wear appropriate PPE and adhere to communal/physical distancing requirements as outlined by the clinical facility. A student who chooses not to wear PPE as directed by the clinical facility may be asked to leave the facility. The student is REQUIRED to contact the DCE. The student may be removed from the clinical education placement and an alternative may be pursued. It is important to note that an alternative placement is not guaranteed and that this decision may delay graduation.

Note: Florida State Law prohibits employers from requiring COVID-19 vaccines for their employees. However, student interns are not subject to this prohibition. Students who elect to not receive a COVID-19 vaccine may experience a change academic progression.

#### **Exposure to COVID-19 during Clinical Education:**

If a student is exposed to COVID-19 during a clinical education placement, the student must report the exposure to the DCE and follow the most-current Centers for Disease Control and Prevention (CDC) best practice guidelines.

These recommendations do not supersede state, local, tribal, or territorial laws, rules, and regulations, nor do they apply to healthcare workers for whom CDC has <u>updated guidance</u>."

The CDC will modify recommendations as more information is learned about COVID-19. FAMU policy will reflect those changes.

#### **CLINICAL EDUCATION AFFILIATION AGREEMENT**

# AGREEMENT Between COMPANY And FLORIDA A&M UNIVERSITY

#### PURPOSES OF AGREEMENT & PARTICIPATING AGENCIES

The Florida Agricultural and Mechanical University, acting for and on behalf of the FAMU Board of Trustees, (hereafter referred to as FAMU or the University) a public corporation of the State of Florida, and COMPANY. (hereafter referred to as the Facility), agree that it would be of mutual benefit to both parties to provide FAMU School of Allied Health Sciences (SOAHS), Division of Physical Therapy and Division of Occupational Therapy students with experiences to enhance their development toward the attainment of their professional goals.

#### I. GENERAL PROVISIONS

- A. It is agreed by both parties that there shall be no discernment because of age, ethnic group, religion, creed, gender, sexual orientation, national origin, handicap or disability.
- B. The University extends to the preceptors/ supervisors the opportunity to meet with the University and other faculty and students at the University on an annual basis. Other visits, with appropriate notification, are encouraged. In turn, the Facility welcomes visits from the Coordinator of Internship Education or other academic faculty to its facility with appropriate notification. A site visit will be made by the academic faculty representative, when necessary.
- C. Students shall attend all activities involving the department to which they are assigned. Students assigned to the Facility shall have completed the appropriate course requirements. Changes in staff or curriculum affecting either party shall be subject to immediate notification of the parties involved. While in the Facility, students will have the status of trainees and are not to replace facility staff, or render patient care or service except as delineated in the jointly planned educational program. Any such direct contact between a student and a patient, or service rendered, shall be under the direct supervision of a member of the staff of the Facility.
- D. All notices shall be initially directed to the Internship Coordinator at the following address and phone number:

#### **Division of Physical Therapy:**

Kurt Gray, PT, DPT
Director of Clinical Education
Florida A&M University
334 Palmer Avenue
Lewis-Beck Allied Health Bldg. Rm. 332
Tallahassee, FL 32307
(850) 412- 7575
<a href="mailto:kurt.gray@famu.edu">kurt.gray@famu.edu</a>

E. The above-named individuals are the University SOAHS Coordinators for this agreement.

#### II. STUDENT'S RESPONSIBILITIES AND OBLIGATIONS

- A. Students shall adhere to the personnel policies of the Facility. The student shall be required to adhere to policies regarding acknowledgement and understanding of confidentiality requirements.
- B. Interns are required to carry individual health insurance policies during fieldwork placement at the institute. Only emergency life threatening and infectious illness medical care is available from the hospital's medical clinic.
- C. Intern will be informed that they may need, prior to starting the internship, 1) a criminal background check, 2) personal health insurance, 3) immunization records, 4) individual student professional liability insurance, and 5) driver license.

# III. SCHOOL OF ALLIED HEALTH SCIENCES' RIGHTS, RESPONSIBILITIES AND OBLIGATIONS

- A. The School shall provide all forms regarding Internship Education and instructions for completing the forms.
- B. The School requests that all preceptors/ supervisors have a minimum of one year professional experience in the discipline to be supervised.
- C. FAMU SOAHS warrants that students assigned to the Facility are covered under professional liability insurance. Upon request by the Facility, SOAHS will provide proof of insurance. Limits will be no less than \$1,000,000 per claim, \$5,000,000 aggregate.

#### IV. FACILITY'S RIGHTS, RESPONSIBILITIES, AND OBLIGATIONS

- A. The Facility agrees to structure experiences as needed to meet the mutually accepted objectives of Internship Education. The facility further agrees to evaluate and maintain individual records of performance. These records shall be returned to the School no later than one week after completion of the student assignment.
  - Personnel policies of the Facility shall be given to the students. The Facility has the right to refuse its facilities and services to any faculty member or student whose conduct or work is not in full accord with the Facility's standards of performance.
- B. The Facility shall request and receive assistance from SOAHS faculty should a problem arise requiring assistance. Initial requests shall be directed to the SOAHS Coordinator.
- C. The University and the Facility will mutually agree upon the duration of the education experience and on the number of students to be assigned prior to the commencement of the Internship experience.
- D. Library facilities, if available, will be open to students while assigned to the Facility.

#### V. FOR RESOLUTION OF DISPUTES

- A. The preceptor/ supervisor of the practicum experience agrees to be responsible for the on-site resolution of disputes or disciplinary problems involving the student while assigned to the Facility.
- B. In those instances, where disputes cannot be resolved by the student, the preceptor/ supervisor, and/ or faculty coordinator, provision shall be made for

resolution through established channels of the appropriate institution as outlined by the Facility's or SOAHS' policy.

# VI. MECHANISM FOR CONTINUED COOPERATION, REVIEW, OR TERMINATION OF AGREEMENT

A. This agreement shall be effective for an indefinite duration and may be terminated by either party upon ninety (90) days written notice to the other delivered by registered mail. In the event of termination of the affiliation agreement, student in training during that time will be allowed to complete his/ her program, subject to the other provisions of the agreement. This agreement may be modified only by consent of both parties, in writing, and attached to this agreement. The modification shall include the date and signature of the authorized representative of both parties.

#### VII. INDEMNIFICATION

- The Parties understand and acknowledge that, pursuant to Florida Statutes § A. 768.28(9), the exclusive remedy for injury of damage suffered as a result of an act, event, or omission of an officer, employee, or agent of the University shall be by action against the University. Accordingly, the University agrees to be fully liable for its acts of negligence or its agents' acts of negligence when actin within the scope of employment or agency and agrees to be liable for any damage resulting from said negligence. Nothing herein is intended to serve as a waiver of sovereign immunity by the University and/or the Florida Board of Governors. Nothing herein shall be construed as consent by a state agency, public body corporate, or political subdivision of the State of Florida to be sued except as permitted by Section 768.28, Florida Statutes. The Parties acknowledge that this contractual relationship with University does not create or extend sovereign immunity to any other person or entity. Any damages allocated against the University, as prescribed by Section 766.112, Florida Statutes, are not subject to the reallocation doctrine of joint-and-several liability to codefendants of University in professional liability actions.
- B. The Facility shall indemnify, defend and hold harmless University, including, without limitation, employees, students and contractors from and against all liability, claims demands, lawsuits, actions, losses, costs, damages, and expenses (including reasonable attorney's fees) relating to injury or death of any person or damage to real or personal property whether the above result from or arise in connection with (i) any intentional breach by Agency or any provision hereof or (ii) any intentional negligent acts by Agency.

In WITNESS WHEREOF, the parties have by their duly authorized representative(s) set their signature.

FOR: FLORIDA A & M UNIVERSITY

Allyson L. Watson, Ph.D.

Provost and Vice President for Academic

Affairs

FOR: COMPANY

Its' duly authorized representative

| Date   | Date  |
|--|---|
| Dr. Mary Simmons Dean, School of Allied Health Sciences              | Department Director (if different from above) |
| Date APPROVED AS TO FORM, BUT LEGAL PARTIES, OFFICE OF THE GENERAL O |   |
| FAMU ATTOURNEY   |   |
| Date   |   |
| Mr. Victor DeLaire   |   |
| Risk Management  |   |
| Date   |   |

### **CODE OF ETHICS**

**APTA Code of Ethics** 

# AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPIST CODE OF ETHICS

EFFECTIVE JULY 1, 2010. For more information, go to www.apta.org/ethics.

<u>CODE OF ETHICS</u> HOD S06-09-07-12 [Amended HOD S06-00-12-23 [Amended HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

**PREAMBLE** 

35

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

- 1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
- 2. Provide standards of interactive and performance that form the basis of professional accountability to the public.
- 3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
- 4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
- 5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive, nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and communal responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Essential to the Code of Ethics is the special obligation of physical therapist to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

#### **PRINCIPLES**

#### Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.

(Core values: Compassion, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, ethnic group, nationality, religion, ethnicity, communal or economic status, health condition, or disability.
- 1B. Physical therapists shall recognize their personal prejudices and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

# Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

(Core Values: Altruism, Compassion, Professional Duty)

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

# Principle #3: Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (include current literature and established best practice), practitioner experience, and patient/client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

# Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public.

(Core Value: Integrity)

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patient/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.
- 4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
- 4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
- 4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

#### Principle #5: Physical therapists shall fulfill their legal and professional obligations.

(Core Values: Professional Duty, Accountability)

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistance and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, mental, or substance related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

## Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

(Core Value: Excellence)

- 6A. Physical therapists shall achieve and maintain professional competence.
- 6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, healthcare delivery, and technology.
- 6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 6D. Physical therapists shall cultivate practice environments that support professional development, life-long learning, and excellence.

## Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

(Core Values: Integrity, Accountability)

- 7A. Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapy services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

## Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or universally.

(Core Value: Communal Responsibility)

- 8A. Physical therapists shall provide *pro bono* physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall encourage to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of health care resources and shall avoid over-utilization or under-utilization of physical therapy services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

### FORM: DPT Clinical Faculty Self-Assessment and Survey

#### **DPT Clinical Faculty Self-Assessment and Survey**

This form allows the CI to reflect on their own level of performance. The data will be kept confidential between the FAMU DPT administrative faculty and the CI. Please direct any questions to Kurt Gray, DCE at <a href="https://kurt.gray@famu.edu">kurt.gray@famu.edu</a> or 850-412-7575.

Name & Credentials:

Contact Information: Phone: E-mail:

Name of Clinical Site:

Experience: Years as a Clinician: Years as a CI:

How many FAMU Students have you performed as a CI for thus far?

|              | e the following items regarding your level of confidence or   |     |   |   |   |      |
|--------------|---|-----|---|---|---|------|
| effectivenes | s as it pertains to the question: How well do you?  | Low | / |   |   | High |
| 1.           | Provide the patient rationale for the interventions within the plan of care?  | 1   | 2 | 3 | 4 | 5    |
| 2.           | Demonstrate effective time management skills?   | 1   | 2 | 3 | 4 | 5    |
| 3.           | Demonstrate behavior outlined by the clinical education policy, APTA Code of Ethics and Guide for Professional Conduct?                                   | 1   | 2 | 3 | 4 | 5    |
| 4.           | Clearly explain students' responsibilities and performance expectations?  | 1   | 2 | 3 | 4 | 5    |
| 5.           | Provide timely, informal, and formal feedback and an environment to do so?  | 1   | 2 | 3 | 4 | 5    |
| 6.           | Demonstrate active listening skills?  | 1   | 2 | 3 | 4 | 5    |
| 7.           | Remain open to feedback from students, colleagues, and clinical educators?  | 1   | 2 | 3 | 4 | 5    |
| 8.           | Initiate communication with CCCE or DCE sufficiently when needed.   | 1   | 2 | 3 | 4 | 5    |
| 9.           | Participate in literature reviews, journal club, case conferences, post entry-level education or APTA membership/active involvement?                      | 1   | 2 | 3 | 4 | 5    |
| 10.          | Demonstrate willingness to share your strengths/weaknesses with students?   | 1   | 2 | 3 | 4 | 5    |
| 11.          | Implement, facilitate, evaluate learning experiences based on a plan created in collaboration with students?  | 1   | 2 | 3 | 4 | 5    |
| 12.          | Thoroughly review the student's academic curriculum, level of preparation, goals/objectives of the clinical education experience prior to the start date? | 1   | 2 | 3 | 4 | 5    |
| 13.          | Use the clinical environment for planned and unplanned learning experiences?  | 1   | 2 | 3 | 4 | 5    |
| 14.          | Integrate knowledge of various learning styles to accommodate student needs?  | 1   | 2 | 3 | 4 | 5    |
| 15.          | Encourage student self-assessments?   | 1   | 2 | 3 | 4 | 5    |
| 16.          | Make effort to remain approachable and non-intimidating to our students?  | 1   | 2 | 3 | 4 | 5    |

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#### Circle the category that reflects your level of clinical educator experience:

- 1 Non-Credentialed CI with 4 or less years of CI experience
- 3 Non-Credentialed CI with 5+ years of experience as a CI
- 4 Non-Credentialed CI/10+ year of experience as a CI or CCCE
- 2 Credentialed CI with 4 or less years of CI experience
- 3 Credentialed CI with 5+ years of experience as a CI
- 5 Credentialed CI/10+ year of experience as a CI or CCCE

#### Do you have any Facility Development or Educational Needs?

Development of a Clinical Education Program Other:

Development of staff for Clinical Education

#### **Comments:**

### FORM: Clinical Education Action Plan



Date: --/---

| = ****   |
|--|
| Clinical Education Action Plan   |
| This form should be utilized when there are significant concerns with a student's clinical performance that co |

|   |                        | there are significant concerns with a so the desired performance level.                               | student's   | clinical performance th                         | nat could            |
|---|------------------------|---|---|---|----------------------|
| Student Name:   | onity to react         | Clinical Instru   | uctor Na  | me:   |                      |
| Dates of Internship: Facility Name:   |                        |   |   |   |                      |
| Clinical Course:  |                        | Target Perfor   |   | evel:   |                      |
|   | tor of Clinica         | l Education (DCE) contacted?  |   |   |                      |
|   |                        | nail 00/00/00   |   |   |                      |
| Please identify the are completion below:   | as of concerr          | n including sample behaviors, as well   | as the re   | mediation plan and exp                          | ected date of        |
| Deficient Objective   | or Skill               | Sample Performance/Behavior   | Ren   | nediation Goals/Plan                            | Target Date          |
| ROM   |                        | Inconsistency with  |   | to review and constrate accurate skills.        | 00/00/00             |
| STR   |                        | Inability to perform proper   | dem   | to review and nonstrate accurate skills.        | 00/00/00             |
| Clinical Reasoning  |                        | Poor clinical reasoning as evidenced by   | d to demonstrate<br>thorough and accurate<br>clinical reasoning with<br>accurate documentation. |   | 00/00/00             |
| CI Input or CP  Remediation Goals/I  is directed to re is directed to re going forward. | Plan:<br>eview and pro | ovide a written response on<br>by 00/00/00. He/she must demo  | _ to the i  | DCE by 00/00/00.<br>ppropriate and accurate     | performance          |
| The student acknowle Failure to meet the est the student's academic                     | ablished rem           | she has been informed of these areas of ediation goals will result in the failure in the DPT program. | of concer<br>e of this  | rn and the above action clinical experience and | plan.<br>will impact |
| Student Name:   |                        |   | Date:   |   |                      |
|   |                        |   | Date:   |   |                      |
| Student Signature:  |                        |   | Date:   |   |                      |
| Student Signature: CI Name:   |                        |   |   |   | l                    |
| CI Name:  |                        |   | Date:   |   |                      |
|   | Dr. Gray               |   |   |   |                      |

# FORM: Guidelines for addressing students with challenging situations

The purpose of these guidelines is to ensure that students who find themselves in challenging and, perhaps, difficult situations are given the opportunity to address potential problems before critical grading periods (i.e. midterm and final evaluation). These guidelines also provide a mechanism for ensuring that timely communication occurs between clinical and academic faculty.

- 1. Contact the FAMU Director of Clinical Education (DCE) immediately upon recognizing a consistent problem with a student. If a student is not passing at midterm, it is imperative that the Physical Therapy Division be notified.
- 2. Inform the student verbally of his/her deficits and suggest ways that he/she could improve performance.
- 3. Inform the student that the Physical Therapy Division has been notified of the specific concern.
- 4. Inform the student of his right to contact the FAMU DCE.
- 5. If one (1) feedback session does not produce significant change in the student's behavior/deficiencies within 1-2 weeks, contact the Division of Physical Therapy again. It may be necessary for the DCE to schedule a site visit.
- 6. Discuss a plan of action with the DCE. This plan should include time frames, goals for the student and ways to achieve the goals. Please be specific as to what the concerns are (i.e. attitude, skill level, documentation, problem solving, patient interaction, communication...)
- 7. Document the plan of action in writing and review it with the student. (See attached "Critical Incident" form). Inform the student that a copy of the plan will be sent to the DCE to be placed in the student's file.
- 8. If the plan of action does not produce positive results within the following 2-3 weeks, contact the Division of Physical Therapy again. If the student is not passing  $\frac{3}{4}$  of the way through the clinical internship, it is imperative that the University be notified.
- 9. The Division faculty and/or administrators will then inform the student of his/her options (i.e., withdrawal from the internship/remediation, failure, etc...).

### **FORM: Student Orientation**

#### **Student Orientation Checklist**

**Student Orientation Checklist** 

| Student Name:   | Clinical Fa   | acility:   | Dates of               |
|---|---|--|------------------------|
| Internship  |   | •  |                        |
| Please provide initials in Specific dress compliance Directions to the Hours of operation Parking arrangen Who to report to Lunch availability Brochures or pan Brief description clinical Introduction to de | de requirements facility and to the dep on nents on the first day (CCC) y (storage, accessibilit nphlets on facility/ Fac | E, CI, Human Resources) y) sility's website ences students can anticipat |                        |
| Review of organi  | izational structure of the  | -  |                        |
|   |   | mple performance evaluation  | ion                    |
| Tour of the facili Tour of the depart   | ty  |  |                        |
| Tour of the depart  | tment   | . 1: . : 0 1   | 41 1                   |
| □ Fire safety □ Employee Safe   |   |  | •                      |
|   |   | lures for treatment charges  | ☐ Telephone management |
| Designation of st   | udent work area   |  | -                      |
| Review various t  | responsibilities and the  | iences available to student<br>ne CI's expectations for the              | student                |
| Discuss student's   |   | ssment (student's learning s   | style, previous        |
| Establish formal  | objectives for the stud   | ent and time frames for acl  |                        |
|   |   | ident weekly progress meet<br>ident midterm and final per                |                        |
| Student Signature:  |   | Date:  |                        |
| CI Signature:   |   | Date:  |                        |

## **FORM: Weekly Progress Update**

## Weekly Progress Update

| VV CCK #                |                 |               |                   | CI.            | a Foodbool- f 41. W        | //aa1-   |                 | Dates. Hom          |                       | ,                     |
|-------------------------|-----------------|---------------|-------------------|----------------|----------------------------|----------|-----------------|---------------------|-----------------------|-----------------------|
| TEL OLI II CI           | . ***           |               | NT 1 N f 1        |                | 's Feedback for the V      | vеек     |                 | 3.6.                |                       |                       |
|                         |                 |               | Not Met           |                | □ Partially Met            |          |                 | □ Met               | , 1                   | □ Concern or problem. |
| Student is progressing: |                 |               |                   | □ As expected  |                            |          | ☐ Faster than 6 | expected            | ☐ Concern or problem. |                       |
| CI I                    | 1 4 3           | 1.0 .         |                   |                | SKILLS Review:             |          | 17.             | ** /                | T                     | <del>,</del>          |
| Check as                | 8               |               |                   | Intermedia     |                            |          | vanced Inte     |                     | Entry                 |                       |
| appropriate             |                 |               |                   |                | 50% assistance)            | (Re      | equires < 25    | % assistance)       | (Indep                | endent)               |
| Patient Safety:         | ratient Safety: |               |                   |                |                            |          |                 |                     |                       |                       |
| Professional            | Professional    |               |                   |                |                            |          |                 |                     |                       |                       |
| Behavior:               |                 |               | J                 |                |                            |          |                 |                     |                       | ш                     |
| Accountability:         |                 |               | 1                 |                |                            |          |                 |                     |                       |                       |
|                         |                 |               | J                 |                | Ц                          |          |                 | Ш                   |                       |                       |
| Communication:          |                 |               | ]                 |                |                            |          |                 |                     |                       |                       |
| Clinical                |                 |               | 1                 |                |                            |          |                 |                     |                       |                       |
| Reasoning:              |                 |               | J                 |                | Ш                          |          |                 | Ш                   |                       | ш                     |
| CI Comments:            | •               |               |                   | •              |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   | Studen         | nt Objectives and O        | utcome   | ) C             |                     |                       |                       |
|                         |                 |               |                   |                | ch additional pages as nec |          | .5              |                     |                       |                       |
| Type your objectives    | s for the c     | oming weel    | k here: (Be Spec  |                |                            |          | nd Time-Spe     | ecific)             |                       |                       |
| - JF - J J              |                 |               | (F                | ,              | ,                          |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
| Type the results from   | a Molle Go      | ala fram laa  | t wools. Do suro  | to addrage the | CI foodbook from the       | a futura | vivoals Ada     | lroog ony CDI orod  | a that is x           | yanlı                 |
| Type the results from   | n your go       | ais iroin ias | i week. De sure   | to address the | CI feedback from the       | e ruture | week. Add       | iress any CP1 grad  | e mai is v            | veak.                 |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
| Evaluation Documer      | atation: (a     | movimum       | of 2 avole per we | ak may ba suk  | mitted These evols         | may be   | a used as no    | t of the 10 evolue  | tions requ            | ired for this class)  |
|                         | itation. (a     |               |                   |                | milited. These evais       |          |                 |                     |                       | filed for this class) |
| Diagnosis               |                 | Pt. Age       | Evaluation/Inte   | ervention      |                            |          | Outcome (a      | ifter treatment con | cluded)               |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   | Studer         | nt Schedule for Past       | t Week   | :               |                     |                       |                       |
|                         | Sunday          | Mo            | nday Tu           | ıesday         | Wednesday                  | Thur     | sday            | Friday              | Saturday              |                       |
| # treatments            |                 |               |                   |                |                            |          |                 |                     |                       | Hours Spent on        |
|                         |                 |               |                   |                |                            |          |                 |                     |                       | Clinical Education    |
| # evaluations           |                 |               | İ                 |                |                            |          |                 |                     |                       | Activities.           |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
| Describe other          |                 |               |                   |                |                            |          |                 |                     |                       | (Note: CAPTE          |
| activities              |                 |               |                   |                |                            |          |                 |                     |                       | requires 30 weeks     |
| Time In/Out             |                 |               |                   |                |                            |          |                 |                     |                       | of >35 hours in the   |
| I IIII Out              |                 |               |                   |                |                            |          |                 |                     |                       | clinic per week       |
| Other: Clinical         |                 |               |                   |                |                            | <b>t</b> |                 |                     |                       | clinical education)   |
| Education-Related       |                 |               |                   |                |                            |          |                 |                     |                       | ,                     |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
| Time + Study            |                 |               |                   |                |                            |          |                 |                     |                       | Hours                 |
| Time                    |                 |               |                   |                |                            | <u> </u> |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                |                            |          |                 |                     |                       |                       |
|                         |                 |               |                   |                | _                          |          |                 |                     |                       |                       |
| Student Signature       |                 |               | <u> </u>          |                |                            |          |                 | CI Signature:       |                       |                       |
| -                       |                 |               |                   |                |                            |          |                 |                     |                       |                       |

### **FORM: Record of Evaluations**

**Record of Evaluations:** (A minimum of <u>10</u> evaluations are required for each clinical internship)

| #  | Pt's Age | Diagnosis | Evaluation/Intervention | Outcome |
|----|----------|-----------|-------------------------|---------|
| 1  |          |           |                         |         |
|    |          |           |                         |         |
| 2  |          |           |                         |         |
|    |          |           |                         |         |
| 3  |          |           |                         |         |
|    |          |           |                         |         |
| 4  |          |           |                         |         |
|    |          |           |                         |         |
| 5  |          |           |                         |         |
|    |          |           |                         |         |
| 6  |          |           |                         |         |
|    |          |           |                         |         |
| 7  |          |           |                         |         |
|    |          |           |                         |         |
| 8  |          |           |                         |         |
|    |          |           |                         |         |
| 9  |          |           |                         |         |
|    |          |           |                         |         |
|    |          |           |                         |         |
| 10 |          |           |                         |         |
|    |          |           |                         |         |

| Student Signature: | CI Signature: |
|--------------------|---------------|
|                    |               |

## FORM: Critical Incident Report/Student Self-Assessment

| STUDENT  | DATE | DATE OF INCIDENT |  |  |  |  |
|--|------|------------------|--|--|--|--|
| Instructions: Please describe the incident <u>using facts only</u> (e.g. The patient fell while transferring from bed to wheelchair), what you did wrong (e.g. I did not use a gait belt), how you will prevent this from happening in the future, and what you learned from this incident. A new form should be used for each occurrence and faxed to the DCE at (850) 561-2457 or emailed. |      |                  |  |  |  |  |
| INCIDENT (facts only):   |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
| PROBLEM PERFORMANCE:   |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
| PLAN:  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
| LESSONS LEARNED:   |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
|  |      |                  |  |  |  |  |
| Student Signature:   |      | CI Signature:    |  |  |  |  |

#### **FORM: In-service Evaluation Form**

**Student Name:** 

**Other Comments:** 

All students are required to complete and present an oral in-service presentation during each of their affiliations.

- Prior to midterm of the affiliation, the CI and the student should choose a topic of interest to both the facility staff and the student. The topic is expected to be one where recent research evidence can be used to assist staff in clinical decision-making. The student is expected to present new, evidence-based information to the audience. It is generally expected that the presentation will take about an hour including all questions and discussions. The student is responsible for providing handouts, including a bibliography and outline, to all participants. This presentation is an important part of the FAMU DPT curriculum. If questions arise regarding this assignment it is imperative that the student and/or CI call the DCE. Everyone in the audience should have the opportunity to evaluate the presentation. With the form below

Topic:

Date:

|  | •   |
|--|---|
| Please Rate Below:                                 | Level of Performance (Satisfactory/Unsatisfactory |
| Topic:   |   |
| - Organization                                     |   |
| - Accuracy   |   |
| - Relevance to Physical Therapy or Rehabilitation  |   |
| Method of Presentation:                            |   |
| - Clarity of Content                               |   |
| - Use of appropriate supportive tools (audiovisual |   |
| aids)  |   |
| - Stayed within time limits                        |   |
| Communication Skills:                              |   |
| Verbal:  |   |
| - Voice Projection                                 |   |
| - Language (Professional, appropriate, clear       |   |
| communication)                                     |   |
| Non-Verbal:  |   |
| - Appearance (Dress, posture, poise)               |   |
| - Mannerisms                                       |   |
| - Eye Contact                                      |   |
| Score or Rating:                                   |   |

### **FORM: Student Data Form**

| Student Name:  |                     |                  | Dates of Clinical: |                  |  |
|--|---------------------|------------------|--------------------|------------------|--|
| Clinical Experience Level (Please Check):  Initial Interim Final |                     |                  | pected date        | e of graduation: |  |
| Current Address:   |                     |                  |                    |                  |  |
| Permanent (Family) Address:                                      |                     |                  |                    |                  |  |
| Current Phone:   |                     | Permanent Phone: |                    |                  |  |
| Cell Phone:  |                     | E-n              | nail:              |                  |  |
| Emergency Contact (1)  |                     |                  | Relation           | ship:            |  |
| Home Phone:  | Work Phone:         |                  |                    | Cell phone:      |  |
| Emergency Contact (2)  |                     |                  | Relation           | ship:            |  |
| Home Phone: Work Phone:  |                     |                  |                    | Cell phone:      |  |
| Health concerns that clinical faculty                            | should be aware of: |                  |                    |                  |  |

Note: The following documents are kept on file by the DCE and available upon facility request:

Basic Life Support Certification

Drug Screen

Background Check

Electronic Fingerprinting

Physical Exam/ TB Test / Immunizations

Proof of personal health insurance

Proof of Blood-borne pathogens/ HIV AIDS education

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| 1. Previous clinical and/or work experiences (facility, dates, types of clinical   | cal experiences): |
|--|-------------------|
|  |                   |
|  |                   |
|  |                   |
|  |                   |
| 2. Student's interests for this clinical assignment:   |                   |
|  |                   |
|  |                   |
| 3. Preferred type and frequency of feedback:   |                   |
|  |                   |
|  |                   |
| a. What PT knowledge/skills do you hope to gain during this rotati   | on?               |
| an without I made it suggest that the year and the grant a |                   |
|  |                   |
| 1. Wilest noticest a constant and visual transmission of   |                   |
| b. What patient populations would you like to experience?  |                   |
|  |                   |
|  |                   |
| c. What types of experiences other than direct patient care are you  | interested in?    |
|  |                   |
|  |                   |
| 4. Specific goals: Refer to the criteria from the Clinical Performance Instr   | ument (CPI).      |
| Select three criteria and write one specific performance objective/goal f  | or <u>each</u> :  |
| a.   |                   |
| u.   |                   |
|  |                   |
| 1.   |                   |
| b.   |                   |
|  |                   |
|  |                   |
| c.   |                   |
|  |                   |
|  |                   |
| Student Signature:   | Date:             |
|  |                   |
|  |                   |



## HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



## Certificate of Insurance occurrence professional liability policy form

Print Date: 11/08/2024

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

| PRODUCER  | BRANCH   | PREFIX | POLICY NUMBER       | POLICY PERIOD  |  |  |
|---|--|--------|---------------------|--|--|--|
| 018098  | 970  | HPG    | 0127285354          | From: 11/11/24 to 11/11/25 at 12:01 AM Standard Time   |  |  |
| Named Insure  | d and Addres   | ss:    |                     | Program Administered by:   |  |  |
| Ehs/risk Ma<br>2400 Wahr                            | Florida A & M University Ehs/risk Management 2400 Wahnish Way Ste 120 Tallahassee, FL 32307-3106 |        |                     | Nurses Service Organization<br>1100 Virginia Drive, Suite 250<br>Fort Washington, PA 19034<br>1-800-986-4627 |  |  |
| Medical Speci                                       | alty:  |        | Code:               | www.nso.com<br>Insurance Provided by:  |  |  |
| School Blanket - Healthcare Provider Students 80998 |  |        | ider Students 80998 | American Casualty Company of Reading, Pennsylvania<br>151 N. Franklin Street<br>Chicago, IL 60606            |  |  |

Professional Liability \$1,000,000 each claim \$5,000,000 aggregate

Your professional liability limits shown above include the following:

Personal Injury Liability

Coverage Extensions

| Grievance Proceedings        | \$ 1,000 | per proceeding | \$ 10,000  | aggregate |  |
|------------------------------|----------|----------------|------------|-----------|--|
| Defendant Expense Benefit    |          |                | \$ 10,000  | aggregate |  |
| Deposition Representation    | \$ 1,000 | per deposition | \$ 5,000   | aggregate |  |
| Assault                      | \$ 1,000 | per incident   | \$ 25,000  | aggregate |  |
| Medical Payments             | \$ 2,000 | per person     | \$ 100,000 | aggregate |  |
| First Aid                    | \$ 500   | per incident   | \$ 25,000  | aggregate |  |
| Damage to Property of Others | \$ 250   | per incident   | \$ 10,000  | aggregate |  |
|                              |          |                |            |           |  |

Total \$ 8,830.43

Base Premium \$ 8743.00 FIGA Emergency \$ 87.43

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

**Endorsement Date:** 

Master Policy: 188711433

CNA93692 (11-2018)

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### FORM: Packet Stating Clinical Education Objectives (Sample)

Date: 10/30/25

To: ----

From: Kurt Gray, PT, DPT

Director of Clinical Education (DCE) 239-989-6812 or <a href="mailto:kurt.gray@famu.edu">kurt.gray@famu.edu</a>

Re: ----

PHT 6824 Clinical Education IV Dates: 01/05/26 – 03/27/26

Enclosed you will find an information packet for Clinical Education IV (CE IV) internship. CE IV is a 12-week internship.

Please share this information with the clinical faculty who will be working with our student. This packet includes:

- 1. Course Outline and Grading
- 2. Attendance Policy/University Policies
- 3. Model timeline for activities/assignments
- 4. Class Timeline
- 5. Clinical Assignments Checklists
  - a. Student Orientation Checklist
  - b. Weekly Progress Update Form (Clinical Instructor (CI) Signature Required)
  - c. Record of Evaluations Form (CI Signature Required)
- 6. Guidelines for addressing students with challenging situations.
- 7. Critical Incident Form
- 8. Guidelines and Evaluation Form for In-Service, Case Presentation, or Special Assignment
- 9. FAMU DPT Curriculum

A faculty advisor will communicate with you intermittently during the clinical experience by email, telephone, Zoom, or site visit. Please contact me any time if there is a need.

Thank you for your support of the FAMU Physical Therapy Program.

Sincerely,

Kurt Gray, PT, DPT

Da 16/4, PT. DET

#### FLORIDA A&M UNIVERSITY DIVISION OF PHYSICAL THERAPY

**COURSE OUTLINE:** 

Course Title and Number: PHT 6824 - Clinical Education IV

Semester: Spring of 3<sup>rd</sup> year

<u>Description:</u> This is a twelve-week full-time clinical education experience designed to provide students the opportunity for further development and mastery of clinical skills including patient care under the supervision of a licensed physical therapist. As this is the final clinical education, students are expected to be at ENTRY LEVEL at the conclusion of this semester. Students are expected to practice in a safe, professional, ethical manner with adherence to legal standards. During the clinical experience, the student will be able to:

## Develop professional practice skills including:

- Safety during all practice activities including patient care.
- Professional behavior during all practice activities.
- Personal and professional accountability for their actions within the practice setting.
- Personal professional communication skills while in the practice setting.
- development including research of evidence-based practice techniques.
- Earn acceptance by professional staff.
- Demonstrate compliance with the ethics and values of the physical therapy profession.

## Develop patient management skills including:

- Become professionally reliable.
- Independence in managing patient cases.
- Clinical reasoning during patient care activities.
- Patient screening skills.
- Patient examination skills.
- Patient evaluation skills.
- Diagnosis and prognosis skills.
- Plan of care development skills.
- Procedural Intervention skills.
- Educational Intervention skills.
- Documentation skills.
- Outcome assessment skills.
- Financial responsibility skills.
- Direction and supervision of assistive personnel skills.

**Department Offering Course:** Division of Physical Therapy

**Credit Hours:** 8

**Instructor(s):** - Clinical Instructor and Physical Therapy Clinic Faculty

Kurt Gray, PT, DPT

Director of Clinical Education Lewis-Beck Building Room 329

Mobile 239-989-6812 or kurt.gray@famu.edu

#### **Clock Hours and Schedule:**

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480 clock hours determined by the clinical site in coordination with the DCE. It is expected that students will complete--on the average--a 40-hour week for the twelve-week affiliation.

**Course Objectives:** Upon Successful completion of the course the student will be able to:

- 1. Practice in a safe manner that minimizes risk to patient, self, and others.
- 2. Demonstrates professional behavior, including professional attire in all situations.
- 3. Practices in a manner consistent with established legal and professional standards and ethical guidelines respecting patient's right to privacy and confidentiality. 4.
- 4. Communicates in ways that are congruent with situational needs.
- 5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
- 6. Participates in self-assessment to improve clinical and professional performance.
- 7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
- 8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
- 9. Performs a physical therapy patient examination using evidenced-based tests and measures.
- 10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
- 11. Determines a physical therapy diagnosis and prognosis that guides future patient management.
- 12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
- 13. Performs physical therapy interventions in a competent manner.
- 14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
- 15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
- 16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
- 17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
- 18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.

#### **Course Prerequisites:**

Successful completion of all academic and laboratory competencies in preceding physical therapy courses. Students must also demonstrate appropriate psycho-emotional competence necessary for professional work.

A student will not be allowed to progress to a full-time clinical internship if the student:

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- Receives a D or lower in a required course, or an unsatisfactory (U) grade in a required course graded on an S/U basis, including clinical internship.
- Is placed on Academic Warning, Probation, or Suspension.
- Has failed a course or has received an "I" (incomplete) grade.

Each student must pass all courses successfully with a "C" or better, have a cumulative GPA of 3.0 or better and be cleared by the faculty prior to attending a full-time clinical internship. Students must also meet all health and other requirements prior to placement as outlined in the DPT Clinical Education Handbook.

#### **Description of Teaching Methods:**

Direct patient contact under the supervision of a licensed physical therapist with timely formative and summative feedback; additional teaching/learning opportunities may include surgery, team conferences, home visits, in-service presentations/ case reports, article reviews, Canvas discussions.

#### **Recommended Readings/ Materials/Dress:**

Review materials for all courses completed prior to the clinical education experience. Additional readings may be assigned by the clinical instructor.

#### Additional materials may include:

- APTA Toolkit or equivalent
- Clipboard Memo pad

- Black pens ballpoint type
- Watch with second hand

Professional dress (*Students must abide by the facility's dress code*):

- PT program's polo shirts and slacks or facility uniform Flat, non-skid, comfortable shoes foot coverings

FAMU/SOAHS name tag

#### **Grading Scale:** S (Satisfactory), I (Incomplete), or U (Unsatisfactory)

To receive a Satisfactory (S) or passing grade for this course, all students must complete each of the following, otherwise the student may receive an Incomplete (I) or failing (U) grade.

#### Method of Evaluation (see Clinical Education Handbook for additional information):

During this clinical affiliation patient safety is of paramount importance. Additionally, the student is expected to demonstrate clinical practice a in legal, ethical, and professional manner. Any infractions in these areas may result in removal from the clinic.

Students are evaluated at the clinic using the APTA's Clinical Performance Instrument version 3.0 (CPI 3.0) at mid-term, and at the end of their internship. By the conclusion of this course, student performance at ENTRY LEVEL on each CPI item is expected to complete this course without remediation. There are multiple other datapoints used to determine a final grade including:

- Weekly discussion board posts
- In-service Presentation with oral presentation evaluations Record of Evaluations
- Student Evaluation of Clinical Experience & Clinical Instruction
- Weekly progress updates
- Student Orientation Checklist

These components of this class are essential for student success and failure to submit any assignment on time may result in a requirement for remediation prior to earning a satisfactory grade.

The DCE will assign the final grade using these formative and summative evaluations from self & his/her CI. There is ongoing feedback between the DCE, CI, and student concerning all these evaluative processes as necessary. Please note that is a FAMU requirement that all students are contacted by the DCE at mid-term if they are not at a grade that is considered passing. This contact is not an indication of a final grade, simply a communication to discuss any issues that may need addressing.

#### Class Attendance (see Clinical Education Handbook for additional information):

Attendance is mandatory and all absences will need to be made up to receive credit for the course. Students are not allowed to adjust the clinical internship dates by volunteering to work extended hours or weekends. If the situation warrants an adjustment in the scheduled internship period, requests must be submitted to the DCE by the CCCE.

Students are required to notify the clinic and the DCE of any absences that occurs prior to the event or ASAP if an emergency occurs. If unable to reach the DCE directly by phone, the student should contact the PT Division and leave a message for the DCE.

#### **Student Code of Conduct:**

Students must follow all other policies of the University, School of Allied Health Sciences, and the Division of Physical Therapy. Violations will result in disciplinary action consistent with the Student Code of Conduct.

http://www.famu.edu/StudentLife/STUDENT%20HANDBOOK%20(FANG)%202012-2014.pdf http://www.famu.edu/index.cfm?alliedHealth&StudentServicesFormsandPolicies http://www.famu.edu/alliedHealth/DPT%20Student%20Handbook%202013-2014.pdf http://www.famu.edu/BOT/Academic%20Honesty%20Policy%207.27.17.pdf

#### **OTHER INFORMATION:**

- The Family Educational Rights and Privacy Act of 1974 prohibits the release of any information about your school grades, attendance, or other matters to anyone other than you and certain university officials. In addition, no grades or indication of pass/ fail status will ever be given out over the telephone to you or anyone else.
- <u>University Academic Honesty Policy Statement:</u>
  Please refer to:
  <a href="http://www.famu.edu/BOT/Academic%20Honesty%20Policy%207.27.17.pdf">http://www.famu.edu/BOT/Academic%20Honesty%20Policy%207.27.17.pdf</a>
- <u>University Americans with Disabilities Act Policy Statement:</u>
  In general, federal and state guidelines require that a college or university that receives federal financial assistance may not, on the basis of disability, exclude any qualified student with a disability from any course, course of study, or other part of its education program or activity. No qualified student with a disability shall, on the basis of disability,

be omitted from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any academic research, occupational training, housing, health insurance, counseling, financial aid, physical education, athletics, recreation, transportation, other extracurricular, or other postsecondary education program or activity. Florida A&M University adheres to all federal and state mandates regarding students with disabilities. Questions concerning this policy and procedures can be addressed at the Center for Disability Access and Resources (850) 599-3180 or CEDAR@famu.edu.

#### • ADA Accommodations on Clinical Affiliations:

If accommodation is authorized and written consent is received from the student, the DCE will discuss the implications of a student's disability on the clinical rotation with the clinical site prior to the student's arrival. When written permission is not given, the DCE will strongly encourage the student to disclose information to the CCCE and/or CI at the assigned clinical site, for the purpose of minimizing the impact on clinical performance, time management, and scheduling. Facilities have the right to refuse clinical placement for a student requesting accommodation.

#### **Timeline for Activities and Assignments:**

| 8-Week | Clinical | <b>Assignments:</b> |
|--------|----------|---------------------|
|--------|----------|---------------------|

| ii Cai Assigniicits.  |
|---|
| General Orientation   |
| - Complete Orientation Form   |
| - Schedule weekly meetings to complete Weekly Progress Updates                        |
| Identify and schedule in-service or case presentation                                 |
| Student receiving/seeking additional learning experiences from CI.                    |
| - CI Feedback on Weekly Progress Update Form  |
| Mid-Term Week:  |
| - Student completes "Self Mid-Term Assessment" in the CPI                             |
| - CI completes "CI Mid-Term Assessment" in the CPI                                    |
| - A Mid-Term CI/Student meeting is scheduled and/or completed with CI and Student     |
| "Sign Offs" for each assessment (Student and CI sign off on Student assessment and CI |
| assessments)  |
| Student should develop increased independence and increase case load                  |
| Student In-Service or case presentation completed                                     |
| Final Week:   |
| - Student completes "Self Final Assessment" in the CPI                                |
| - CI Completes "CI Final Assessment" in the CPI                                       |
| - A Final CI/Student meeting is scheduled and/or completed with CI and Student "Sign  |
| Offs" for each assessment.  |
| - Final assessments should be completed by the end of the week unless approved by the |
| DCE   |
| Return to Tallahassee for Wrap-Up Activities  |
| - Outcomes  |
| - Complete Examinations   |
| ·   |
|   |

### <u>Clinical Assignments Checklist:</u> Directions and due dates are posted on Canvas under

"Assignments"

8-Week Placements

|   | CPI Completed and Signed on    | CPI Web   |
|---|--------------------------------|---|
| ] | Discussion Board Posts         |   |
| _ | Week 1                         | Week 5  |
| _ | Week 2                         | Week 6  |
| _ | Week 3                         | Week 7  |
| _ | Week 4                         | Week 8  |
|   | Signed Weekly Progress Updat   | tes (All documents submitted must be in PDF format) |
| _ | Week 1                         | Week 5  |
| _ | Week 2                         | Week 6  |
| _ | Week 3                         | Week 7  |
| _ | Week 4                         | Week 8  |
|   | Signed Orientation Checklist   |   |
|   | Signed Student Evaluation of C | <b>Clinical Experience and Clinical Instruction</b> |
| ] | In-Service/Case Presentation C | Outline   |
|   | Completed Oral Presentation I  | Evaluation Form(s)                                  |
|   | Signed Record of Evaluations   | ,   |

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#### **Student Orientation Checklist**

| Student Name:                     | Clinical Facility:                              | Dates of                             |
|-----------------------------------|---|--------------------------------------|
| Internship                        |   |                                      |
| Please provide initials in spaces | below to indicate discussion of listed item     | ms.                                  |
| Specific dress code require       |   |                                      |
| Directions to the facility ar     |   |                                      |
| Hours of operation                |   |                                      |
| Parking arrangements              |   |                                      |
| Who to report to on the first     | st day (CCCE, CI, Human Resources)              |                                      |
| Lunch availability (storage       | e, accessibility)                               |                                      |
| Brochures or pamphlets on         | facility/ Facility's website                    |                                      |
| Brief description of the typ      | es of experiences students can anticipate er    | ncountering on clinical.             |
| Introduction to department        | al staff and personnel                          |                                      |
| Introduction to key facility      | personnel                                       |                                      |
| Review of organizational s        | tructure of the department                      |                                      |
| Job descriptions for all PT       | personnel/sample performance evaluation         |                                      |
| Tour of the facility              |   |                                      |
| Tour of the department            |   |                                      |
|                                   | and facility policies & procedures including    |                                      |
| □ Fire safety                     | ☐ Patient emergency codes & procedures          | □ Patient incidents                  |
| □ Employee Safety                 | □ Employee/student incidents                    | ☐ Availability of emergency services |
| Explanation of daily routin       | e including but not limited to:                 |                                      |
| □ Scheduling procedures           | ☐ Procedures for treatment charges              | ☐ Telephone management               |
| Designation of student wor        | rk area   |                                      |
| Review clinical experience        | objectives                                      |                                      |
| Review various types of le        | arning experiences available to student         |                                      |
| Review student's responsib        | pilities and the CI's expectations for the stud | dent                                 |
| Review school objective for       | or the course                                   |                                      |
| Discuss student's pre-clinic      | cal self-assessment (student's learning style   | e, previous experiences and goals)   |
| Establish formal objectives       | s for the student and time frames for achieve   | ements.                              |
| Schedule (even if tentative       | ) time for student weekly progress meetings     | S                                    |
| Schedule (even if tentative       | ) time for student midterm and final perform    | nance evaluation                     |
| Student Signature:                | Date:   |                                      |
| CI Signature:                     | Date:   |                                      |



#### **Clinical Education Weekly Progress Update**

to

Week# Dates: from CI's Feedback for the Week The Objectives of Last Week □ Not Met □ Partially Met  $\square$  Met □ Concern or problem. As expected SKILLS Review Student is progressing: Below expected □ Faster than expected □ Concern or problem. Advanced Beginner Intermediate Advanced Intermediate **Entry Level** Check as appropriate Requires > 50% assistance (Requires < 50% assistance) (Requires < 25% assistance) (Independent) **Patient Safety:** Professional Behavior: Accountability: Communication: Clinical Reasoning: CI Comments: **Student Objectives and Outcomes** (Attach additional pages as necessary) Type your objectives for the coming week here: (Be Specific, Measurable, Achievable, Relevant, and Time-Specific) Type the results from your goals from last week: Be sure to address the CI feedback from the future week. Address any CPI grade that is weak. Evaluation Documentation: (a maximum of 2 evals per week may be submitted. These evals may be used as part of the 10 evaluations required for this class) Diagnosis Pt. Age Evaluation/Intervention Outcome (after treatment concluded) Student Schedule for Past Week: Sunday Monday Tuesday Wednesday Friday Saturday Weekly Total Thursday # treatments Hours Spent on Clinical Education Activities. # evaluations (Note: CAPTE Describe other requires 30 weeks activities of >35 hours in the Time In/Out clinic per week clinical education) Other: Clinical Education-Related Time + Study Hours Time CI Signature: Student Signature

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## Record of Evaluations: (A minimum of $\underline{10}$ evaluations are required for this practicum)

| #   | Pt's Age | Diagnosis | Evaluation/Intervention | Outcome |
|-----|----------|-----------|-------------------------|---------|
| 1   |          |           |                         |         |
|     |          |           |                         |         |
|     |          |           |                         |         |
| 2   |          |           |                         |         |
|     |          |           |                         |         |
|     |          |           |                         |         |
| 3   |          |           |                         |         |
| 3   |          |           |                         |         |
|     |          |           |                         |         |
|     |          |           |                         |         |
| 4   |          |           |                         |         |
|     |          |           |                         |         |
|     |          |           |                         |         |
| 5   |          |           |                         |         |
|     |          |           |                         |         |
|     |          |           |                         |         |
| 6   |          |           |                         |         |
| · · |          |           |                         |         |
|     |          |           |                         |         |
| 7   |          |           |                         |         |
| 7   |          |           |                         |         |
|     |          |           |                         |         |
|     |          |           |                         |         |
| 8   |          |           |                         |         |
|     |          |           |                         |         |
|     |          |           |                         |         |
| 9   |          |           |                         |         |
|     |          |           |                         |         |
|     |          |           |                         |         |
| 10  |          |           |                         |         |
| 10  |          |           |                         |         |
|     |          |           |                         |         |
|     |          |           |                         |         |

| Student Signature: | CI Signature: |
|--------------------|---------------|
| Statem Signature   | 01 01g        |

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#### **Guidelines for Addressing Students with Challenging Situations**

The purpose of these guidelines is to ensure that students who find themselves in challenging and, perhaps, difficult situations are given the opportunity to address potential problems before critical grading periods (i.e. midterm and final evaluation). These guidelines also provide a mechanism for ensuring that timely communication occurs between clinical and academic faculty.

- 1. Contact the FAMU Director of Clinical Education (DCE) immediately upon recognizing a consistent problem with a student. If a student is not passing at midterm, it is imperative that the Physical Therapy Division be notified.
- 2. Inform the student verbally of his/her deficits and suggest ways that he/she could improve performance.
- 3. Inform the student that the Physical Therapy Division has been notified of the specific concern.
- 4. Inform the student of his right to contact the FAMU DCE.
- 5. If one (1) feedback session does not produce significant change in the student's behavior/deficiencies within 1-2 weeks, contact the Division of Physical Therapy again. It may be necessary for the DCE to schedule a site visit.
- 6. Discuss a plan of action with the DCE. This plan should include time frames, goals for the student and ways to achieve the goals. Please be specific as to what the concerns are (i.e. attitude, skill level, documentation, problem solving, patient interaction, communication...)
- 7. Document the plan of action in writing and review it with the student. (See attached "Critical Incident" form). Inform the student that a copy of the plan will be sent to the DCE to be placed in the student's file.
- 8. If the plan of action does not produce positive results within the following 2-3 weeks, contact the Division of Physical Therapy again. If the student is not passing  $\frac{3}{4}$  of the way through the clinical practicum, it is imperative that the University be notified.
- 9. The Division faculty and/or administrators will then inform the student of his/her options (i.e., withdrawal from the practicum/remediation, failure, etc...).



### **Critical Incident Report/Student Self-Assessment**

| STUDENT   | DATE                     | DATE OF                         |
|---|--------------------------|---------------------------------|
| INCIDENT  |                          |                                 |
| <b>Instructions:</b> Please describe the incident |                          |                                 |
| transferring from bed to wheelchair), wh          |                          |                                 |
| how you will prevent this from happening          | in the future, and what  | you learned from this incident. |
| A new form should be used for each occurr         | rence and faxed to the I | OCE at (850) 561-2457 or        |
| emailed.  |                          |                                 |
| INCIDENT (facts only):                            |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
| PROBLEM PERFORMANCE:                              |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
| PLAN:   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
| LESSONS LEARNED:                                  |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
| L   |                          |                                 |
|   |                          |                                 |
| Student Signature:                                | CI Signatui              | re:                             |



#### In-service/Case Presentation/ Oral Presentation Evaluation Form

## All students are required to complete and present an oral in-service presentation during each of their affiliations.

- Prior to midterm of the affiliation, the CI and the student should choose a topic of interest to both the facility staff and the student. The topic is expected to be one where recent research evidence can be used to assist staff in clinical decision-making. The student is expected to present new, evidence-based information to the audience. It is generally expected that the presentation will take about an hour including all questions and discussions. The student is responsible for providing handouts, including a bibliography and outline, to all participants. This presentation is an important part of the FAMU DPT curriculum. If questions arise regarding this assignment it is imperative that the student and/or CI call the DCE. Everyone in the audience should have the opportunity to evaluate the presentation. With the form below:

| 0.010                          |                         |                              |
|--------------------------------|-------------------------|------------------------------|
| Student Name:                  | Date:                   | Topic:                       |
| Please Rate Below:             |                         | Level of Performance         |
|                                |                         | (Satisfactory/Unsatisfactory |
| Topic:                         |                         |                              |
| - Organization                 |                         |                              |
| - Accuracy                     |                         |                              |
| - Relevance to Physica         | 1 Therapy or            |                              |
| Rehabilitation                 | 1.0                     |                              |
| <b>Method of Presentation:</b> |                         |                              |
| - Clarity of Content           |                         |                              |
| - Use of appropriate su        | pportive tools          |                              |
| (audiovisual aids)             |                         |                              |
| - Stayed within time lin       | mits                    |                              |
| <b>Communication Skills:</b>   |                         | •                            |
| Verbal:                        |                         |                              |
| - Voice Projection             |                         |                              |
| - Language (Profession         | nal, appropriate, clear |                              |
| communication)                 |                         |                              |
| Non-Verbal:                    |                         |                              |
| - Appearance (Dress, p         | osture, poise)          |                              |
| - Mannerisms                   |                         |                              |
| - Eye Contact                  |                         |                              |
| Score or Rating:               |                         |                              |
|                                |                         |                              |
| Other Comments:                |                         |                              |
|                                |                         |                              |
|                                |                         |                              |
|                                |                         |                              |
|                                |                         |                              |



### **FORM:** Clearance to Progress to Clinical Education

Date:

Good morning,

With exceptions mentioned in other letters, you have been cleared academically to progress onto Clinical Education IV.

The dates of this experience are Monday, --/--/--- and --/--/--- (some placements are 16-weeks --/--/---).

As of this date, graduation ceremonies are scheduled --/--/---. The first offering of the complete exam scheduled --/--/---. Additionally, you are required to be present for the "wrap-up week" --/--/----.

Although you are academically clear, make sure that you have understood and completed all needed site-specific requirements regarding clearance from their end. Failure to do so could delay the start of your clinical and potentially impact your ability to successfully complete this course. The syllabus and course-related material will be available through the Canvas site for PHT 6824 at the beginning of the next term.

Lastly, continue to check your FAMU email address over the holiday to keep up to date with any news or changes. Sadly, there is always a possibility of last-minute cancellations. Feel free to contact me during the break by cell phone, but please respect my time.

Each of you is very important to me, and please be blessed during the holidays and into the New Year.

Be well, Dr. Gray

Dr. Kurt Gray, PT, DPT Director of Clinical Education Florida A&M University Division of Physical Therapy 334 Palmer Avenue, Lewis Beck Bldg. Suite 332 Tallahassee, FL 32307

Phone: 239-989-6812 Fax: 850-561-2457

kurt.gray@famu.edu

### FORM: No Clearance to Progress to Clinical Education

| Date:         |  |  |
|---------------|--|--|
| Good morning, |  |  |

You are not cleared to progress to Clinical Education IV. Until the final CPI for Clinical Education III is complete and the grading is at the minimum grading for passing as per the syllabus.

When you have completed the CPI process with your CI please notify me via text so I may clear you to progress to Clinical Education IV.

Thank you,

Dr. Kurt Gray, PT, DPT Director of Clinical Education Florida A&M University Division of Physical Therapy 334 Palmer Avenue, Lewis Beck Bldg. Suite 332 Tallahassee, FL 32307

Phone: 239-989-6812 Fax: 850-561-2457

kurt.gray@famu.edu

## **FORM: Physical Exam Verification**



#### **Physical Examination Verification**

| To be completed by student: (Please print): |                    |                      |                                  |  |  |
|---|--------------------|----------------------|----------------------------------|--|--|
| Last Name:                                  | First Name:        |                      | Middle Name:                     |  |  |
|   |                    |                      |                                  |  |  |
| FAMU Student ID#:                           |                    | Birthdate            | (00/00/0000):                    |  |  |
|   |                    |                      | ,                                |  |  |
| Student Signatures                          |                    | Date:                |                                  |  |  |
| Student Signature:                          |                    | Date:                |                                  |  |  |
|   |                    |                      |                                  |  |  |
| To be completed by physician                | ı:                 |                      |                                  |  |  |
| A thorough history and physi                | ical examination   | was comple           | eted on                          |  |  |
|   |                    |                      | dual with the following results: |  |  |
|   |                    |                      |                                  |  |  |
| Student is cleare                           | ed for clinical ed | ucation acti         | ivities                          |  |  |
| Student is cleare                           | u ioi ciinicai cu  | ucation acti         | ivities                          |  |  |
|   | required; patie    | nt/student v         | was advised (please provide      |  |  |
| comments)                                   |                    |                      |                                  |  |  |
|   |                    |                      |                                  |  |  |
|   |                    |                      |                                  |  |  |
|   |                    |                      |                                  |  |  |
|   |                    |                      |                                  |  |  |
|   |                    |                      |                                  |  |  |
| Dhysisian's Cignotuus                       | Printed Name:      |                      | Data (00/00/0000)                |  |  |
| Physician's Signature:                      | Printed Name:      |                      | Date (00/00/0000)                |  |  |
|   |                    |                      |                                  |  |  |
| TO 114 NI                                   |                    | OCC DI               | N. I                             |  |  |
| Facility Name:                              |                    | Office Phone Number: |                                  |  |  |
|   |                    |                      |                                  |  |  |
|   |                    |                      |                                  |  |  |
| Address:                                    |                    |                      |                                  |  |  |
|   |                    |                      |                                  |  |  |
|   |                    |                      |                                  |  |  |

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## FORM: Declining a Clinical Education Placement

| Date:   |
|---|
| To: Dr. Kurt Gray, Director of Clinical Education   |
| Re: STUDENT NAME  |
| Dear Dr. Gray,  |
| Thank you for your efforts to secure my clinical education internship placements. However, I resptctfully request to decline the assigned placement for the following Clinical Education Class:  □ Clinical Education III □ Clinical Education IV |
| The reason for this request is:  ☐ Medical Issues supporting comments:  |
| ☐ Family-related challenges supporting comments:  |
| ☐ Financial Hardship supporting comments:   |
| Geographical/Logistical Issues supporting comments:   |
| □ Personal Life events supporting comments:   |
| ☐ Other supporting comments:  |
| I am fully aware that this action will slow or delay my academic progression.   |
| Thank you for your consideration of this request.   |
| Sincerely, [Your Name] [Your Student ID] Doctor of Physical Therapy Program Student   |

## FORM: Hardship Request

| Date:   |
|---|
| To: Dr. Kurt Gray, Director of Clinical Education   |
| Re: STUDENT NAME  |
| Dear Dr. Gray,  |
| I am requesting special accommodation for Clinical Education placements. The reason for my hardship request is:                   |
| ☐ Medical Issues  |
| supporting comments:  |
| ☐ Family-related challenges   |
| supporting comments:  |
| ☐ Financial Hardship  |
| supporting comments:  |
| ☐ Geographical/Logistical Issues supporting comments:   |
| □ Personal Life events  |
| supporting comments:  |
| ☐ Other   |
| supporting comments:  |
| _ supporting comments.  |
| I am requesting these accommodations for the following classes:   |
| ☐ Clinical Education II   |
| ☐ Clinical Education III  |
| ☐ Clinical Education IV   |
|   |
| I am fully aware that this request for re-assignment of clinical education internships may slow or delay my academic progression. |
| Thank you for your understanding and consideration of my request.   |
| Sincerely,  |
| [Your Name]   |
| [Your Student ID]   |
| Doctor of Physical Therapy Program Student  |

### **FORM:** Essential Functions of a Physical Therapist:

The clinical education and the practice of physical therapy requires essential intellectual, Communication, Observational, Interactive Communal and Motor abilities. By signing below, I am certifying that I am fully aware of these essential physical functions and that I am able to perform each of the essential functions without/with reasonable accommodation. I understand that I must notify the program director if my physical abilities change. I also understand that non-compliance may result in referral to the Student Progress Committee.

Printed Name

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| Signature                          |  |
|------------------------------------|--|
| <b>Essential Functions</b>         |  |
| Intellectual Abilities:            | Intellectual skills include the ability to recall and comprehend large amounts of information and to apply this information to the patient's complex problems. The DPT student has the ability to:  Recognize and define problems, develop and implement solutions, and evaluate outcomes.  Demonstrate critical thinking skills and appropriate clinical decision making with ability to differentiate relevant vs. irrelevant information  Memorize, analyze, synthesize and apply large volumes of information.   |
| Communication Abilities:           | Effective communication skills enable the physical therapist to obtain appropriate information from patients and to effectively explain treatment procedures to patients and other professionals. The DPT student has the ability to: Effectively process and comprehend written and verbal communications, in the English language, in any form of media at a level consistent with full participation in academic and professional clinical coursework. Utilize appropriate and effective verbal, written and non-verbal communication. In all situations, respond appropriately verbally and in writing, in the English language, when communicating with any personnel. Respond to situations that indicate an individual's need for assistance. Participate in group and individual discussions, present oral and written reports and provide constructive feedback in the English language.  |
| Interactive<br>Communal Abilities: | Intellectual skills include the ability to recall and comprehend large amounts of information and to apply this information to the patient's complex problems. The DPT student has the ability to:  Recognize and define problems, develop and implement solutions, and evaluate outcomes.  Demonstrate critical thinking skills and appropriate clinical decision making with ability to differentiate relevant vs. irrelevant information  Memorize, analyze, synthesize and apply large volumes of information.   |
| Motor Abilities:                   | The practice of physical therapy requires that the practitioner possess the ability to perform basic evaluation and therapy procedures that require specific physical skills and stamina. A therapist must also use vision and somatic sensation in the evaluation and treatment of patients. The DPT student has the ability to:  Attend classes 30 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities.  Participate in clinical rotations 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.  Sit for two to 10 hours daily, stand for one to four hours daily, and walk or travel for two to four hours daily. Lift a minimum weight of 10 pounds overhead and be able to move a 150-pound dependent person from one surface to another.  Carry in your arms (as opposed to in a box, backpack, on your head or shoulders) up to 25 pounds while walking up to a minimum of 50 feet.  Exert 75 pounds of push/pull forces up to 50 feet and sometimes exert 150 pounds of push/pull forces from a standing or seated position.  Twist, bend, stoop, squat, crawl, climb onto equipment, reach above shoulder level, and kneel.  Move from place to place and position to position at a speed that permits safe handling of classmates and patients. Stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.  Climb stairs and negotiate uneven terrain with good balance. (ex: without stumbling or falling and without holding on to rails or other objects)  Administer CPR — upon successful completion of appropriate CPR certification / training.  Use hands to manipulate very small equipment, palpate body structures, handle injured body parts without causing injury to the subject, and safely guide a patient's movement.  Perform physical tasks while maintaining awareness of external factors; including patient response, monitor displays, equipment function and/or surroundings. |

### FORM: Declining the COVID Vaccine

Date:

To: Dr. Kurt Gray, Director of Clinical Education

Re: STUDENT NAME

Dear Dr. Gray,

I am declining the COVID-19 because of (circle one) health/religious/personal reasons.

I am fully aware that re-assignment of clinical education internships may delay my academic progression.

Signed,

## **FORM: Notice of Academic Status**

#### NOTICE OF ACADEMIC STATUS

| Date:   | Student:   |  |                                     |
|---|--|--|-------------------------------------|
| Course:   | Instructor:  |  | _                                   |
| EXAM or ASSIGNMENT  | <u>GRADE</u>   | CURRENT COURSE A   | <u>VERAGE</u>                       |
| Up-to-date Grade  |  |  |                                     |
| Your failure on the above ex course.                            | am(s)/assignments h  | nas placed you at serious risk   | for failing this                    |
| possible to assist you in iden<br>difficulty you are having wit | tifying course-relate<br>th the material so that<br>nents. Any questions | meeting with the course instrued problems, and finding solute you will improve your perfect that you have regarding spector.       | tions to the ormance on future      |
| your faculty advisor to reviewerify your intention to imple     | w the plan that you hement said plan to in continue to remain:           | ed to bring this signed form to<br>have discussed with your coun<br>mprove future performances in<br>in failure status, you may be | rse instructor and to n the course. |
| By signing below, I confirn<br>My Action Plan is:               | ı receipt of this not  | ice and meeting with the co  | urse instructor.                    |
|   |  |  |                                     |
| Student Signature:  |  | Date:  |                                     |
| _   |  | Date:  |                                     |
| Copies to:  |  | Academic Progress Committee  |                                     |
| Program Director A  | Cauciffic Auvisor  | Academic Progress Committee  | Student File                        |

Update: 2025

to

# **FORM:** Clinical Faculty Assessment of Director of Clinical Education (DCE)

This form allows the CI to report on their experiences with the DCE during clinical education. This data is required by CAPTE as a component of the scheduled survey. The data will be kept confidential between the FAMU DPT administrative faculty and the CI. Please direct any questions to Kurt Gray, DCE at <a href="kurt.gray@famu.edu">kurt.gray@famu.edu</a> or 850-412-7575.

| Date   | e:   | Total # of FAMU Students to date: |   |                   |   |   |   |   |        |  |
|--|--|-----------------------------------|---|-------------------|---|---|---|---|--------|--|
| Optional:  |  |                                   |   |                   |   |   |   |   |        |  |
|  |  | Name & Credentials:               |   |                   |   |   |   |   |        |  |
|  |  | Phone:                            |   |                   |   |   |   |   |        |  |
|  |  | Email:                            |   |                   |   |   |   |   |        |  |
|  |  | Name of Clinical Site:            |   |                   |   |   |   |   |        |  |
| Please score your experience: (Rate your level of agreement) |  |                                   |   | 8                 |   |   |   |   | N<br>A |  |
| 1.   | appropri   | iate.                             | arrange a clinical education experience | _                 | 1 | 2 | 3 | 4 | 5      |  |
| 2.   |  |                                   |   | 1                 | 2 | 3 | 4 | 5 |        |  |
| 3.   | The con  | nmunication with the DCE          | was adequate during the clinical educa  | ation experience. | 1 | 2 | 3 | 4 | 5      |  |
| 4.   |  |                                   |   | 1                 | 2 | 3 | 4 | 5 |        |  |
| 5.   | 5. The overall support I received from the DCE was satisfactory. |                                   |   | 1                 | 2 | 3 | 4 | 5 |        |  |
| Com  | ments:   |                                   |   |                   |   |   |   |   |        |  |
|  |  |                                   |   |                   |   |   |   |   |        |  |
|  |  |                                   |   |                   |   |   |   |   |        |  |
|  |  |                                   |   |                   |   |   |   |   |        |  |
|  |  |                                   |   |                   |   |   |   |   |        |  |
|  |  |                                   |   |                   |   |   |   |   |        |  |
|  |  |                                   |   |                   |   |   |   |   |        |  |
|  |  |                                   |   |                   |   |   |   |   |        |  |
|  |  |                                   |   |                   |   |   |   |   |        |  |