

CLINICAL EDUCATION MANUAL

Carroll University

College of Health Sciences

Department of Physical Therapy

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**CARROLLUNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF PHYSICAL THERAPY
CLINICAL EDUCATION MANUAL**

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FOREWORD

This manual has been assembled to provide the Department of Physical Therapy faculty, students, staff, and affiliating clinical sites with a summary of the approved Clinical Education policies and procedures. The policies and procedures are subject to change as the curriculum and/or Department requires.

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**CARROLL UNIVERSITY
COLLEGE OF HEALTH SCIENCES**

**Department of Physical Therapy
Clinical Education Philosophy**

The Clinical Education Philosophy is rooted in the DPT Program's belief in continuous integration of theory and practice across the curriculum by incorporating part-time clinical education experiences and full-time clinical experiences throughout the curriculum to facilitate a successful transition to clinical practice as a professional.

Clinical experience requirements are established in order to facilitate student exposure to a variety of environments and populations representative of contemporary physical therapy practice. Professional development is encouraged through student self-reflection, a spirit of inquiry, and adherence to the Core Values of accountability, excellence, altruism, compassion/caring, integrity, professional duty, and social responsibility

The DPT Department recognizes the invaluable role of clinical education faculty as partners in the education process who serve as teachers and professional role models.

Adopted by the Entry-Level Physical Therapy Program Faculty in November, 1995
Revised and Approved in July 1996, November 1999, January 2000, January 2001, January 2004, March 2006,
January 2010, August 2011, January 2013, October 2015, September 2016, February 2019

CARROLL UNIVERSITY
COLLEGE OF NATURAL AND HEALTH SCIENCES
Department of Physical Therapy

I. Clinical Education Structure

Carroll University Entry-Level Physical Therapy Program has integrated clinical education into the curriculum in the form of course laboratories, teaching laboratory practicum, and full-time clinical experiences. The integrated curriculum is designed to provide reinforcement of didactic content and increase student exposure to a diverse clientele representative of current physical therapy practice. A variety of individuals including patients of all ages, caregivers, and the community are utilized in courses to facilitate learning. There are three integrated teaching laboratory practicums, which expose the students to wellness and prevention across the life span. Clinical Experience I and II are integrated into the curriculum and Clinical Experience III and IV are terminal experiences following final didactic preparation. Full-time clinical experiences are planned to provide students with supervised clinical practice across multiple clinical settings to aid in the preparation of physical therapists consistent with the Department mission.

Students with identified performance deficits in any course are provided with additional monitoring and support from the Department and Clinical Education Faculty to facilitate student success on integrated and full-time clinical experiences.

A. Course Laboratories

Courses, as appropriate, will afford students the opportunity for patient/client interaction in order to facilitate skill development. Individuals from the community specific to course content are examined, evaluated and treated by students in course laboratories. Students are given the opportunity to provide formal feedback on these experiences at the completion of each course. Details on student assessment procedures can be found in each course syllabus.

B. Integrated Clinical Experiences

The Carroll University Physical Therapy *Integrated Clinical Experiences* (ICE) promotes the important role that physical therapists have in health, wellness and prevention. Integrated Clinical Experiences are a three-course sequence as a way to give students active learning opportunities to apply knowledge and skills learned in didactic coursework. Additionally, these active learning experiences occur in a variety of settings allowing students time to integrate physical therapy skills and professional behaviors. The courses are based on the service learning model which combines community service with specific learning objectives, preparation, and reflection. The three integrated experiences support classroom instruction, each with slightly different areas of emphasis, focus and expectations. Students are given the opportunity to provide formal feedback on these experiences at the completion of each course. Details on student assessment procedures can be found in each course syllabus.

C. Full-time Clinical Experiences

Carroll University's Physical Therapy curriculum consists 3 full-time clinical experiences. Clinical Experience I and II are integrated into the curriculum and Clinical Experience III and IV are terminal experiences following final didactic preparation. Clinical Experience I is placed at the end of the fourth semester in the curriculum. Clinical Experience II occurs in the sixth semester. Clinical Experience III and IV are during the final semester. Full time clinical experiences are defined as 40 hours per week. The Director of Clinical Education (DCE) arrange clinical experiences that allow students to meet patient care needs in a changing and diverse health care environment. Clinical experiences are structured with the goal for students to have a combination of a variety of experiences. Students are given the opportunity to provide formal feedback on these experiences at the completion of each course. Details on student assessment procedures can be found in each course syllabus.

II. Clinical Experience Requirements

A. During Academic Semesters

1. **Exxat Online Clinical Education Database Profile:** Students will receive an invitation from Exxat to access and create their online account in the summer prior to the start of the professional phase of the program. Clinical education faculty will provide instructions at each stage of the program as to the requirements related to the profile. Students are then responsible for completing and updating their online Clinical Profile throughout the duration of the program.
2. **Information Sessions:** Each semester, beginning with the Phase I class, the *DCE* meet with students to discuss information relative to the clinical education program. The information presented is relative to class level and is vital to understanding and completing requirements related to full time clinical experiences.
3. **Registration:** Students must be registered for the clinical experience courses (PTH 515, PTH 611, PTH 615, and PTH616) prior to going to the clinical site.
4. **Housing:** The student is responsible for finding housing and for housing costs that may be incurred by the student at each placement site. Information on potential housing resources may be found in the Clinical Site Information Form (CSIF) in CPI Web or in the student survey of the clinical site. Additionally, some sites may indicate that they may be contacted regarding housing. In order to plan ahead for the cost of housing, students are encouraged to consider the semesters that include full-time clinical experiences and modify loans and other financial sources accordingly. Students must be aware that though infrequent, clinical placements can change at the last minute due to unforeseen circumstances, which may alter planned housing arrangements.
5. **Transportation:** The student must have access to transportation to and from the assigned clinical placements and is responsible for all costs incurred for transportation. The student must be able to get to the site in a timely manner and meet the transportation needs of the site. Students must be aware that though infrequent, clinical placements can change at the last minute due to unforeseen circumstances, which may alter planned transportation arrangements.

6. **Required Documentation and Forms:** Students are responsible for completing and updating as needed all required documentation and forms. The following is a list of student responsibilities:
- a. PT Intern Experience Form: Students complete or update this information prior to each clinical placement in the My Profile section of the Exxat database. Accurate completion of this information will facilitate planning of an individualized learning experience for the student. Information should be fully completed for the clinical site faculty to view prior to sending the Exxat profile link invitations.
 - b. Medical Documentation: Students are to complete the Carroll University Health History Report Form and update annually or as changes occur. Students will upload the completed form into the Exxat database profile during the first semester of their Phase I year. Immunization proof and other required forms are also uploaded into the Exxat database. Students are encouraged to take physical documentation to each clinical site as well in case the site requests copies. However, students should always maintain the original verification documents for their own personal records and should not give the sites or program the original documentation. The student is responsible for the cost of any required lab tests, x-rays, immunizations or any other medical test required by the clinical facility unless otherwise indicated. The clinical site is to inform the Program if there are additional health requirements (i.e. drug screen) and the Program will notify the student.

Program required immunizations (based on CDC recommendations):

- MMR
- Hepatitis B vaccine/informed declination (Declination form available at Carroll University Student Health Center)
- Varicella immunization or titer
- Tdap
- Annual Flu Shot (to be completed each fall)
- Annual TB skin test (details below) (for convenience, recommend completing each fall)

Per DPT Program policy, student exemptions from the immunization requirements will be considered on a case-by-case basis. If an exemption to the immunization requirements is approved, the University cannot guarantee that its affiliated hospitals and clinics will allow the student to participate in patient care, which is a fundamental requirement of the clinical education component of the Program.

Immunizations (MMR, HepB, Varicella, Tdap)

Upload proof via state immunization registry or immunization form signed by physician or other health care provider (NP, PA, etc.)

Flu shot

Occurs each fall. Ideally upload a document of proof that contains lot number, expiration date, etc. Carroll's student health center documentation meets these requirements.

Tdap

Tdap needed once, with Td booster required every 10 years thereafter.

Tuberculosis (TB) Details

Initial and Annual Tuberculosis Screening: If a student has never had a PPD (TB skin test), or if it has been more than 12 months since the last PPD, then the student is required to have the two-step method of testing done. The two-step requires placement of 2 separate PPD skin tests 7 to 21 days apart. If it has been less than 12 months since the last PPD, then only a single-step test is required on an annual basis. If it has been more than 12 months to the day since the last PPD, then a two-step test will be required. All skin tests need to be read within 48 -72 hours or another test must be done.

TB Test Documentation: A record must be kept of the initial 2-step testing and all subsequent annual single-step test results. The original and updated annual documents will be uploaded in the Exxat database. Acceptable documents are a PPD reading with negative reaction or a Quantiferon Gold Test with report of no infection. Noncompliance with this policy may result in clinical site refusal to host a student for a clinical rotation and may delay graduation.

If the PPD is positive (10mm and above), a chest x-ray is **required**, along with the x-ray date, a copy of the physician's report, and the physician's recommendations for treatment if appropriate. An x-ray older than one year will be accepted as long as the student has completed the full INH treatment and has been symptom free for one year. If the student did not complete the full treatment or has had symptoms in the last year, the student will need an annual x-ray.

Note: Students who have received the Bacille Calmette-Guerin Vaccine (BCG) may want to consider a TB blood test (Quantiferon TB Gold or T-Spot) in lieu of a TB skin test because there is a higher rate of false positive TB skin tests in people who have had the BCG vaccine. Even if a student has had the BCG vaccine, a TB skin test or blood test is still required since the vaccine is not effective for all strains of TB.

- c. Students are responsible for maintaining current certifications throughout the duration of the program.
- d. CPR and First Aid Certification: The CPR certification must be through either the American Heart Association or the American Red Cross. Certifications must include CPR and AED for adults and pediatric, including 2 person rescuer and bag valve mask. Courses must include completion of in-person skills check and not completed fully online. Certification for American Red Cross CPR/AED and First Aid may be available upon request on campus to Carroll University students. Approved courses include:
 - i. American Heart Association
 - 1. BLS for the HealthCare Provider (often with First Aid)
 - ii. American Red Cross
 - 1. CPR/AED for Professional Rescuers (often with First Aid)
 - 2. BLS for the HealthCare Provider (often with First Aid)
 - 3. Lifeguard and Water Safety Training

First Aid Certification may be combined with or independent of CPR Certification. If completed independently, First Aid certification must be through an organization recognized as a valid issuer of certification such as the American Red Cross or American Heart Association.

Students are responsible for maintaining currency in both certifications throughout the duration of the program.

- e. Infection control procedures: Training occurs in PTH 501 Basic Patient Management.
- f. HIPPA: Training in HIPAA requirements occurs in PTH 520 Professional Practice I.
- g. Health Insurance: Students are required to have health insurance. Those who are covered by a family or personal policy must provide the insuring company's name and the policy number on a waiver form that is sent to the student by the University's Business Office. For students without their own coverage, a group insurance policy is available through the University. Students are also required to have a personal health history form completed and on file at the University's Health Center. Students may upload a copy of their insurance card in the Exxat online profile.
- h. Background Check: All students are required to complete a Background Information Disclosure (BID) form to give the Program permission to run the required background check. The Department Chair provides instructions in the first semester of the professional phase. When a background check identifies prior unlawful activity, the program does not guarantee clinical experience placement or accommodation. Results of the background check are shared with program constituencies as appropriate.

B. During the Clinical Experience

1. Student Behavior

a. Attendance: Promptness and attendance are mandatory during clinical experience. Absences for communicable illness, health emergencies, family emergencies, presentations at Program approved professional conferences and early NPTE testing are the only standard excused absences allowed during clinical experiences. All other absences are generally considered unexcused and are not acceptable with consequence subject to *DCE* discretion. If a situation arises in which a student feels strongly that he or she has a valid request for exception to this policy, it is the student's responsibility to discuss their particular situation with the clinical coordinators in a timely manner. After discussion regarding a student request, decisions by the *DCE* regarding whether the requested absence will be considered excused or unexcused are final. If a student does not discuss their particular situation with the clinical coordinators in a timely manner, the absence will automatically be considered unexcused. If a student has any questions regarding the attendance policy, it is his or her responsibility to clarify with the ACCE or Clinical Coordinator.

In the event of any absence, the ACCE, Clinical Coordinator, and the clinical facility must be notified of the details of the situation in a timely manner and the absence must be made up. The plan for making up the time as determined by the student in conjunction with the CI/facility must be in writing and submitted to the *DCE* . Make-up time is dependent upon clinical faculty and facility availability and must be approved by the *DCE*. The required number of hours for each experience must be completed prior to the end of the academic semester in order to earn a passing grade for the experience. For the final experience, the student will not be allowed to graduate until the make-up time has been satisfactorily completed.

Conference presentations are limited to one per rotation and time absent from the experience is to be minimized. When at a professional conference, the student will attend educational sessions during official conference hours and shall submit proof of attendance.

b. Dress: Appropriate dress for a clinical experience is determined by the clinical facility. However, the Department of Physical Therapy expects the student to dress in a professional manner at all times. Jewelry should be conservative and not interfere with daily activities or present a safety hazard. Aside from earrings, jewelry may not be worn in any visible body piercing, including but not limited to the tongue, nose, or eyebrows, and should be either covered or removed. Visible tattoos should be covered. In the absence of specific facility guidelines students should refer to the dress code as outlined in the *ICE* syllabi. During clinical experiences, all students must wear the nametag supplied by the program, which identifies them as students.

c. Professional Conduct: Students are expected to demonstrate the appropriate level of behavior relative to the APTA Code of Ethics for the Physical Therapist, the 10 Core Professional Behaviors, and APTA Professionalism in Physical Therapy: Core Values. Substantiated violations of professional conduct shall result in disciplinary action up to and including failure of the experience course and dismissal from the program.

2. Conflict Management

During the course of an experience, issues or problems may arise relative to student performance and/or the student/CI relationship. The following procedures are to be followed:

- The *DCE* should always be notified in a timely manner when this policy/procedure is invoked by a student and should be kept abreast of the situation throughout its duration.
- The student and the CI are to meet and discuss the problem in a timely manner. During that discussion, they are to define the problem(s) and design a solution for resolution. The discussion and plan are to be documented and sent to the ACCE and the Clinical Coordinator. This plan must be signed by both the student and the CI.
- If the discussion between the student and the CI does not result in a satisfactory outcome, it may be appropriate for the Center Coordinator of Clinical Education (CCCE), if such a person has been designated at the facility, to be present for a second discussion as the next step in the process to address the situation. If this step is taken, the *DCE* must be notified. Any revision to the resolution plan must be submitted to the *DCE* for approval. Revised plans must be documented and signed by the student and CI.
- If the discussions above do not result in a satisfactory outcome, it may be appropriate for the facility or department leadership (i.e. supervisor, director, manager, etc.), if such a person is separate from the role of CI and/or CCCE at the facility, to be present for subsequent discussion(s) as the next step in the process to address the situation. If this step is taken, the *DCE* must be notified. Any revision to the resolution plan must be submitted to the *DCE* for approval. Revised plans must be documented and signed by the student and CI.
- Communication with the *DCE* regarding the identified problem(s) is ongoing throughout the conflict resolution process. The frequency of this communication is determined on a case-by-case basis. Follow-up and monitoring of the situation will be mutually determined.
- If the solution does not produce resolution for all involved stakeholders within the expected time frame, the *DCE* will identify appropriate next steps.
- Possible outcomes may include the following:
 - The issue is resolved and the student successfully completes the experience.
 - The clinical site or the *DCE* may terminate the experience prior to the scheduled end date. This may result in an unsatisfactory grade for the course.
 - The student remains in the experience until the scheduled end date but receives an unsatisfactory grade for the course.

3. Assessment

a. Midterm Check-in: There is a telephone discussion between course faculty member-student and course faculty member-CI that occurs around the 4th week of each full time experience. During this call, both the student and the CI will talk with the course faculty member, each individually and in private. Therefore, both the student and the clinical instructor must be available at the time of the call. If there is more than one CI, both do not

have to be present for the call. Rather, they can confer regarding student performance and one of them participates in the call.

There is an electronic scheduling process and it is the student's responsibility to go to the site and sign up for an available time with one of the course faculty. Students with a history of probation status in the program or under closer monitoring due to specific circumstances are required to have their midterm phone call with the ACCE or Clinical Coordinator (not an adjunct faculty). This appointment needs to be established by the student by Friday of the first week of the rotation. The student must discuss potential times with the CI and block the clinic schedule during the call time.

In the event that a student and CI have a conflict (staffing, illness, etc.) and are unable to make the call at the established time, the student is expected to contact the scheduled faculty member to reschedule.

b. Forms: Upon completion of the experience, all required paperwork must be uploaded to or completed in the Exxat database, with the exception of the survey completed by the CIs and the CPI. The final grade for the experience course will not be submitted to the registrar until all required forms have been satisfactorily completed and submitted.

- The **Clinical Performance Instrument (CPI)** by the American Physical Therapy Association is used to evaluate the student's performance for all three full-time clinical experiences. It is a web based tool that requires training on the part of the student and CI prior to being able to access it. Both CI and student complete the CPI and discuss the student's performance at midterm and final time frames. If there are two CIs, both are able to make comments on the CPI, although there can be only one mark on the anchored line. If it is preferred, only one CI can complete the assessment, but it is expected that they first confer with their colleague. If there will be a known change in CI during the experience, the second CI must be added to the CPI before any entries have been made on the CPI by either student or CI. The midterm CPI must be completed and signed no later than Friday of the 4th week of the experience for Experiences I and III and no later than the Friday of the 6th week for Experience II. The final CPI must be completed and signed by the last day of the experience. The student and CI must sign off on both copies.
- **Weekly Goal Planning Log:** To facilitate student learning and progression during experiences.
 - Responsibilities of the Student
 - Complete the Initial Planning Log with a list of areas of interest, strengths and weaknesses prior to the start of the experience. This information should be reviewed and discussed between the student and CI within the first day or two of the experience.
 - Near the end of each week, students are to complete one Weekly Progress and Planning Log noting strengths and areas for growth. This includes addressing the goals established for the past week. Successful completion of goals is noted under accomplishments, while unmet goals will likely remain as areas of improvement with a similar goal in the following week. Goals may also be continued in

the following week if there was not an opportunity to achieve that goal.

- Share this information with the CI and seek feedback regarding these issues.
 - Collaboratively with the clinical instructor establish goals for the following week. Student will record these on form.
 - After discussion with clinical instructor, sign and date the page of the form used that week.
 - Upload completed goal planning log on Exxat on a weekly basis in the My Placements section by the following Monday at midnight.
 - The Weekly Progress and Planning Log must be completed for the week in which the midterm and final CPIs are done.
- Responsibilities of the CI
 - Review and complete the Weekly Progress and Planning Log with the student. The previous week’s accomplishments, areas for improvement and goals should inform succeeding weeks planning logs.
 - Collaboratively with the student establish one set of goals for the following week. Student will record these on form.
 - **PT Student Evaluation (PTSE) of Clinical Experience and Clinical Instruction:** Completed by the student no later than the last day of the experience via the My Placements section of the Exxat database. These forms are labeled PTSE 1 and 2, both must be completed. It is strongly encouraged that students share the completed surveys with the CI in the final week of the experience. It is particularly important that students share their feedback related to the CI performance directly with the CI in order to facilitate students’ ability to provide feedback and to allow the CI to improve their instructional skills as appropriate. If a student does not share this feedback during the experience, the program may provide the information to the site upon request. Survey responses have no impact on experience grades.
 - **CI Survey:** Online form-based survey is completed by the CI using the web link provided by the students. Completion of the survey is expected within the week following the last day of the experience. It is the student’s responsibility to ensure that this is done.

c. Grades: The student is to demonstrate appropriate progression in attainment of the clinical experience course objectives. Performance level on the CPI on all 18 performance criteria is expected to be as follows:

Experience	Expected Performance Level on CPI
At end of Experience I	Advanced Beginner
At midterm of Experience II	Intermediate
At end of Experience II	Advanced Intermediate
At end of Experience III	At least halfway in the interval between Advanced Intermediate and Entry Level

At end of Experience IV	Entry Level
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Students are graded on a **Satisfactory / Unsatisfactory (S/U)** basis for each experience. The course grade is assigned by the ACCE. The ACCE determines if the student has satisfactorily met the course objectives and requirements for the experience through evaluation of the CPI and consultation with the Clinical Coordinator, site clinical education faculty, department faculty, and students as needed.

The results of the terminal clinical experience are utilized as an indicator for attainment of curricular outcome objectives.

The student will receive a grade of **U** for the clinical experience course (PTH 515, PTH 611, PTH 615 or PTH 616) if the course requirements are not met successfully. Unsatisfactory performance in CPI red flag criteria 1 (safety), 2 (professional behavior), 3 (accountability), 4 (communication), and/or 7 (clinical reasoning) is grounds for a **U** grade in the course and possible dismissal from the program. A rotation may be repeated only once. If the student receives a grade of **U** in more than one clinical course, the student will be dismissed from the program.

In order to progress in the program or graduate following failure of an experience, the student will be required to follow a remediation plan specified by the *DCE*. At minimum, the student is required to repeat the failed experience in the same type of practice setting. The timing of the remedial experience is dependent upon availability of clinical facilities and faculty. Relevant information regarding the student's unsatisfactory performance will be shared with the remedial site. Other forms of remediation may also be required. The student will not be allowed to progress in the program or graduate until the remediation has been satisfactorily completed. The total number of required weeks of full-time clinical experiences in the program must be attained prior to graduation. A student's graduation date may be delayed when experience remediation is required. The student must register and pay tuition for the remedial experience course.

4. Coverage

- a. Emergency Medical Services: If student is injured or becomes ill during a full-time experience, the clinical facility will provide emergent or urgent medical care as appropriate, consistent with their capability and policies. Students will bear financial responsibility for charges associated with said treatment.
- b. Liability Insurance: Students are annually required to purchase professional liability insurance. The cost of this insurance is included in student fees.

5. Clinical Instructor Appreciation:

Prior to each experience, students will receive a Carroll University thank you note and pen to give to their CI(s) at the end of each rotation. Students will also receive information near the end of each rotation from the Clinical Education faculty regarding the opportunity to submit a nomination for their CI as the Clinical Instructor of the Experience. One CI winner per experience will receive financial support toward their APTA membership or a continuing education course of their choice.

III. Clinical Education Policies, Procedures, and Responsibilities

A. Clinical Experience Placements

1. The *DCE* are responsible for placement of students in full-time experiences. The planning for placements for all three experiences is initiated during the preceding calendar year. Commitment forms for the following year are mailed to contracted clinical sites on March 1st with an expected return date of April 30th.
2. For Clinical Experience I, the *DCE assign* students to their clinical placement.
3. For Clinical Experience II and III, the *DCE establish* a list of confirmed slot offers from which students will be auto-placed through the Exxat system using advanced algorithms to ensure equity. Students have input into their placements in various ways, including:
 - a. Wish list ranking process: The auto-placement algorithm is run using slot offer rankings (prioritized preferences) submitted by the students. Students have access to the wish list of total available slot offers at all times, enabling real-time information about current placement opportunities. When the slot list of confirmed offers has built to or beyond the number of slots needed for a particular rotation, the *DCE will* consider the list final. Students then have approximately one week to rank their preferences for that particular rotation, at which time the wish list closes. The auto-placement process occurs through the Exxat system such that the maximum number of students are matched with their highest possible slot preferences. Students will receive a copy of this placement scenario, followed by a brief window for switching upon request (see below for details). Sites are then notified of their student details to complete the process.
 - b. Expedited placement processes: Occur prior to the wish list ranking and auto-placement processes. Include the National Contract Site Request Policy, New Site Request Policy, and the First Come First Serve Policy. For details on these policies, refer to the appendices.
4. After the assignments, a student may switch clinical sites. It must be in writing and approved by the ACCE or Clinical Coordinator after the auto-placement (Experiences II and III) or notification of assignment (Experience I) but prior to official confirmation with the clinical facilities. The switch form to be used is found in Exxat. Additional requests for switching sites after the wish list and after confirmations to the sites have been sent will be considered on a case-by-case basis. Placements that have been secured via essay or interview process are not eligible for switching. The decision of the ACCE is final.
5. In order to retain the required number of clinical placement opportunities for each class for an experience, first come, first serve opportunities that are not selected when initially offered may be assigned to students not yet placed via random number generator. Students will be notified of the pending assignment and will be allowed one additional week to submit one request via one of the expedited placement methods if they have not already done so. There are no guarantees that the timeline of submission of a request will produce an outcome prior to a student being assigned. Students are not allowed to submit new requests via expedited placement methods once they have been assigned.

If a student has made a request for a national contract or new site placement and it is offered to the program after the student has been assigned, the student will be released from the assigned site. This originally assigned and confirmed placement will then be assigned to another student generated via random number generator. Students who have been assigned a placement are allowed to participate in subsequent first come first serve opportunities only if he/she has identified an alternate student who has agreed to take the originally assigned placement.

6. For all clinical experience assignment processes, exceptions or accommodations to these policies are not made for students' personal needs, such as needs related to spouses, children, financial hardship, or location of housing.
7. Students or any personal contacts (i.e. family, friends, coworkers, neighbors, etc.) are not allowed to solicit or accept direct offers from clinicians for future clinical placements. Students should strongly discourage their contacts to avoid acting on the student's behalf. If such placement requests are received by the *DCE*, they will not be awarded to the particular student but will be offered to the entire class. If a clinician offers a placement opportunity for an experience to a particular student, the student should inform the clinician that all placement offers must be directed through his or her *CCCE*, who will then determine whether to offer the slot to the program.
8. To provide sufficient breadth of clinical experience, students are required to have experience placements in both inpatient and outpatient settings, which are defined as follows:
 - a. At least one inpatient rotation: settings include acute care hospitals, skilled nursing facilities, IP rehabilitation settings, IP neuro, IP pediatrics, and long term acute care (LTAC) hospitals. Rotations labeled as IP/OP mix may count toward the IP requirement if at least 50% of the rotation occurs in the IP setting.
 - b. At least one OP Ortho rotation. Additional OP settings include OP Neuro, OP General, and OP Pediatrics.
 - c. Experiences that fall under the "other" category that do not count toward or against the OP/IP experience requirements include home health and combination OP/IP settings.
9. Students are allowed to have more than one clinical rotation within the same organization, i.e. Aurora or Rehab Care, as long as it is with a different CI in either a different experience setting or location.
10. The start and end times for each rotation are determined by the *DCE*. Changes in these times are made at the discretion of the *DCE* or per facility/*CCCE* request.
11. The week off between Sessions 1 and 2 of Experience III should not be counted on as planned vacation time. This time may be needed for making up missed time or to accommodate for altered start/end dates for one or both of the sessions. If a rotation for Experience III is scheduled across both sessions at one facility, the dates of the 16 consecutive weeks will be determined by the facility in consultation with the *ACCE* and/or Clinical Coordinator. Any plans made for the week between sessions must be flexible and be able to be cancelled.

12. Similar to the item above, students should not make irrevocable travel plans in the week following each full time experience in case additional clinic days are needed for make-up or remediation requirements. Students are responsible for any costs incurred due to a necessitated change in housing or transportation arrangements.
13. Students receive formal placement confirmation notifications from the Exxat system and have access to the facility and CCCE contact information in Exxat as well.
14. A confirmed clinical site will not be cancelled by the school except in extreme extenuating circumstances.
15. If a clinical site cancels a placement, the ACCE and/or Clinical Coordinator will ensure that a replacement site is obtained. Replacement strategies typically begin with sites not yet chosen from the lottery list and expand to include new opportunities offered after the lotteries and/or additional placements offered by an existing clinical partner.
16. The *DCE* reserve the right to secure a student's clinical placement at a facility and in a setting as deemed appropriate by the *DCE* in order to ensure that all students meet the Program requirements.
17. If a student fails to meet academic progression standards and is dismissed from the Program, that individual is no longer a student at Carroll University and therefore cannot attend clinical experiences following receipt of the dismissal letter. Relevant information regarding the case will be communicated to the clinical site by the DCE.

B. *DCE*

1. The *DCE* are responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum. These responsibilities are a component of the *DCE*'s job duties that also include teaching, scholarship, and service.
2. All communication related to clinical education matters should be directed to both the *DCE* to ensure that matters are appropriately addressed in a timely fashion.
3. The *DCE* serve as the department representatives to the many community partners and stakeholders involved in clinical education, including frequent and effective communication regarding the program.
4. The *DCE* collect and analyze data related to clinical education and share this information with the Department faculty on regular basis.
5. The *DCE* are responsible for managing and maintaining currency of the clinical education database.

C. Student

1. Students must be registered for the clinical education course prior to participating at the clinical site. Failure to register prior to the first day will delay the student's participation in direct patient care.
2. At least eight weeks before the experience begins, students are responsible for:
 - a) Reading the information on the Clinical Site Information Form (CSIF) if one is available
 - b) Writing an introductory letter to the CCCE for the experience site using the provided template and uploading it to the Exxat profile along with the course syllabus
 - c) Completing or updating the Exxat profile information and medical records PRN within the Exxat
3. Students are responsible for completing any additional site-specific requirements prior to the first day of the experience, i.e. online modules or additional medical requirements. Students will be notified of these requirements by the DCE and/or clinical site staff. Students are responsible for any costs associated with additional site-specific requirements not otherwise covered by the company or facility.
4. On the first day of the experience, the student is to share with the CI their preferred learning style and method/timing of feedback. They should also discuss the CI's preferred communication and feedback preferences. Goals for the experience and student strengths and weaknesses should be discussed with the CI within the first few days.
5. The student will offer to complete or update the site's CSIF. Instructions for this process are available in the Exxat "Student Packet" under the General Documents heading.
6. At the completion of the experience, the student will write a thank you note to their CI and give them the provided pen.

D. CI/CCCE/Clinical Site

1. The CCCE in collaboration with the *DCE* will confirm student assignments.
2. The CI will be a licensed physical therapist with at least one year of clinical experience and a desire to be involved in clinical education. According to the Carroll University Clinical Faculty Conditions of Employment, individuals at this rank have an entry-level clinical degree and serve as a clinical preceptor to a Carroll University Health Sciences student during off-campus practicum and experiences. Clinical Instructors major time commitment is not at Carroll University and participates on a non-salaried basis. The CCCE or management staff as demonstrating the professional and interpersonal attributes necessary for this role will identify the CI.
3. The CI/CCCE will orient the student to the facility and clarify expectations of the student.
4. The CI will complete all required assessments in a timely manner including the weekly goal planning logs, midterm phone call, midterm and final CPIs, and CI survey.

5. The CI will complete the training modules in order to access CPI Web and complete the CPI electronically in advance of the midterm CPI due date.
6. The CI will comply with jurisdictional law and regulations relative to physical therapist practice and supervision of student physical therapists.
7. The CI is to demonstrate effective clinical teaching skills. In the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* form, item 22, a minimum score of 3 (1-5 scale with 5 being the most positive response) is expected.
8. The CI is expected to communicate with the CCCE and/or DCE in a *timely manner* if he/she has any concerns regarding student performance. Timely communication will allow all stakeholders to participate in conflict management according to the policy outlined in this manual to facilitate the student's successful completion of the rotation.
9. If Student is injured or becomes ill while at the Clinical Education Setting, the Clinical Education Setting shall provide emergent or urgent medical care as appropriate, consistent with the Clinical Education Setting's capability and policies. The Clinical Education Setting shall promptly notify the Institution that Student has been injured or become ill. Student shall bear financial responsibility for charges associated with said treatment.
10. As required by the Commission on Accreditation of Physical Therapy Education (CAPTE), the Clinical site will complete a Clinical Site Information Form at the time of contract with Carroll University and will update the form every three years. A copy for each clinical site is kept in the department facility file. CSIF documents may also be accessed electronically via the CPI Web system.

E. In-Services

Some experience sites may require the student to give an in-service to the staff. This is determined by the site and is not a specific requirement of the program.

IV. Clinical Affiliation Agreement (Contract)

A clinical affiliation agreement between Carroll University and each clinical site must be in place prior to any student assignments to the facility for a clinical experience. A fully executed copy of the contract, including addendum for Physical Therapy, is stored in the university's contract database system. A second completed contract is maintained at the clinical facility or contracting organization.

V. Establishment and Evaluation of Clinical Sites

A. Procedure for Establishing New Sites

1. The ACCE, Clinical Coordinator, students in the program, or clinical facilities may request that an affiliation agreement be initiated between Carroll University and a clinical facility.

2. Contact is made between the ACCE or Clinical Coordinator and the Department of Physical Therapy at the prospective facility. The ACCE or Clinical Coordinator describes the Physical Therapy Program and asks if the facility is interested in participating in the clinical education curriculum. The ACCE or Clinical Coordinator also solicits information about the site to ensure an appropriate match. Students or any personal contacts (i.e. family, friends, coworkers, neighbors, etc.) are not allowed to initiate the clinical affiliation agreement process.
3. The following information is made available to the sites:
 - Clinical Education Manual
 - Clinical Education Philosophy
 - Clinical Instructor rights and privileges
 - Clinical Course Syllabi
 - Course Descriptions and Sequence
 - Course Sequence
4. If it is mutually agreed to utilize the facility as an experience site, a contract shall be established and signed by both parties. If the contract is originated by Carroll University, a Physical Therapy Addendum will be included. Each party shall maintain a signed copy of the document(s).
5. A student shall not be assigned to a facility unless there is an appropriately executed contract in place. Verbal agreement will suffice if the contract is originated from Carroll University.

B. Evaluation of Clinical Sites

Clinical sites are evaluated by several different methods:

1. The initial assessment process evaluates whether the facility can supply the specific needs of the clinical education program.
2. Students are required to complete the student evaluation of facility and instructor at the end of each affiliation. The *DCE* review and analyze the information and report to the Department of Physical Therapy faculty and accrediting body.
3. Communication and ongoing assessment of the facility and processes surrounding student placements occur throughout the year and during student clinical rotations.
4. The ACCE and/or Clinical Coordinator may make a periodic visit to the clinical site.

VI. Clinical Instructor Rights and Privileges

Clinical instructors and their facilities are welcome to request an educational in-service provided by the Carroll University Physical Therapy Faculty at no cost to the clinical instructor or the facility. Requests should be made to the PT Program ACCE or Clinical Coordinator. Faculty availability, expertise, and travel requirements will be considered.

VII. Policy Regarding Complaints External to Due Process

An individual or organization that is unhappy with their experience or encounter with any student, faculty or staff member of the Carroll University Department of Physical Therapy is encouraged to communicate the complaint orally or in writing to University personnel. When a complaint that falls out of the realm of due process, such as complaints from clinical education sites, employers of graduates, and the public, the practice at Carroll University is for the appropriate administration personnel to respond, investigate and document the complaint. Complaints should be addressed to: Sara Deprey, Chair of the Department of Physical Therapy, Carroll University, 100 N. East Ave., Waukesha, WI 53186 if in writing, sdeprey@carrollu.edu via email, or 262-951-3051 via phone.

The following procedure describes the process for handling a complaint against the Department. The goal of the procedure is to rectify the situation appropriately.

1. When possible, the Department Chair will discuss the complaint directly with the party involved within 7 business days. The Chair will report the complaint to appropriate personnel based on the nature of the complaint.
2. If dissatisfied with the discussion with the Department Chair, or if the complaint is against the Department Chair, the involved party may submit a written or oral complaint to the Dean of the College of Health Sciences.
3. If the party feels that additional complaint is necessary, the next line of complaint is to the University Provost.

Appendix 1

First Come First Serve Policy

When facilities offer slots for a particular clinical experience, they indicate whether the slot is dedicated to Carroll or is a first come first serve choice. A dedicated slot means the facility is reserving that spot for a Carroll student. When a facility indicates that a placement is first come first serve, the first school to respond is awarded that placement. The following procedure will be followed for first come first serve site selection. This is applicable to Experiences II and III only since clinical Experience I is assigned.

1. The DCE will notify students via e-mail through the Exxat system when a first come first serve placement is offered. The facility name, location, type of experience and number of spots available will be indicated.
2. A deadline date for response will be given.
3. Students express interest in the site by replying through the Exxat email link by the designated deadline. Students should only submit their names if they have serious interest in the placement.
4. If only one student expresses interest in the opportunity, that student's name will be submitted to the site. If more students express interest than there are placements available, the *DCE* will randomly select which student's name will be submitted to the site.
5. The *DCE* will contact the facility to request the placement for the student(s) and will notify the student whether or not it was confirmed, as another university may have already secured the placement.
6. Once a site is confirmed, it is not cancelled unless *extreme* extenuating circumstances arise. All decisions by the *DCE* are final.
7. If no one chooses a first come first serve placement and the site has not been assigned, the offer will remain on the wish list. The ACCE or Clinical Coordinator will contact all FCFS sites prior to the wish list ranking process to determine whether unclaimed offers are still available. If the placement is no longer available, it will be removed from the list prior to the wish list ranking process.
8. Students may request a FCFS placement that was not originally chosen at any time after the original offer as long as the status appears as "tentative" in the wish list. There is no guarantee that the placement will still be available when requested.
9. Special circumstances may arise in which a student with a confirmed FCFS placement wants to release the placement: interested in a new FCFS placement, no longer interested in the original FCFS placement, or requesting a switch with another student. A student cannot release a confirmed placement unless there is another student willing to take the originally confirmed FCFS placement. If an alternate student is not identified, the student must fulfill his/her initial commitment. It is not an option to cancel a previously confirmed placement.
 - a. If the *DCE* agree to proceed with the student's request, the method for identifying the alternate student varies depending on whether there were other students initially interested in the original FCFS placement.
 - i. If more than one student originally expressed interest in the site, the opportunity must be offered again to those students. If at least one of those students is still interested and is able to accept the placement, the original student no longer has that site assigned to him/her. If the other students

- who originally expressed interest no longer want the rotation or have subsequently accepted another placement, this option will not work.
- ii. If no other students originally expressed interest in the site, the opportunity must be offered again to the class as a whole. How this is accomplished is up to the student requesting the switch, i.e. class e-mail, in class. If more than one student expresses interest, a student will be selected from this group via random selection. If no students express interest in the placement, this option will not work.
 - b. If a student is interested in a newly offered FCFS placement, the student must disclose the name of the original site in the reply e-mail for the new FCFS. The *DCE* must be contacted immediately to advise how the alternate student will be identified. Once the plan is determined, the student has until the new FCFS deadline to identify the alternate student, which then requires final approval by the *DCE*. Given the short time frame for FCFS offers, review and approval is not guaranteed to occur prior to the deadline.
 - c. If a student wishes to release a confirmed FCFS site, he/she must first speak to the *DCE* to discuss the request. There are some circumstances in which a release may not be appropriate, so the *DCE* may deny the request if determined not in the best interest of all parties involved. Interview and application-based opportunities are not able to be “given” to another student.
 - d. If a student wishes to switch a FCFS site with another student’s confirmed placement, he/she must first speak to the *DCE* to discuss the request. Approvals of switch requests are at the discretion of the *DCE*. The switch form to be used is found in Exxat.

Appendix 2

National Contract Site Request Policy

Students are able to submit requests for placement opportunities across the country through national contracts currently in place for the DPT Program using the National Contract Site Recommendation Form found in Exxat in the Student Packet tab. The list of approved national contracts is located in Exxat in the Student Packet tab. Placement requests cannot be made for sites within existing contracts outside of this approved list. Request forms should be submitted to both the *DCE*. The DCE will consider it and follow up with the clinical site as determined to be appropriate to do so. Students are allowed to submit one request at a time per experience. If an adequate number of appropriate placements has been secured for a particular experience, requests for new site contracts may not be pursued in order to maintain strong, consistent relationships within our existing contracts.

Students or any personal contacts (i.e. family, friends, coworkers, neighbors, etc.) are not allowed to solicit or accept direct offers from clinicians for future clinical placements. Students should strongly discourage their contacts to avoid acting on the student's behalf. If such placement requests are received by the *DCE*, they will not be awarded to the particular student but will be offered to the entire class. If a clinician offers a placement opportunity for an experience to a particular student, the student should inform the clinician that all placement offers must be directed through his or her CCCE, who will then determine whether to offer the slot to the program.

Appendix 3

Application/Interview Placement Policy

1. Procedure for Assigning Pediatric Rotations

To accommodate the unique nature of the pediatric physical therapy setting and in response to clinical partner feedback, pediatric experience opportunities are awarded through an application-based procedure. Pediatric therapists often prefer to work only with students who express a strong desire and intent to practice in pediatric clinical practice after graduation. The intent of this procedure is to ensure the best fit between a student and the clinical site and prevent students from choosing a pediatric opportunity out of mild curiosity or due to location of the site. Students with a passion for working with children are encouraged to apply.

1. Students will be notified that a pediatric rotation is available.
 - Note: Students must consider whether graduation requirements for IP and OP settings have been/will be met via other experiences in the program, as pediatric experiences do not count for or against these requirements.
2. Students will be required to write a brief essay of about 1 page in length. This essay will address the following:
 - Why are you interested in a pediatric rotation?
 - Why do you feel you would be a good match for this site?
 - Why are you interested in the particular site being offered?
3. The decision on who will be assigned to the site will be made in one of two ways:
 - After reading and evaluating the essays, the decision will be made by the Department's clinical education faculty (*DCE*).
 - If the site prefers to select the student, essays will be forwarded to the site for consideration. A decision may be based on these essays or will lead to phone interviews of select candidates at the site's discretion. The site will then notify the program and student of the decision.
4. If a student submits a new site or national contract request for a pediatric facility, this application policy takes precedence. This means that a student may submit their site requests for pediatric facilities but will also need to submit the required essay. If the site agrees to offer the requested placement, the opportunity will be opened to the class to follow the same procedure as outlined above.

2. Other Interview or Application-based Rotations

- Clinical facilities may require an application or interview process before awarding clinical placement. This may include written essay and/or phone interview.
- Placement offers that are interview and/or application-based are not eligible for selection in the lottery.

Appendix 4

Policy for Students on Probation

- ❖ **This policy applies to students currently on probation for failure to meet academic standards the previous semester and students who have been on probation at any time since entering the program.**
- 1. Prior to, or within the first week, of each experience, students on probation will either meet or be in phone/e-mail contact with their academic advisor to establish or review and update their learning contract. Learning contracts for students on probation must include at least one element related to successful performance in the clinical environment.
- 2. Students on probation must disclose to the CI on the first day of the clinical that he/she has not met academic progression standards in the past (semester GPA fell below 3.0 or failed a previous pass-fail course). Students can professionally relay this information however, they prefer and are not required to use the word “probation”, i.e. a student can identify that he/she struggled or had a C in a particular course. Students share the learning contract with the CI on the first day, including the course and/or content area(s) in which he/she had difficulties and the specific strategies that he/she has in place via the learning contract, and asks the CI for support and guidance in these particular areas throughout the clinical. The CI should be invited to add any additional suggestions to facilitate success.
- 3. Student responsibilities during clinical experiences:
 - a. Email *DCE* within first week to confirm disclosure as above. The student should direct the CI to contact the DCE with any questions or concerns.
 - b. Midterm calls must be scheduled with the DCE, not adjunct faculty. It is the student’s responsibility to sign up for a call slot as early as possible to ensure they are able to schedule with the ACCE or Clinical Coordinator as schedules are limited and can fill quickly.
 - c. For Experience II, students on probation are also given the option to have a second phone call with the DCE during the 8th week of the experience. This call may involve separate conversations between the DCE with the student and CI or may involve a conversation with all parties at the same time.