

UNIVERSITY *of*



DAYTON

Department of
Physical Therapy

**Student Clinical
Education Handbook**

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Mission

In accordance with the mission of the University of Dayton and the School of Education and Allied Professions, the fundamental purpose of the Program in Physical Therapy is to provide high quality physical therapist education in the context of the Catholic faith. The physical therapist professional education program at the University of Dayton aims to graduate knowledgeable, service-oriented, self-assured, adaptable, reflective practitioners who, by virtue of critical and integrative thinking, lifelong learning, and ethical values, render independent judgments concerning patient/client needs that are supported by evidence; promote the health of the client; and enhance the professional, contextual, and collaborative foundations for practice. The program faculty and graduates will contribute to society and the profession through practice, teaching, administration, and the discovery and application of new knowledge about physical therapy. The program will offer an education with structured and varied experiences of sufficient excellence and breadth that allows for the acquisition and application of essential knowledge, skills, and behaviors that can be applied to the practice of physical therapy. (*Adapted "A Normative Model of Physical Therapist Professional Education, 2004"*)

Program Goals & Objectives

The goal of the UD DPT program is to enable graduates to become licensed competent compassionate care givers with a commitment to personal values, professional development, life-long learning and service to humanity. To assure attainment of this goal, the UD DPT graduate will be able to fulfill the following program objectives:

1. Adapt professional thinking and behaviors to proactively reflect changes in the health care industry.
2. Identify personal and professional strengths and weaknesses through self-appraisal.
3. Demonstrate accountability by taking personal responsibility for self-improvement and continuing professional development.
4. Demonstrate life-long learning skills to include: self-direction, critical appraisal, clinical reasoning, outcome assessment, and resource management.
5. Contribute to the professional body of knowledge by critically appraising current literature, conducting scientific investigation and participation in other scholarly activities.
6. Conduct professional activities in accordance with the laws and high ethical standards which govern the physical therapy profession.
7. Demonstrate communication and professional leadership skills necessary for clinical management and interdisciplinary patient care.
8. Conduct one's life in accordance with his/her personal values reflecting a commitment to church, community, profession, and to all humanity.
9. Promote "whole-person" care in clinical practice and other professional endeavors.
10. Demonstrate the use of sound clinical reasoning and clinical skill mastery during patient care based upon scientific evidence and patient outcomes.
11. Treat all patients and co-workers with respect being sensitive to each one's individual needs regardless of sex, race, creed, culture, or lifestyle choices.

12. Demonstrate cooperation with other medical and healthcare professionals through appropriate referral and communication.
13. Support physical therapy through participation at the district, state, or national level and through participation in special interest groups and professional education.
14. Demonstrate a balance in his/her life by addressing personal needs for spiritual, mental, social and physical well-being.

The program philosophy, goals, and objectives are in harmony with those of the School of Education and Allied Professions and the university.

Philosophy of Clinical Education

University of Dayton is dedicated to providing quality clinical education in a variety of clinical settings both locally and throughout the United States. Approximately one-third of the entire three-year doctoral level program is performed in the clinical setting. An objective of the Physical Therapy program is to prepare students for their clinical rotations above and beyond the “norm” for student performance. The problem-based format of education has greatly enhanced the students’ ability to problem solve, apply critical information to each unique patient situation, and to “think on their feet” as they move from case to case. Problem-based cases demand students go well beyond diagnoses to address the whole of each person in the Catholic and Marianist spirit of service within a community. Another important feature of the curriculum has been to prepare the students didactically for a specific type of rotation and then follow up by having their clinical placement “match” that patient population. Although it is not always possible to make a “match” with 100% accuracy, every attempt is made. A “match” is defined as a clinical site providing students with at least a 50% caseload of the clinical rotation patient population of focus. An overview of clinical rotations is as follows:

- General Medicine (7 weeks): Ideally, this rotation takes place in a setting where patients are more medically complex. Examples of settings that work well for this rotation are inpatient acute care, skilled nursing, long term care, home health, and inpatient rehabilitation. Outpatient settings can work well when the clinical instructor plans the student’s caseload to include patients who require medical monitoring or those with comorbidities.
- Neuro/Rehab (8 weeks): Can be performed in an inpatient or outpatient setting with an emphasis in a neurologic patient population. Pediatric settings are also appropriate at this level of the curriculum.
- Orthopedic (12 weeks): Performed in an outpatient orthopedic or sports medicine environment.
- Elective (12 weeks): Unless a student has a specific need (i.e., they require more exposure to a certain population), this rotation allows a student to further develop in an area of their choosing. Decisions are made in cooperation with the DCE.

Because University of Dayton has a very strong commitment from its professional community, most students are provided the option of remaining in the local vicinity while performing their clinical responsibilities. **(Note: “Local” is defined as being within a 90 mile radius from the School)** Due to limitations in the number of local clinics offering services to specific populations, such as neurologic and pediatric populations, it is necessary to provide select clinical experiences outside of the local vicinity. Additionally, arrangements are also made for specialty clinical opportunities at well-respected clinics throughout the nation. Opportunities

are available for students who wish to travel to clinics that can provide a clinical advantage outside the 90 mile radius (See section H under the heading “Student Guidelines for Clinical Education” for further details).

Students are expected to participate in clinical activity on a full-time basis during clinical rotations. Regular classes are not scheduled. While on rotation, students are given the opportunity to practice their newly acquired skills, as well as learn how to function as a professional in a variety of settings. Students are assigned to a clinical instructor (CI) at each facility. Students’ clinical performance will be assessed by self and CI according to the national APTA performance criteria utilizing the Clinical Performance Instrument (CPI) assessment tool. Additionally, students complete clinical coursework assigned by the DCE to enhance clinical growth through reflective learning. Considering clinical and coursework performance, students are graded by the DCE on a pass/fail basis.

The DCE at the University of Dayton is available to both the Clinical Instructor and the student to provide guidance, counsel, and assistance as needed. The DCE monitors student performance throughout the clinical via electronic communications, review of completed clinical assignments, and review of regular performance assessments. The DCE also performs regular, random on-site visits to follow up with students and their instructors during the clinical rotations.

Performance Objectives and Competencies by Rotation

Didactic preparation for clinical rotations progressively readies UD DPT students to meet affective, cognitive, and psychomotor objectives, while equipping students with growing technical competence in the performance of standard and specific physical therapy tests, measures, and interventions. Likewise, clinical performance expectations grow with each clinical:

UD DPT Clinical Course CPI Performance Ratings – Expected & Typical				
Clinical	General Medicine	Neurology	Orthopedics	Elective
Expected Performance	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
Typical Performance	Intermediate	Advanced Intermediate	Advanced Intermediate/Entry Level	Entry Level

Clinical Rotation I: General Medicine

For successful completion of this course, the student must perform at the **Advanced Beginner Level** on the APTA Clinical Performance Instrument (CPI), while meeting each of the following UD DPT objectives:

1. Establish patient and peer report through effective communication skills.
2. Determine an evaluation strategy and perform examinations for a “general or acute” patient population. Evaluation would include a comprehensive patient chart review, patient history, and physical examination.
3. Establish treatment strategies and patient centered outcomes and goals.
4. Research diagnoses and conditions using appropriate resources.
5. Perform evaluations and provide treatment under the supervision of a licensed Physical Therapist.
6. Explore and critique treatment effectiveness and adjust plans accordingly.
7. Interact successfully with payers, ancillary services, and health care services and make recommendations or referrals as appropriate.
8. Plan and prepare for appropriate patient discharge and demonstrate effective documentation.
9. Providing an in-service or case report is recommended as part of the requirements.

At this level of their education, students are expected to be able to demonstrate competency in the following tests and measures:

- Vital signs (BP, HR, Respiratory rate, and pulses)
- Assess breathing patterns and auscultation of heart and lungs
- Anthropomorphic measures for height, weight, length, and girth
- Basic assessment of patient orientation
- Analysis of basic assistive and adaptive devices
- Analysis of kinematics including gait and balance scales and Wheelchair mobility
- Evaluation of skin and wounds including skin integrity, wound location, shape, size, depth, color, drainage, odor, and infection
- Basic analysis of posture (static and dynamic) including observation and palpation.
- Basic Musculoskeletal Exam including Joint Play Tests, MMT, DTRs, palpation, and functional and goniometric ROM (active and passive), including end-range feel.
- Basic myotome and dermatome screens
- Assessment of autonomic responses to position changes
- Analysis of thoracoabdominal movement, breathing patterns, capillary refill
- Analysis of heart and lung auscultation, pulse oximetry, vital signs and pulmonary function

Students are also expected to demonstrate competency in performing the following interventions:

- Breathing strategies (pursed lip, paced, stair case breathing)
- Wound care for dressing changes, oxygen therapy, hydrotherapy, and topical agents
- TENS
- Basic ADL training, transfers, and gait techniques
- Assistive equipment (walkers, canes, crutches)
- Modalities (cryotherapy, superficial and deep thermal, CPM, tilt table, and compression.
- Therapeutic exercise: aerobic endurance, conditioning, strengthening, stretching, and flexibility

Clinical Rotation II: Neurology

For successful completion of this course, the student must perform at the **Intermediate Level** on the APTA Clinical Performance Instrument (CPI), while meeting each of the following UD DPT objectives:

1. Establish patient and peer rapport through effective communication skills
2. Determine an evaluation strategy and perform examinations for a “neurologic” patient population.
3. Evaluation would include a comprehensive patient history and chart review, and physical examination.
4. Establish treatment strategies and patient centered outcomes and goals.
5. Research diagnoses and conditions using appropriate resources.
6. Perform evaluations and provide treatment under the supervision of a licensed Physical Therapist.
7. Explore and critique treatment effectiveness and adjust plans accordingly.
8. Interact successfully with payers, ancillary services, health care services and make recommendations or referrals as appropriate
9. Plan and prepare for appropriate patient discharge or discontinuation of Physical Therapy and demonstrate effective documentation.
10. Providing an in-service or case report is recommended as part of the requirements.

At this level of their education, students are expected to be able to build on the objectives from Clinical Rotation I as well as demonstrate competency in taking the following tests and measures:

- Assessment of arousal attention and cognition using standardized measures
- Assessment of level of consciousness and memory
- Assessment of orientation to person, place, time and events
- Analysis of assistive and adaptive devices and components
- Assessment of alignment and fit of assistive device as well as patient's ability to use it
- Utilization of ADL scales or indexes
- Assessment of cranial nerve integrity including dermatomes, gag reflex, swallowing, and muscles innervated by cranial nerves
- Assessment of response to auditory, gustatory, olfactory, visual and vestibular stimuli.
- Analysis of kinematics including gait on various terrains and surfaces and safety assessment
- Analysis of stereotypic movements, postural equilibrium, and righting reactions
- Assessment of sensorimotor integration and Motor Assessment scales
- Assessment of muscle tone and functional strength, power and endurance
- Neuromotor development and sensory integration including age and sex appropriate development, involuntary movement, reflex movement patterns, gross and fine motor skills, and motor control and motor learning
- Assessment of pain perception (e.g. phantom pain)
- Analysis of self-care and home management activities including safety and adaptive skills
- Sensory integrity including combined cortical sensations, deep sensations, gross receptive, and superficial sensations

Students are also expected to build on the skills developed during Clinical Rotation I as well as demonstrate competency in performing the following interventions:

- Assistive cough techniques and suctioning
- Electrotherapeutic modalities including functional and neuromuscular electric stim
- ADL training and assistive and self-care or home management task adaptation
- Assistive and adaptive devices (beds, raised toilet seats, seating systems, etc.)
- Balance & coordination training, developmental activities, motor learning, and therapeutic exercise

Clinical Rotation III: Orthopedics

This is typically the first outpatient clinical experience. For successful completion of this course, the student must perform at the **Advanced Intermediate** Level on the APTA Clinical Performance Instrument (CPI), while meeting each of the following UD DPT objectives:

1. Establish patient and peer report through effective communication skills
2. Determine an evaluation strategy and perform examinations for an "Orthopedic" patient population. Evaluation would include a comprehensive patient history, chart review, and physical examination.
3. Establish treatment strategies and patient centered outcomes and goals.
4. Research diagnoses and conditions using appropriate resources.
5. Perform evaluations and provide treatment under the supervision of a licensed Physical Therapist.
6. Explore and critique treatment effectiveness and adjust plans accordingly.
7. Interact successfully with payers, ancillary services, and health care services and make commendations or referrals as appropriate
8. Plan and prepare for appropriate patient discharge or discontinuation of Physical Therapy and demonstrate effective documentation
9. Providing an in service or case report is recommended as part of the requirements.

At this level of their education, students are expected to be able to build on the objectives from Clinical Rotations I and II, as well as demonstrate competency in taking the following tests and measures:

- Environmental and ergonomic analysis of community, work and leisure activities
- Assessment of functional capacity
- Analysis of physical space including identification of current and potential barriers, measurement of space, and inspection of the environment
- Body mechanic analysis of selected task and activities
- Analysis of biomechanical, kinematic, and kinetic aspects of gait, locomotion and balance
- Assessment of skin integrity including color, warmth, sensation, mobility, turgor, texture and positions and postures that may jeopardize skin integrity
- Assessment of scar tissue
- Joint integrity and mobility including assessment of hyper and hypomobility and joint play
- Assessment of dexterity, coordination, agility, and physical performance scales
- Assessment of oromotor, phonation and speech production
- Analysis of pain behavior and reaction during movement including use of questionnaires, graphs, and scales
- Analysis of resting, static and dynamic postures using plumb lines, posture grids, videos, etc.
- Analysis of functional range of motion, environment, and tasks

Students are also expected to build on the skills developed during Clinical Rotations I and II, as well as demonstrate competency in performing the following interventions:

- Wound care management including adaptive and protective devices, debridement and physical and mechanical agents
- Electrotherapeutic modalities including, muscle stim, and iontophoresis
- Functional training including adaptive and protective equipment, ergonomic training, injury prevention, leisure, and play activity training
- Manual therapy techniques (i.e. connective tissue massage, joint mobilization, manual traction, soft tissue mobilization, and massage)
- Mechanical traction
- Therapeutic exercise including body mechanics and ergonomics, gait, locomotion, and neuromuscular education/reeducation, relaxation and inhibition

Clinical Rotation IV: Elective Clinical

For successful completion of this course, the student must perform at the **Entry Level** on the APTA Clinical Performance Instrument (CPI), while meeting each of the following UD DPT objectives:

1. Establish patient and peer report through effective communication skills
2. Determine an evaluation strategy and perform examinations for a non-specified patient population. Evaluation would include a comprehensive patient history, chart review, and physical examination.
3. Establish treatment strategies and patient centered outcomes and goals.
4. Research diagnoses and conditions using appropriate resources.
5. Perform evaluations and provide treatment under the supervision of a licensed Physical Therapist.
6. Explore and critique treatment effectiveness and adjust plans accordingly.
7. Interact successfully with payers, ancillary, and health care services to make recommendations or referrals as appropriate
8. Plan and prepare for appropriate patient discharge or discontinuation of Physical Therapy and demonstrate

effective documentation

9. Providing an in-service or case report is recommended as part of the requirements.

At this level of their education, students are expected to be able to build on the objectives from Clinical Rotations I, II and III as well as demonstrate competency in taking the following tests and measures:

- Interpretation of oxygen consumption and analysis of electrocardiogram
- Measurement of body fat composition
- Assessment of edema (palpation, girth, volumetrics)
- Assessment of functional capacity
- Assessment of response to manual provocation tests
- Analysis of myoelectric activity using EMG, nerve conduction, etc.
- Electrotherapeutic modalities including biofeedback
- Dynamometry
- Orthotic devices including analysis of need, effects and benefits, alignment and fit, safety and proper care and use
- Prosthetic devices including analysis of need, effects and benefits, alignment and fit, safety, proper care and use and assessment of residual limb
- Muscle length testing
- Reflex integrity including normal and pathological reflexes
- Ventilation assessment including cough and sputum and ability to clear airway

Students are also expected to build on the skills developed during Clinical Rotations I, II and III, as well as demonstrate competency in performing the following interventions:

- Airway clearance techniques including assistive devices (e.g. flutter valve), Autogenic drainage, chest percussion, vibration, shaking and pulmonary postural drainage and positioning
- Functional training for environmental adaptation (job, school, play), job coaching, and functional training programs
- Orthotic and protective devices including taping, splints, braces, shoes, casts, and helmets
- Prosthetic device or equipment training

Student Clinical Education Guidelines

a. Health, background, and education records

UD DPT requires the certain health, background, and education records be maintained and updated to meet the requirements of participation at clinical facilities. These include:

- Health examinations, drug tests, vaccinations
- Health insurance
- Cardiopulmonary Resuscitation
- Background checks
- Information security
- Infection control

It is the student's responsibility to ensure UD DPT has a record of each of these items on file. UD DPT will make electronic and paper copies available to students. It is the student's responsibility to provide each clinical site with requested documentation of these items prior to the start of each clinical.

UD DPT does not send these items to clinical sites, with the exception of the Student Contact and Curricular Information for Clinical Facilities form.

1. Health Examinations

- a. Students will maintain a health form and take it with them to each clinical rotation should it be required. The health form will include a physical examination, appropriate vaccinations, and clearance from TB. (TB skin test or chest x-ray.) The health form is to be updated on a yearly basis. The student will retain the original for use during clinical rotations and a copy is kept on file in the DPT office.
- b. In addition to a health form, students will have documentation of Hepatitis B vaccination (some facilities accept a signed waiver) prior to each clinical experience.
- c. Some clinical sites will require health related testing (e.g. HIV or drug). All UD DPT students will complete drug testing, initiated by UD DPT. If testing is positive the student may not be able to complete the clinical experience.

2. Health Insurance

- a. Students are required to have proof of personal health insurance prior to commencing clinical education. The documentation must include assurance of continual coverage for at least one year at a time. This insurance is available through University of Dayton at the student's expense.

3. Cardiopulmonary Resuscitation

- a. Proof of current CPR certification is required for each clinical experience, and a copy of the certificate is to be kept on file in the DPT office.
- b. An opportunity for certification is scheduled by the DPT Program. Students may make their own arrangements at their own expense. The student must then provide the DCE administrative assistant with the certificate so that a copy may be kept on file.

4. Background Checks

- a. The majority clinical sites require background checks. UD DPT requires FBI and Ohio BCI&I background checks upon entrance into the UD DPT program. Additional background checks may be required by clinical sites.
- b. Findings on background checks may preclude placement at certain clinical sites. Additionally, certain infractions may impact one's ability to be eligible for licensure as a physical therapist. UD DPT will review positive findings with student.

5. Information Security

- a. Education on health information privacy and security, including the Health Information Portability and Accountability Act (HIPAA), and certification of this education will be provided by UD DPT.

6. Infection Control

- a. Education standard infection control practices and certification of this education will be provided by UD DPT.

7. Student Contact and Curricular Information for Clinical Facilities form.

- a. UD DPT provides your clinical site with this form at least two months prior to each clinical. It contains your photo, contact information, undergraduate school, your prior clinical sites, UD DPT curricular links, and clinical education resource links. UD DPT will arrange for your photo to be taken for this clinical education resource document.

b. Clinical Site Affiliation Agreements

A student will only be given a clinical assignment in those facilities which have a signed written agreement between that facility and University of Dayton. Many clinical sites have signed the standard University of Dayton Agreement, while other sites prefer their own institutional affiliation agreement be utilized. Students must review the clinical education agreement and complete the Student Contract Review Form prior to beginning their clinical assignment. Contract folders are available for review during regular business hours.

c. Name Badge

The student will wear a name badge for all clinical education experiences. The program will provide a transparent holder for the student's university ID card which will serve as the name badge.

d. Student Expenses

Room and board, and transportation to and from clinical experiences are the student's responsibilities, and clinical rotations will not be arranged to accommodate these needs. While some facilities offer incentives to students, this cannot be expected or guaranteed. Each student needs to budget for the expenses of one to two clinicals occurring outside of the "local" (within 90 miles) clinical community.

e. Clinical Attire

1. As representatives of the University of Dayton, students within clinical facilities are required to be well groomed and to dress in a professional manner. The following guidelines provided by the University should be observed in the clinic unless the facility has provided students with a dress code more suitable for that particular setting.
2. The standard clinical uniform is a white lab jacket worn over a skirt (of modest length) or pants (not jeans). Ties for men are recommended unless otherwise stipulated in the clinical facility dress code. Shirts with logos other than UD DPT logos are not acceptable. Professional attire and consistency with facility attire standards should guide your clinical attire decision-making.
3. Name badges are to be worn as required by the facility. Students will use their own student name badge unless the facility provides a name badge which students are expected to use. Your name badge must clearly specify that you are a student.
4. Personal cleanliness and hygiene are to be maintained at all times. Perfume, colognes or aftershave lotions should be used with caution as they may be an irritant to patients.
5. Accessories, including jewelry, should reflect professional clinical standards in harmony with the conservative standard of dress outlined in the University of Dayton student handbook.
6. Hair styles should be neat and off the face and shoulders. Long hair should be pulled back. Men should keep facial hair neatly trimmed (able to be covered with a face mask). New beard growth is not authorized.
7. Shoes are to be sturdy with non-skid soles and heels. For safety, sandals and open-toed shoes are not to be worn. Athletic shoes are not acceptable unless specified or recommended by the facility.

8. The DCE or the facility may provide additional guidelines as appropriate.

f. Clinical Conferences/Clinical Site Visits

Midterm conferences are not scheduled on a routine basis while the student is on a rotation, as mutual or one way electronic communications occur almost weekly, giving the DCE insight into the clinical environment and clinical progress. However, the DCE may schedule individual conferences either in person or by phone on an as needed basis or at the request of the student, CI, or CCCE. Additional conferences may take place on an as needed basis. The DCE remains available into the evenings and on weekends for student and clinical personnel communications via phone and electronically throughout clinicals.

g. Conduct at the Clinical Setting

1. At all times the student is expected to:
 - a. Be aware of, and follow, the rules and regulations of the physical therapy department and/or the clinical setting (e.g., working hours, billing procedures, dress code, preparation of treatment area, etc.).
 - b. Comply with the ethical standards of the APTA, University of Dayton, and the clinical facility.
 - c. Conduct himself/herself in a professional manner in regard to both patients and staff.
 - d. Respect the integrity and rights of all persons.
2. Noncompliance with any of the above will be taken into account in the student's evaluation. Noncompliance can result in dismissal from the rotation, and unsatisfactory grade and/or dismissal from the physical therapy program.
3. While at the clinical facility, it is the student's responsibility to complete all assignments as requested by the CCCE and/or the CI including but not limited to, readings, inservice presentations, notes, home programs, etc. Failure to do so may result in an unsatisfactory grade for the clinical experience.
4. Students will familiarize themselves with all policies and procedures of the clinical facility. This includes, but is not limited to those policies and procedures dealing with emergency situations, scheduling, billing, note-writing, transportation of patients, discharge of patients, use of abbreviations and medical terminology, referrals to other disciplines within and outside the facility, evaluation and treatment protocol.
5. Tardiness is not acceptable in clinical education. Make-up of lost time is required and, in extreme cases, may result in failure if not accomplished.
6. Absences. Clinical education is an integral component of physical therapy education and students are expected to attend all clinical experiences as arranged. If it is necessary to be absent, it is the student's responsibility to notify the CI and the DCE or his/her assistant. It is at the discretion of the clinical instructor, as the student's "supervisor", to decide when absences may be permitted and it is the responsibility of the student to abide by this decision. The student must then contact the DCE to determine whether or not the intended scheduled absence meets the standards for an "excused absence". The DCE may also be consulted by the CI and may require makeup time if he/she feels it is necessary. If there is a question regarding attendance, the DCE should be contacted.
 - a. EXCUSED ABSENCES

- i. Illness or injury may be excused provided the student notifies the clinical supervisor. When participating in clinical experiences, students must consider the health of those with whom they come in contact. If the student feels that he/she has an illness that may be a threat to the health of the patients or staff he/she should not participate in the clinical experience for that day.
- ii. Emergencies. If there is a death or other serious problem in the immediate family, the situation should be discussed with the clinical instructor.
- iii. While attendance at professional meetings is strongly encouraged as part of the professional socialization process, students should be performing satisfactorily in the clinic before being excused for conferences. Approval to attend professional meetings (i.e.: state conference, district meetings...) is at the discretion of the clinical instructor and the DCE. Requests should be made well in advance.
- iv. ***In the event that a student finds it necessary to be absent for reasons other than illness, injury, or an emergency, he/she will arrange for make-up time with the clinical supervisor. This must be arranged and approved in advance by the DCE and the clinical instructor.***
- v. Depending on the amount of time the student has been absent, the clinical site, and their level of performance, the DCE may require that lost time be made up; this may require the extension of a clinical, or the completion of a replacement clinical.

b. **UNEXCUSED ABSENCES**

Unexcused absences are absences which the clinical supervisor and DCE have not approved. These absences may result in the extension of a clinical; or in a grade of “No Credit”, requiring the completion of a replacement clinical.

h. Evaluation of Students

- 1. Students will be evaluated by their clinical instructor using the APTA Online Clinical Performance Instrument (PT CPI Web). Prior to the beginning of clinical experiences, the DCE will explain the evaluation procedures to students and students will complete an online training course for the CPI.
- 2. In the event that a student is experiencing problems during his/her rotation, the student should first discuss the problem with his/her CI. If an agreement cannot be reached regarding a resolution to the problem, the matter should be discussed with the CCCE and the DCE.
- 3. Site visits
 - a. The DCE makes clinical site visits on a regular basis. These visits may or may not be when the student is on a rotation. However, the student, CI, or the CCCE may request a site visit at any time during the rotation.
 - b. The DCE may, at his/her discretion schedule a visit if he/she thinks it is necessary.

i. Student Evaluation of Clinical Rotation

Students will formally evaluate the clinical site during weekly feedback meetings, informally as needed, and at the end of the clinical:

- 1. The Weekly Feedback Form – is completed weekly at least during the initial weeks of the clinical to assist the student and CI in developing professional, two-way feedback habits.

Additionally, informal feedback from student to CI and CI to student should be occurring throughout each week to allow for appropriate adaptations to be made if necessary.

2. The student will formally evaluate the clinical site and the clinical instructor using the APTA Clinical Site Evaluation Form, Post-Clinical Confidential Site Evaluation, and the Clinical Site Insight Survey.
3. Additionally, students will complete a post clinical evaluation of the DCE each clinical.
4. Students will be instructed regarding evaluation of clinical rotations prior to beginning clinical rotations.
5. These evaluations – or summative reports of these evaluations, with exceptions noted below, will be made available to all DPT students for review. It is important to be as honest and objective as possible when completing the facility evaluation. One student's input may enhance another's experience.
 - a. Weekly Feedback Form – not made available to other students.
 - b. APTA Student Evaluation of Clinical site - available for future students interested in site to review
 - c. Post-Clinical Confidential Site Evaluation – not made available to other students
 - d. Clinical Site Insight – available for future students interested in site to review
 - e. Post-Clinical Evaluation of DCE – summative data shared with students during post-clinical debriefing.

j. Returning Evaluation Forms

1. All evaluations are to be completed and returned to the DCE by the deadline that is established and communicated to students.
2. Students are responsible for returning appropriate forms to the DCE. Be aware of the forms that are to be returned and remind your clinical instructor. Failure to return appropriate forms may result in a course grade of “No Credit”.

k. Satisfactory Completion of Clinical Experiences:

1. Thirty-nine weeks of clinical experience are included in the DPT Program. There is one seven-week rotation, one eight-week rotation, and two twelve-week rotations. The student must satisfactorily complete each clinical experience in order to graduate.
2. Clinical experiences are graded on a pass/fail basis and are entered into the University grading system as SATISFACTORY (S) or NO CREDIT (NC). Grades are assigned by the DCE and are based on successful completion of the CPI criteria. Other factors as outlined in paragraph P may affect the grading. The following are general guidelines the DCE may use in assigning a grade:
 - a. Grading reflected in the CPI demonstrates an acceptable level of clinical performance.
 - b. The student completes assignments at the facility to which he/she has been assigned.
 - c. The student completes all assignments given by the DCE during the rotation.
 - d. All required records are completed and received by the DPT Office.

l. Unsatisfactory Clinical Performance

1. The student will complete four Clinical Rotations during the program. The following may result in dismissal from and/or unsatisfactory completion of a clinical experience:
 - a. Unexcused absences.
 - b. Excused absences of a quantity that cannot be made up by the end of the rotation
 - c. Unethical and/or unprofessional conduct.
 - d. Misconduct resulting in possible danger to a patient.

- e. Failure to meet course objectives.
 - f. Failure to complete course assignments.
2. If a student fails to complete a clinical experience the DCE will consult with the Clinical Instructor and evaluate the student's progress, considering the appropriateness of additional clinical assignments and/or further classroom exposure. The DCE will make this determination after consultation with the faculty. Rescheduling of clinical experiences is dependent on the availability of an appropriate clinical facility. Any or all of the following steps may be taken as determined by the DCE and/or the DPT faculty:
 - a. Make-up time for unexcused and/or excessive absences or tardiness.
 - b. Additional clinical time in the same or a different facility to improve skills to meet course objectives and/or enhance professional and ethical standards.
 - c. Arrange for more didactic work to be completed prior to a further clinical experience.
 - d. Dismissal from the DPT Program.

m. Clinical Rotations - Final Evaluation

1. According to the guidelines of the APTA PT CPI Web evaluation instrument, each student should be performing at entry-level on all 18 performance criteria during the final rotation. If the student is not rated at entry-level, the DCE will evaluate the ratings and the comments on the CPI, consult with the CI, the student, and the faculty, and make a determination whether entry-level was in fact achieved.
2. The DCE will determine in consultation with the DPT faculty if another rotation should be scheduled, if a didactic review of material is necessary, or if other remediation is required.
3. If a didactic review is considered necessary, the DPT faculty will meet to construct a specific program of review to be completed within a specific time frame. Another rotation directed toward problem areas will then be scheduled following satisfactory completion of the review.
4. If a review is not considered necessary, the DCE will inform the DPT faculty of this decision and schedule another (fifth) rotation directed toward the problem areas.
5. Following the mid-term evaluation of the student on the fifth clinical rotation, the DPT faculty will meet to determine if sufficient progress is being made or if further didactic or clinical education intervention is necessary.
6. If the student receives entry level grades for the final evaluation of the fifth rotation, the student will receive a satisfactory grade for the clinical rotation.
7. Should the student receive below entry level in any section of the evaluation for the fifth rotation, the DPT faculty will meet to decide what actions should be taken. The options include:
 - a. Dismissal from the Physical Therapy program.
 - b. Under unusual circumstances, retaking of specific physical therapy courses with a repeat of Clinical Rotations III and/or IV.
 - c. Interruption of Clinical Experiences.
8. If the student is unable to complete clinical rotations in a sequential order due to illness, injury, pregnancy, personal problems, etc., the following steps will be taken:
 - a. The student (or representative) will notify the DCE and/or the clinical instructor. If the student or representative is unable to notify the clinical instructor, the DCE will do so.
 - b. See *Student Handbook Section 8* policy regarding continuation of clinical experience during pregnancy.
 - c. In the case of illness, injury, or pregnancy, the student's physician should notify the DCE in writing of the student's ability/inability to complete the rotation.

- d. In the case of personal problems, the student should document, in writing, the extent of the problem. If the student is receiving counseling, a letter from the counselor may also be necessary.
- e. With DPT faculty approval, the student may continue to take classroom courses even though he/she is unable to participate in clinical experiences.
- f. As soon as possible, the student will meet with the DCE to discuss a time frame for future completion of the Clinical Education experience.
- g. If possible, the DCE will arrange for the completion of the Clinical Education experience. If this is not possible, the DPT faculty will meet to discuss the situation and make alternate plans for completing the clinical experience.
- h. If there is an interruption of more than eight months between the time the student finishes his/her classroom course work and the start of the clinical education experiences, the student may be required to demonstrate competency of didactic work and/or retake courses. This decision shall be made by the DPT faculty.
- i. Before resuming his/her clinical rotations, the student will provide the University with a written statement from the physician, counselor, etc., stating that, in his/her opinion, the student is able to resume the clinical rotation experience. If the reason for interruption of the internship is personal, the student will submit the written statement in his/her own behalf.

n. Clinical Site Selection

1. Overview

- a. The University of Dayton Doctor of Physical Therapy Program uses a student selection clinical site draft day approach to assigning clinical sites for each of the four clinical modules of the DPT curriculum. This approach was first utilized with the Class of 2013 and was initiated in consultation with students from the Classes of 2011-2013, the University of Dayton DPT faculty and staff, members of the Ohio Kentucky Consortium of Clinical Educators, and local clinicians. The Classes of 2015-2017 reviewed and reaffirmed this process with few changes. The primary change was the clinical assignment process for the first clinical, which is detailed below. Refinement of this process is ongoing, and in consultation with current UD DPT students and the previously noted clinical education stakeholders. The purpose of this document is to describe the process of using a lottery approach in the assignment of clinical sites.
- b. Components of the clinical site assignment process will be modestly detailed and include:
 - i. Identification of national clinical site solicitation standards
 - ii. Clinical site eligibility for clinical rotations - contracted clinical sites; clinical site information
 - iii. Establishing clinical site assignment components timeline
 - iv. Establishing student selection order via lottery
 - v. Considering student hardship in site selection
 - vi. Identifying available sites
 - vii. Providing an option for additional sites
 - viii. Providing final site list
 - ix. Holding the student selection clinical site draft
 - x. Allowing trade period
 - xi. Finalizing site assignments
 - xii. Contacting clinical sites
 - xiii. Clinical cancellations
 - xiv. Compliance with and participation in clinical education procedures

2. Identification of national clinical site solicitation standards

- a. PT programs communicate to clinical sites dates and descriptions of the following year's clinical rotations by March 31st of the current year. PT programs may solicit from particular clinical sites clinical slots for specific rotations or all rotations.
- b. Clinical sites are to communicate to PT programs clinical slots for the following year offered to that PT program by April 31st of the following year.
- c. PT programs assign clinical sites for the following year to students using a variety of selection/assignment methods during the remainder of the current year. A nationally standardized timeline does not exist for this.
- d. Clinical slots offered by a clinical site to a PT program not utilized by that PT program may become available to other PT programs at the clinical site's discretion, and without any nationally standardized timeline.
- e. Considering these national norms and lack of national norms, the ideal time for students to identify clinical sites of interest is in January and February of the current year for the following year's clinical rotations. The UD DCE provides a mechanism for this.

3. Clinical site eligibility for clinical rotations - contracted clinical sites; clinical site information

- a. A student may only complete a clinical assignment at clinical sites which have a signed written agreement between that clinical site and University of Dayton. The University of Dayton maintains Clinical Affiliation Agreements with a variety of clinical facilities. A file with information about each contracted clinical site is available in the DPT office.
- b. Students are must to review the clinical education agreement prior to beginning their clinical assignment. Students are responsible for compliance with the content of UD's contract with their clinical sites. Contract folders are available for review in the clinical Education Department during regular business hours
- c. Additionally, clinical site information and prior student feedback on clinical sites are maintained in clinical site files in the DPT office. Students should familiarize themselves with the contents of the clinical site information files.

4. Establishing site selection components timeline

The timeline for the clinical site selection process is shared with each student cohort at least one month prior to the lottery for each clinical. The general timeline follows:

At least four weeks prior to lottery	<ul style="list-style-type: none"> • Establish lottery components timeline • Establish lottery order • Consider student hardship in site selection • Identify available sites • Detail option for additional sites
One week prior to lottery	<ul style="list-style-type: none"> • Provide final site list
Day of lottery	<ul style="list-style-type: none"> • Hold the lottery • Begin trade period
One week after lottery	<ul style="list-style-type: none"> ○ Finalize site assignments
By two weeks after lottery	<ul style="list-style-type: none"> ○ Initiate contact clinical site

Please see "Clinical Site Selection Timeline Example" for an idea of timing.

3. Assignment of General Medicine Clinical

Based upon student input from the Classes of 2014-2017, first-year students are now assigned clinical sites prior to their first day of their first year at UD DPT. During prospective student interview days and upon offer of admission to UD DPT, prospective students are informed of this pre-matriculation clinical site assignment process. Students are given location priority for their General Medicine clinical based upon order of deposit/acceptance of admissions offer. At this time, location preference is solicited. UD DPT DCE assigns General Medicine clinicals based upon:

- commitments received from clinical sites for General Medicine clinicals
- student-identified locale preference
- order of student deposit received by UD

Upon arrival to UD, DCE informs students of assignments. A one-week trading period then commences. At the end of this week, DCE finalizes General Medicine Clinical assignments.

4. Assignment of Neurologic, Orthopedic, and Elective clinicals

Clinical assignments II-IV occur via a selection day “clinical site draft”, where students select from available sites according to an order pre-established by lottery. Neurologic and Orthopedic clinicals are selected on the same day during June of DPT year one. Elective clinicals are selected during August of DPT year three, to allow the wisdom of the summer, second year DPT Orthopedic clinical experience to inform site selection.

5. Establishing student selection order via lottery

The draft day selection order is established via students drawing number combinations prior to the first clinical, thereby establishing the draft day selection order for clinicals II-III. Each number combination includes two numbers from 1 to 39 and offers a balance on the continuum of most desired and least desired number (position) in the draft range. All combinations yield the same sum of 40. Example combinations include:

- 1-39
- 15-25
- 31-9

A second drawing will establish selection order for the Elective clinical.

6. Considering student hardship in site selection

In the spirit of the Catholic and Marianist heritage of the University of Dayton, efforts are made to prevent undue hardship on individuals, given particular life situations that may be impacted by a particular clinical site, typically due to the location of the site. A DPT Hardship Committee, consisting of DPT Faculty/Staff, utilizes established guidelines to consider potential hardship situations.

In establishing the guidelines, the committee embraced the values of the University of Dayton and our DPT program:

- The UD motto reads: "Pro Deo et Patria" (For God and Country). Hardship status will be granted to UD DPT students whose special circumstances include military service to our country.
- The Catholic, Marianist heritage embraces all vocations while particularly honoring the Holy Family of Nazareth, and the role of Mary, Mother of God, in the call to

embrace Jesus. Hardship status will be granted to UD DPT students whose special circumstances include parenthood.

- Additional situations will be given consideration in light of the same values considered for the circumstances of military service and parenthood. Such situations will likely have less definitive parameters. A few examples include:
 - Embracing the sick - service to a critically ill family member will be considered with respect to, but not limited to:
 - Acuity of illness – terminal or critical nature of illness
 - Student current and expected roles in caregiving
 - Availability of medical documentation of illness
 - Current household - does family member currently reside with student
 - Embracing the poor - “college poor” doesn't count; a drastic change in financial situation will be considered

The process by which students request hardship status is as follows:

- No student is obligated to seek hardship status.
- Students must submit a letter of request for granting of hardship status at least two weeks prior to date of lottery.
- Hardship Committee reviews request and renders a decision to grant or not grant hardship status.
- DCE communicates decision to student.

The process by which clinic assignments are determined for students receiving hardship status follows:

- Students soliciting and being granted hardship status will be pulled from the lottery event.
- Sites will be assigned to each such student based purely on the discretion of the DCE prior to the class selection event; locale and overall needs of the student and the overall class will be considered; hardship students may end up with the "cream of the crop" or the "bottom of the barrel" or any site in between.
- DCE will remove from final available site list any site assigned to students granted hardship status at least one week prior to selection day.

7. Identifying available sites

A prevailing list of clinical sites will be provided to students at least three weeks prior to each site selection event. This list may change prior to the provision of a final site list one week prior to the selection event.

8. Providing an option for additional sites

A process exists for establishing new clinical sites, or sites not on the prevailing available sites list:

- Student must contact the DCE no later than four weeks prior to the selection event with the identified site of interest. It is recommended this occur four weeks or more in advance of the selection event.

- The DCE will help identify if a site of interest provides a clinical advantage to UD. For example, as acute care hospitals are limited in providing us slots locally, an acute care hospital outside of this locale with which we can have an ongoing relationship might provide that "clinical advantage". Or, a clinical site that offers a clinical specialty not available from our current clinical partners might provide that "clinical advantage".
- Student, with DCE's permission, contacts prospective site to inquire whether or not the site will offer a clinical slot during the given clinical timeframe.
- Student to communicate site availability to DCE no later than two weeks prior to selection event. If available, student to provide DCE with site contact, contact's e-mail address, and contact's phone number.
- DCE pursues contracting with clinical site. Typically, contracting goes smoothly and the proposed clinical offering is finalized. Rarely, UD and a clinical facility cannot agree on terms, and the clinical site becomes unavailable. The student takes the risk of a less desirable replacement clinical site being secured than sites that had been available on the selection day list. Clinical sites not selected on selection day or during the one week trading period are released to the sites who may then offer them to other PT schools.

9. Wild card sites

In the event that the number of sites available on the prevailing site list is fewer than the number of students selecting sites, we will utilize "wild card" sites. Choosing a wild card site allows the student to:

- Pursue a site of interest not on the site list, without the time constraint of securing a site prior to site selection day.
- Essentially – though not totally – eliminates the possibility that the "program advantage" would not be met by site identified by student, even with site next to grandma's condo.
- Student and DCE will work together to identify and secure site
- Additional sites may become available not previously identified by student and DCE. When this occurs, site will be presented to wild card site selectees. Lottery order determines order of student choice to accept or pass on this site. A deadline will be determined for newly available site to be selected by student choice, or site will be assigned by DCE to student with lowest lottery order.

10. Providing final site list

The final list of available sites for selection on selection day will be provided one week prior to the event. It is possible, though not planned, that changes could occur to this list in the week leading up to the selection event. In such cases, the DCE will notify students of any site additions/deletions as they occur.

11. Holding the draft

The selection event proceeds with each student selecting his/her clinical site based upon previously determined draft order.

- Students not present at the time of their selection order will move to the end of the selection order; alternative options may be determined by class majority.

- Each student has 60 seconds to identify which site he/she is selecting. Students taking longer than 60 seconds will be moved to select at the end of the selection order.
- Students select site from remaining available sites.

12. Allowing trade period

Students have one week to submit to DCE any mutually agreed upon trading of selected clinical sites with:

- one another
- a remaining unselected site from the final site list

13. Finalizing site assignments

At the close of the one week trading period, the DCE declares final all clinical site selections/assignments. While students select their sites, the DCE will use discretion to confirm or deny each student's selection, based upon the apparent match of student clinical site needs with selected clinical site offerings. Additional considerations may include:

- Each student should complete only one rotation at any one site. As an exception, some facilities provide a variety of clinical experiences in more than one setting.
- Each affiliation must meet the requirement of that rotation; i.e. general medicine, neurology, orthopedic (e.g., clinic must provide caseload of at least 50% of diagnoses consistent with type of clinical rotation). If, however, a student has not received adequate exposure to the appropriate patient population during their first three rotations, the DCE may require that their special needs be addressed during their elective rotation. The DCE reserves the right to make the final decision in student placement.
- Unless unusual circumstances exist, students will not be assigned to an affiliation site where they are actively employed, or be assigned to a clinical instructor who has supervised them in a previous employment situation. A student may not be assigned to any facility where they have signed an employment agreement or have been offered a position before or after graduation. Employment contracts signed during a clinical will result in immediate termination of that clinical, and the student will be required to complete a new, full clinical rotation at another clinical site.
- No student shall contact an affiliation site for any reason related to the University of Dayton DPT program without the consent of the DCE. Inappropriate contact with these facilities could jeopardize the clinical placement.
- The DCE will finalize clinical assignments taking student preference and educational need into consideration.

A student who selects a site that is determined not to be a match with their needs will be notified of the determination within 24 hours of the selection event. Students who propose a trade to the DCE during the one-week trading period will be notified within 24 hours of such proposal is proposed trade provides a site that does not match student clinical needs. The student will select a new site based upon the remaining available sites during the week after the selection event.

14. Contacting clinical sites

It is essential clinical sites be informed of the specific person using the clinical offered by the clinical site as soon as possible. When sites do not have this information, sites may perceive their clinical offering is not being utilized and plan otherwise. To ensure clinical site awareness of a student selecting its clinical site offering:

- The DCE sends a message to the CCCE that the student selecting the clinical site will contact the CCCE within 1-2 weeks of the clinical selection event.
- Each student will contact the CCCE within 1-2 weeks of the selection event
 - Each student will document in Isidore under the clinical prep tab
 - Date of contact
 - Name of contact
 - Name of CI
 - Phone number of CI
 - e-mail address of CI
 - If CI not yet assigned, date provided by CCCE on which student may again contact CCCE for CI information

15. Clinical Cancellations

Clinical sites may cancel a clinical previously reserved for a UD DPT student for a number of reasons, though typically a cancellation is due to unexpected staffing or regulatory changes. The DCE will handle any cancellation on a case-by-case basis to ensure the impacted student will be placed in a meaningful replacement clinical site.

16. Clinical Site Selection Timeline Example

Site Selection Date: **Thursday, June 9, 2016, 12:30 – 2:30**

Clinical: CMII-III Neuro and Ortho Clinicals

Clinical dates: Neuro: 1/2-2/24/17 Ortho: 5/15-8/4/17

Timelines/Deadlines	Clinical selection process item
Monday, May 9, 2016	Review of prevailing site list begins <i>*note list is subject to changes, including potential additions/deletions</i>
Tuesday, May 17, 1:00-3:00	Neuro and Ortho clinical site review
Tuesday, May 24, 12:00	Deadline to submit for hardship status
Wednesday, June 1, 12:00	Deadline to seek DCE approval to pursue site not on list; student and DCE to determine “clinical advantage” of site. Deadline waived if at least one “wild card” site remains available
Wednesday, June 8, 12:00	Last day to confirm with DCE site not on site list can offer a clinical; prior approval of particular site by DCE necessary; If not confirmed, may not select that site on selection day – yet, may select “wild card” if available, to continue pursuit of that site
Site list updates	Will provide site additions/deletions as we learn of them
Thursday, June 9, 12:30 – 2:30	Neuro and Ortho selection events; selection results e-mailed to students; trading period opens
Thursday, June 16, 2:30	Trading period ends; Site assignments finalized
Friday, October 14, 12:00	Deadline for contacting clinical sites

18. Contacting Assigned Clinical Site

After assignment to a clinical site, but prior to beginning the rotation, students should contact the Center Coordinator of Clinical Education (CCCE) to finalize details of the rotation. If

assistance with housing is offered, arrangements should be made with the CCCE, soon after the clinical sites are assigned. After contacting the site, the student must provide their clinical instructor's contact information to the DCE administrative assistant. This information includes at a minimum: name, e-mail address, and phone number.

19. Compliance with and participation in clinical education procedures

Compliance with and participation in clinical education procedures in a professional and timely manner during clinical rotations contributes to the overall grade earned for each clinical. Non-compliance and/or unprofessional behavior may result in a course grade of “No Credit”. *Non-compliance with or unprofessional behavior during site selection procedures may result in forfeiture of selection privilege and DCE assignment of clinical site after site selection draft day.*

Clinical Education Town Halls

Clinical Education Town Hall meetings occur throughout the DPT curriculum for the purposes of introduction to clinical education, selection of clinical sites, and post-clinical debriefings. These are typically “brown-bag” lunchtime discussions in a “town hall” format.

- A. Introductory CE Town Halls – Occur prior to the first clinical, students meet with the DCE for approximately eight to ten sessions to learn the intentions, policies, procedures, and evaluative methods of clinical education.
- B. Site-Selection CE Town Halls – Occur five to nine months prior to each clinical.
- C. Post-Clinical Debriefing CE Town Halls – Occur upon return from each clinical. Summative data of student evaluations of clinical, student evaluations of DCE, and CI/CCCE evaluations of clinicals are shared with students and primary faculty member responsible for didactic preparation for clinical. Open discussion amongst all prevails with conclusions considered for improving didactic and DCE contributions to clinical experience success.

Resources

- A. [UD DPT Curriculum Summary](#)
- B. [UD DPT Course Descriptions](#)
- C. [UD DPT Faculty & Staff Roster](#)
- D. [Clinical Performance Instrument \(CPI\)](#)
- E. [CPI Web](#)
- F. [APTA CPI training course](#)
- G. [Tutorial for APTA CPI training course](#)
- H. APTA Student Evaluation of Clinical
- I. UD DPT Weekly Feedback Form
- J. Student and Curricular Information/CE Resource Form for Clinical Sites
- K. Sample Clinical Education Affiliation Agreement

Glossary of Terms

Director of Clinical Education (DCE): The core faculty member responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum. The DCE is the faculty member of record for the clinical education courses.

Clinical Education Faculty: Those individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.

Center Coordinator of Clinical Education (CCCE): The individual at each clinical education center who coordinates and arranges the clinical education of the physical therapy student and who communicates with the DCE and faculty at the educational institution. This person may or may not have other responsibilities at the clinical education center.

Clinical Instructor (CI): A person who is responsible for the direct instruction, supervision, and provision of clinical education experiences for the physical therapy student in the clinical education setting.

Clinical Education: The portion of the student's professional education which involves practice and application of classroom knowledge and skills to on-the-job responsibilities. This occurs at a variety of clinical sites and includes experience in evaluation and patient care, administration, research, teaching, and supervision. It is a participatory experience with limited time spent in observation. In general, the clinical education courses account for at least one third of the curriculum (whether measured by credits, contact hours, or length in weeks). These courses are critical to the development of competent, professional (entry-level) practitioners. It is, therefore, important that the clinical education experiences be designed to maximize student learning. And, because the institution/program maintains responsibility for the clinical education courses while relying heavily on practitioners to design, implement, and assess student learning experiences and student performances, mechanisms used to coordinate assignment of students to experiences, to communicate with clinical education faculty, to monitor the quality of the students' experiences, and to assess student performance are all vital to the quality of the students' education.

Clinical Education Site/Facility: A health care agency or other setting in which learning opportunities and guidance in clinical education for physical therapy students are provided. The clinical education center may be a hospital, agency, clinic, office, school, or home and is affiliated with one or more educational programs through a contractual agreement.