



Touro University
Nevada

**School of Physical Therapy
Student Clinical Education Handbook
Academic Year 2021-2022**

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CLINICAL EDUCATION

Introduction

This section of the Student Handbook serves as the manual for the clinical education component of the entry-level DPT program. The information is presented for orientation, guidance and use by both students and clinical faculty. Within the pages are the policies and procedures, routine and emergency contact information, and helpful information to make the clinical education component of the curriculum educational and worthwhile for all participants.

Editorial Notes

For purposes of this manual and as used in the TUN School of Physical Therapy, the following abbreviations and terms are defined:

SOPT – TUN School of Physical Therapy

CE – Clinical Education. The portion of the Physical Therapy curriculum which occurs in various clinical settings in which physical therapy services are provided to a patient or client population.

CSIF – Clinical Site Information Form. A document containing a broad array of information on a specific clinical site. The form is normally completed by the SCCE at the site. This form is contained in and accessed through the CSIF Web or CPI Web database.

DCE – Director of Clinical Education. The SOPT full-time faculty with responsibility and authority for the clinical education program.

ICE Coordinator - The Integrated Clinical Education Coordinator is an employee of the TUN DPT program who is responsible for scheduling student contact hours for Integrated Clinical Experiences.

SCCE - Site Coordinator of Clinical Education. A full-time clinical staff member with responsibility and authority for the clinical education program.

CI – Clinical Instructor. An employee of the clinical facility who has responsibility for the day-to-day supervision of the student in the clinical facility.

CPI – Clinical Performance Instrument. The selected evaluation tool for use by the CI in evaluation the performance of the student during the clinical rotation. The CPI is copyrighted by the American Physical Therapy Association and is licensed to TUN for use in the SOPT Clinical Education Program.

Clinical Agreement and Addendum – The written contract between TUN and the clinical facility that enumerates the rights and responsibilities of each party as related to clinical education. The specific addendum relating to Physical Therapy is titled “Exhibit F: Physical Therapy.”

Clinical Faculty – Clinical faculty are those professionals who have been assigned to supervise a TUN SOPT student in a clinical or community setting. Clinical faculty are supervised by the Director of Clinical Education for their SOPT activities.

Overview of Clinical Education

Clinical Education in the SOPT entry-level DPT curriculum is divided into multiple parts:

1. Integrated Clinical Experiences (Part-Time)
2. Clinical Experiences (Full-Time)

The policies and procedures included in this Handbook apply to each of these parts. Each course also has a separate syllabus with specifics for the scheduled rotation and/or integrated clinical experience.

Integrated Clinical Experience (ICE). Students will participate in Integrated Clinical Experiences. These short part-time clinical experiences allow students to develop and practice cognitive, psychomotor, and affective behaviors while applying knowledge from current and past courses during active-learning learning experiences. These ICE experiences will occur during the first two years of the program. Taking part in ICE should prepare students for successful terminal internship experiences.

Clinical Experiences I, II & III.

Clinical Experiences I, II, & III are the final full-time clinical rotations in the professional curriculum. These occur in the third year of the curriculum and require the equivalent of 32 weeks of full-time supervised practice in clinical facilities to meet the required competency level. Rotations are scheduled in a variety of clinical settings. Students are assigned to the clinical setting by the DCE and supervised in the setting by the Clinical Instructor (CI).

Selection of Clinical Sites.

The DCE is responsible for securing and assigning all clinical rotations based on the availability of experiences and the learning needs of the student. Students, family, or friends may **NOT** contact clinical sites to discuss or arrange clinical learning experiences; these **MUST** be done by the DCE. Students may suggest sites to the DCE during the site preference process, but securing a contract is at the discretion of the DCE. Students who violate this rule and directly contact the clinical site for placement will not receive the assignment and are subject to behavior disciplinary review and/or mandatory reassignment by the DCE to an alternate clinical placement.

Student Assignment to Clinical Sites.

Assignment to the full-time Clinical Experiences is an on-going process during the student's enrollment. Students have the opportunity to submit clinical site preference requests by submitting the Clinical Request Form (CRF); completion of the CRF is optional. **Students not submitting or submitting a CRF after the deadline will be scheduled based on curricular requirements and rotation availability without consideration of any preference or personal needs.**

Student assignment to clinical sites is based on level in the program, objectives of the clinical rotation, learning experiences available at a specific clinical site, and compatibility with the clinical

instructor's teaching style to the student's learning style. All clinical assignments are made by the DCE based on expert judgment, information from the clinical site, and consideration of student preferences. While student convenience factors of location, cost of transportation or housing, and other issues can be disclosed to the DCE during the clinical site preference process; the educational needs of the student are the primary consideration when assigning clinical sites rather than matters of convenience. Students are not permitted to complete multiple rotations in the same clinical setting.

Due to the availability of clinical sites, the SOPT cannot guarantee placement of clinical sites in any geographic location or setting. Transportation, housing, and other expenses of clinical education are the responsibility of the student.

Conflict of Interests at Clinical Sites.

Students may not request nor accept an assignment to clinical sites at which potential or real conflict of interest exists. Conflict of interest may include, but is not limited to, the following: prior employment of the student at the site; an immediate family member employed at the site; extended family member is a recognized benefactor of the site; or an extended family member or close family associate is in an administrative position at the site or in the corporate structure of the site.

Out of Town Rotations.

Students may be required to complete clinical rotations outside the Las Vegas valley area. Extenuating circumstances must be revealed on the CRF in order to be considered by the DCE in scheduling individual students. Circumstances which arise after the submission of the CRF will be reviewed by the DCE on a case by case basis. Students wishing consideration of extenuating circumstances must submit their request in writing with a full explanation of the circumstances to the DCE as soon the circumstance presents itself. Disclosure of an extenuating circumstance does not guarantee changes to assigned clinical placements, locations of clinical placements or guarantee a local clinical placement.

Transportation, room, board, and incidentals.

Additional costs for transportation, room, board, and incidentals that occur during in the completion of clinical rotations and clinical course requirements are the responsibility of the student. The SOPT does not provide assistance to students regarding housing, transportation or incidentals that may arise during clinical education experiences. Completion of clinical experiences may require the student to relocate out of town. **Students are advised to plan ahead for travel, housing and additional expenses related to Clinical Education during their 3rd year in the DPT program.**

Declination of Assignments

Students must decline assigned rotations in writing to the DCE on the appropriate form (see appendix). ***Students who decline clinical rotations will be placed last on the list of students to be placed and will be placed according to the clinical experience slot(s) available at the time of the declination. If clinical education slots are not available, due to the time to secure additional clinical rotations, declination of a clinical rotation and subsequent re-assignment may hamper the student's***

ability to complete the curriculum with the cohort class as well as requiring the student to pay additional tuition and fees. Re-assignment to a particular clinical site and/or location is not guaranteed. Re-assignment is based on current availability at the time of declination.

Dress Code

Students must maintain a neat and clean appearance befitting students attending a socially conservative professional school; therefore, attire should convey a professional appearance whenever the student is on University grounds or off campus for co-curricular activities or clinical rotations.

Clinical Dress Code

Students on clinical rotations and clinical experiences are required to comply with the SOPT dress code and the facility guidelines.

Identification: Nametags/ID Badges must be worn at all times during clinical activities. Students should wear their TUN Student name tag clearly visible. Individual facilities may issue a specific badge for identification.

Hygiene: Students are expected to always maintain the highest standards of personal hygiene and professional appearance during clinical activities. Hair must be neat, clean, and of such length as not to interfere with clinical duties. Facial hair must be neatly trimmed.

Accessories and Jewelry: Piercings, other than one in each ear, and tattoos should not be visible when in clinical settings. Jewelry, hair color, and choice of accessories should reflect a moderate to conservative style. Hats or head coverings other than that representative of religious beliefs may not be worn in the clinic.

Makeup, Perfume and Cologne: Excessive makeup is unprofessional and impractical for the clinic. Remember that some colleagues, patients, and clients are allergic to the chemicals in perfumes and makeup, so wear these substances with restraint. Some clinical facilities do not permit the usage of perfume and cologne.

Fingernails: Hands and nails should be clean and smooth. Fingernails should be cut short so that the nail is not visible from the palm side. During clinical experiences, only clear, muted beige or conservative colored polish may be worn. Artificial nails are not acceptable in the clinical environment.

Clothing: During clinical experiences dress should be conservative. A TUN-School of Physical Therapy polo shirt is provided to each student for use on clinical assignments and should be worn with solid colored slacks or khakis while on clinical rotations unless other specific dress is required by the facility. The white clinic coat may be required in certain facilities and is provided by TUN.

Slacks and shirts should be clean, ironed, with no evidence of tears or frays and all clothing must be sufficient to conceal any and all undergarments.

Shirts, Tops, Blouses and Jackets: Students must have TUN logo polo or dress shirts to wear on field trips, clinical observations, and other identified clinical activities. When professional dress is specified, men should wear a dress shirt and tie. Women may wear appropriately conservative shirts, sweaters, tops, or turtlenecks. Inappropriate attire includes tank tops, midriff tops, tops with bare shoulders or plunging necklines or backs, golf-type shirts, sweatshirts, and screen printed t-shirts and tops.

Slacks, Pants and Skirts: Slacks must be of a uniform color (no print), made of a woven material such as cotton or cotton blends, wool, and flannel. Inappropriate slacks include jeans or any pant made of denim regardless of color, trim, or cost, exercise pants, leggings, and any spandex or other form-fitting pants such as people wear for exercise or biking. All pants must be secured at waist level. Sagging is strictly prohibited. Skirts and dresses are not permitted in the clinical setting during clinical internships.

Shoes and Footwear: Conservative walking shoes, dress shoes, oxfords, loafers, flats or a low dress heel (less than 2") are acceptable. Athletic shoes, tennis shoes, thongs, flip-flops, slippers, and any casual shoe with an open toe are not acceptable. Shoes must cover the toe and heel, preferably lace, and have a street appropriate sole. Shoes should be of a single, neutral/conservative color and should not include sports or brand insignias. No bright or loud colored sneakers should be worn in the clinic environment. All footwear must be worn with appropriate stockings and/or socks.

Scrubs: Facilities may require students to obtain and wear scrubs while on clinical internships. Scrubs must be in good repair, in color designated by clinical site and appropriate to the setting.

Facility clinical dress codes

Clinical sites may have dress codes that are different from the SOPT Clinical Dress Code. The student will be informed by the facility of any alternate dress codes and the student is expected to follow the facility code. Clinical site dress codes may permit a more casual dress than polo shirt and slacks; in these cases, the SOPT student should consider the impact of casual dress on professionalism before assuming a more casual dress.

Risk Management Requirements

Federal law, facility policy, and/or TUN policy require documentation of student compliance with many factors related to managing risk in a healthcare facility. TUN SOPT has incorporated most of the required components into the didactic course schedule to provide a convenient and efficient system for

students to comply with these requirements. TUN SOPT will provide an opportunity for students to comply with the regulations, however, in some instances an additional fee may be charged to the student. Students who fail to attend TUN SOPT training sessions are responsible for securing acceptable training at the student's cost and providing documentation of such to the DCE/. TUN will provide opportunities to complete the following trainings:

- Cardiopulmonary Resuscitation (CPR)
- Confidentiality of Protected Health Information (HIPAA and FERPA)
- Bloodborne pathogen training
- Hazardous Materials Handling
- Sexual Harassment

Health Requirements.

Students must adhere to the requirements set forth in the TUN University Catalog for required immunization[GHI]s and annual physical exam and meet the current recommendations of the Advisory Committee on Immunization Practices of the Federal Centers for Disease Control and Prevention (FCDC). Information provided by students at matriculation (e.g., immunization records, emergency medical form, medical history and physical information) is collected and retained by TUN student health services. These items must be submitted to that office before the student can matriculate into the program, failure to submit the above items may prevent the student from beginning the program. Proof of immunization must be provided to the Director of Student Health Services and also maintained by the student throughout their program. It is the student's personal responsibility to be aware of all requirements and must maintain a copy of all documents submitted to student health services. Students must meet all the requirements listed below:

- MMR-Titer
- Hepatitis A 2 vaccinations or Titer
- Hepatitis B- 3 vaccinations AND Titer
- Tdap vaccination: – 1 and booster renewed every 10 years
- Varicella- 2 vaccinations or Varicella IgG antibody titer
- Annual TB screening through chest X-ray, or Quantiferon blood test. TB clearance must be updated each year. Students with prior positive reactions must complete a symptom check list annually, which will be reviewed by a TUN Student Health physician for additional action, if any.
- Polio series
- Annual Physical Exam
- Annual flu shot
- Covid-19 Vaccination as directed by TUN Administration

Certain rotation sites may have additional immunization requirements. Students should check with the DCE or SOPT Clinical Clerkship Coordinator for additional site-specific requirements. TUN SOPT will provide each clinical site with a summary document of Risk Management information for each student to include: Drug Screening results, Background Check Information, Immunizations and Certifications. Some facilities may require copies of actual laboratory reports or immunization records. It is the students' responsibility to provide Student Health and DCE with updated documentation of their immunizations in a timely manner.

Incomplete Immunizations.

Students are required to maintain current immunizations and certifications throughout their enrollment in the TUN DPT program. If a student's immunizations are not up-to-date at time of a Simulated Patient Lab, Integrated Clinical Experience or clinical rotation, he or she may be unable to participate in the activity or clinical rotation until such time their immunizations and/or certifications are in compliance with SOPT and University Requirements. This could potentially delay completion of graduation requirements for those students who have not maintained current immunizations and/or certifications. **Immunizations must also be current to complete/participate in any on-site clinical activity, integrated experience, rotation, observation, facility tour or school-sponsored event.**

Student Health Insurance

It is the policy of the University that all students are required to have personal health insurance coverage sufficient to cover illness and injury. This insurance is to be in place at the time of matriculation and throughout the entire curriculum. The student shall provide DCE with proof of medical insurance. Students should be aware that many clinical sites require verification of medical insurance.

Additional Clinical Site On-Boarding Requirements

Assigned clinical sites may have additional site-specific on-boarding requirements including but not limited to additional paperwork, training, immunizations, additional background checks or drug screening. Facilities may also require students to complete their on-boarding requirements through a third-party portal (ex: My Clinical Exchange). It is expected students will complete site-specific on-boarding requirements within a reasonable amount of time once request by the clinical site or SOPT Faculty or Staff. These additional site-specific on-boarding requirements may require a fee, these additional fees are the responsibility of the student.

Drug and alcohol use and abuse.

TUN does not condone any form of drug, substance, or alcohol abuse by its students. Any student who attends a clinical assignment while under the influence of alcohol or drugs is subject to removal and/or dismissal from the clinical site and subject to disciplinary action. Students are referred to the Code of Student Conduct in the TUN University Catalog.

Drug testing/Screening.

All students must adhere to the Drug Testing Policy as stipulated in the TUN University Catalog. Drug screening is required by TUN for all students participating in clinical rotations and/or integrated

clinical experiences. Students will be screened prior to clinical rotations and/or integrated clinical experiences. Screenings will be unannounced. Some clinical facilities may require additional drug screening; additional screening costs will be the student's responsibility. Students with positive results on any drug screen may be subject to re-screening and disciplinary action as outlined in the TUN University Catalog.

Illegal drugs are defined under Federal and State law as those for which a prescription is required and where no prescription has been issued to the student for a valid and specific purpose.

The drug screening will test for the following substances: alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, and methadone, opiates (propoxyphene), PCP, and Quaaludes.

No student shall be compelled by use of force to submit to a physical examination to detect the presence of an illegal drug or alcohol because of behavior, including submission to a blood, urine, or other screening procedure; however, refusal to comply shall be considered insubordination and subject the affected student to possible dismissal from the SOPT.

Background and Criminal Record Check.

A criminal and credit background check for each student is required by TUN prior to matriculation and prior to clinical rotations and/or integrated clinical experiences. Assigned clinical sites will be provided a copy of your current background check prior to the start of a clinical rotation; some facilities may also require copies of a current background check for a clinical observation and/or integrated clinical experience. Additional fingerprinting with a criminal record check may also be required by some clinical facilities. The cost of additional background check and/or fingerprinting is the responsibility of the student. ***Once matriculated into the program, students must notify the Program Director of any arrests and/or convictions within 48 hours of the occurrence.***

Malpractice Insurance.

All students and faculty participating in the SOPT approved clinical activities in the United States are covered by the professional liability insurance of TUN during such activities. Copies of the Certificate of Liability can be obtained from the DCE as needed. Student and faculty participating in clinical activities not a part of the instructional program are not covered under the TUN professional liability and should secure private liability coverage.

COVID 19 – Release Form.

All students participating in SOPT clinical education activities either part-time or full-time will be required to have a signed Covid 19- Release Form on-file with the SOPT prior to entering the clinical environment. Students without a release form on-file will not be permitted to be in the clinical environment and may be placed on a leave of absence and return to clinic will be determined on a case-by-case basis.

Reporting to the clinical rotation.

Prior to the start of a clinical rotation, students must contact the SCCE and/or the CI at least weeks prior to their scheduled start date to determine the location and time to start the first day, dress, parking policies and any additional on-boarding or pre-clinical requirements of the facility. Unless otherwise arranged, on the first day of each rotation students should report to the SCCE, CI or a designee by 8:00 a.m.

Training hours.

Students are expected to work their CI's schedule. Working hours in each of the clinical facilities will be indicated and determined by the CI, in cooperation with the SCCE. The student normally will work the same schedule and days as the CI, which may include evenings and weekends. It is expected students will work an average of 40 hours per week during their Full-Time Clinical Experiences. Students can work up to 50hrs per week but should not exceed 50hrs and weekly hours should not fall below 35hrs. Students must have a minimum of two (2) days out of each consecutive fourteen (14) days free of all clinical duties, although these days will not necessarily be on weekends.

Time tracking.

Students are expected to track their clinical hours on a weekly basis as per the format instructed by the DCE prior to the start of their clinical rotations. Any instances of falsification of documented training hours are subject to disciplinary action, possible dismissal from the clinical site, and possible course failure.

Clinical attendance policy.

Perfect attendance is expected on clinical rotations. Any unexcused absences are unacceptable and are grounds for disciplinary action. In case of illness, students are required to notify their assigned Clinical Instructor and/or clinical site SCCE prior to their scheduled start time via phone; in addition, students must notify the DCE at school on the day of occurrence.

For unavoidable absences, a Clinical Leave Request Form must be signed by the assigned CI and/or SCCE and submitted to the DCE for approval **at least 14 days in advance** of the requested leave. A copy of the Clinical Leave Request Form is located in the appendix. Permission for unavoidable absences must be cleared in advance with all the following:

- Clinical Instructor to whom the student is assigned (CI)
- Site Coordinator of Clinical Education of the facility (SCCE)
- Director of Clinical Education (DCE)

Students who fail to notify the DCE, SCCE, and/or CI of an absence or who take leave despite a denial of a prior request for time off are subject to disciplinary action, professional behavior point deduction and/or may be removed from the clinical rotation and receive a failing grade for the course.

Students may not work extra time or days to shorten the rotation. In cases with extenuating circumstances the DCE in consultation with the CI and SCCE may provide an alternate clinical ending date provided all other course requirements have been satisfied. The SOPT requires students complete a total of 32 weeks of Full-Time Clinical Education Clinical Experiences.

Professional leave.

If the student desires to participate in an education- or professional-related activity that will take him/her away from an assigned clinical rotation, the student must submit a Clinical Leave Request Form explaining the activity, value of activity, and detailing the time away from assigned rotation. This request must be submitted for approval to the DCE **14 days in advance** of any anticipated absences. If approved, the missed time may be required to be made-up during the rotation.

Illness or disability.

If the student becomes ill or unable to perform his/her clinical duties, the student is to personally contact the CI and DCE prior to the start of their shift. If unable to personally contact the CI and DCE, contact by a responsible party is acceptable. Clinical time lost due to illness or disability will be required to be made-up. Arrangements to makeup clinical time must be approved by the DCE, SCCE, and CI. **Any absence due to illness or disability greater than three (3) days requires a written excuse by the student's primary care provider.**

Pregnancy.

Any stage of pregnancy during a clinical rotation notification should be made to the SOPT Program Director, SOPT Director of Clinical Education and DOSA – Office of OASIS. Medical clearance by a physician is required prior the start of a clinical rotation or for continuation of a clinical rotation if the rotation is already in progress. This information will be kept confidential. If the clinical facility presents potential harm to the mother or fetus, the DCE may withdraw the student from the clinical rotation and alternate arrangements may be made based on clinical site availability and medical clearance by the treating physician. Due to the time needed to secure additional clinical rotations, subsequent reassignment may hamper the student's ability to complete the curriculum with their cohort as well as requiring the student to pay addition tuition and fees.

Maternity leave.

Maternity leave from clinic must be scheduled with the DCE. Students are allowed six weeks maternity leave for a normal vaginal delivery or up to three months for a Cesarean Section delivery unless additional time is ordered by the student's physician. A medical clearance note from your treating physician will be required prior to returning to any clinical setting. Clinical time lost due to

delivery or complications of the pregnancy must be made-up. The DCE will determine the time and place for the time to be made up.

Family and Bereavement leave.

Leave required due to bereavement, family emergency, birth, adoption, or illness of a child or dependent is allowed on the same basis as personal illness, that is, up to three days may be taken with notification of the DCE, SCCE and/or CI. Approval for more than 3 days must be given by the DCE in consultation with the site SCCE and/or CI. All time missed for family and bereavement leave must be made up. The DCE will determine the time and place for the time to be made up.

Personal leave.

Requests for personal leave for non-emergent situations should be made to the DCE no later than **14 days in advance** by submitting a completed Leave Request Form signed by the students supervising CI or site SCCE. Time missed must be made up and a plan to make up the time missed is required to be included on the submitted Leave Request Form. Leave requests without a plan to make up clinical time will be denied by the DCE. The site SCCE and/or CI will determine the time and place for the time to be made up in consultation with the DCE as needed.

Personal leave days not approved by the DCE will be considered unexcused and subject to disciplinary action. Personal leave is not a guarantee and students should discuss pending leave requests with their assigned clinical site and school DCE as soon as possible. Personal leave requests > 3 days will not be granted. The SCCE, CI, DCE or SOPT Program Director reserves the right to deny leave requests in instances where it is felt it is not in the best interest in the student to be missing clinical time.

Failure to notify DCE or CI of absences.

These policies require students to notify the DCE, SCCE and CI of all absences whether scheduled or of an emergent nature. Students who fail to notify the DCE, SCCE or CI of an absence, or who take leave despite a denial of a prior request for time off will be subject to disciplinary action and possible removal from the clinical site. The consequence of failure to notify of absences will be applied regardless of the time in which the infraction occurs in the rotation.

Holidays.

The TUN Academic Calendar for holidays is suspended for students on clinical rotation. All national holidays will be observed at the discretion of the SCCE and/or CI at the respective clinical site. If a clinical site requires a student to work on a national Holiday it is expected the clinical site will provide the student with an alternate day off.

If time off is approved by TUN for religious holidays or other reasons, the SCCE and CI will be notified, and the student will not be required to work the holiday but may be required to make up the time missed.

If a student is schedule to be on clinical rotation at the time of graduation, the clinical schedule will be altered to allow the student to attend all mandatory academic or graduation functions (e.g.: rehearsal, exit interviews, ceremony, etc.).

Responsibilities and Duties of the Student

1. While on clinical rotation, the student will at all times be responsible to the CI and personnel in charge of the clinical setting. In addition, all students will be expected to comply with the general rules established by the clinical setting to whom they are assigned.
2. Any problems or difficulties should be communicated to the CI and DCE as soon as they occur.
3. Students should attend all facility professional conferences related to their rotation. The SCCE or CI at his/her discretion may make all or any part of such educational programs mandatory. Attendance at staff meetings and/or care conferences is at the discretion of the CI but highly encouraged observations for the student.
4. Any time spent away from the clinical setting during regular duty hours for lectures, conferences, and other program conducted at outside hospitals or universities must be pre-approved by the SCCE and CI.
5. Although patient care assignments take precedence over lectures and conferences, the SCCE and CI are encouraged to allow the students to attend scheduled lectures.
6. TUN SOPT places great the importance in the students performing a full scope of physical therapy activities in the affiliated rotation sites. However, the sovereignty of the affiliated sites is acknowledged and TUN SOPT policy will be integrated with each individual site's policy.
7. All patient care activities in a clinical setting must be provided under the direction and supervision of a duly licensed physical therapist who assumes responsibility for the patient care provided.
8. Students are responsible to keep their immunizations current. If immunizations are not kept current, the ability to participate in clinical training will be denied.
9. Students are required to provide proof of personal health insurance and HIPAA, CPR, and OSHA training completion if requested.

Specific Regulations and Procedures of the clinical site

The activities of each student during assignment to a clinical site shall be governed by the following regulations:

1. Students shall be supervised by a licensed physical therapist.
2. Students shall assume responsibility for and perform their assigned duties in accordance with the clinical facilities policy, procedures, and regulations.

3. Students shall be assigned to specific patients. Examinations and evaluations should be completed on those patients whom students will be following, where applicable. Emphasis will be placed on the teaching and application of physical therapy principles and practices.
4. Students should present patients to the CI or in case conferences on a routine basis as appropriate.
5. Medical records documentation may be signed by the student according to the rules and regulations of the facility and the legal jurisdiction. Examinations, evaluations, and care plans should be reviewed by the CI. All documentation should be countersigned by the supervising physical therapist.
6. Students shall not order any referrals, tests, medications, or procedures without consulting and obtaining the prior approval of the supervising physical therapist. Students shall always represent themselves as a student physical therapist or a physical therapy intern. Students may never represent themselves as licensed physical therapist or other licensed health professional (e.g., ATC, LMT, PTA) while on clinical rotation.
7. Students shall administer only those clinical procedures which have been learn and perform in the didactic courses under appropriate and proper supervision. If a clinical instructor or other health professional instructs the student in other procedures than those learned in the curriculum and allows a student to provide such procedures to a patient, the CI or other professional assumes all responsibility for the student performance of those activities.
8. Every effort should be made to counsel and assist those students having difficulty in a particular clinical setting. Students who are particularly adept in a specific clinical setting should be given additional opportunities to learn at the discretion of the appropriate supervising physicians and the SCCE in accordance with clinical setting policy, procedures, or regulations.

Evaluation And Grading

General philosophy. While grades are an important part of the clinical education process, and can provide substantial information regarding performance, it is essential that students and clinical instructors alike recognize that the generation of a grade is not the primary purpose of clinical rotations. Focus should be maintained on gaining clinical experience, expanding fundamental knowledge, providing high-quality care, and developing clinical competence. It is important as well that students pay close attention not simply to the grade earned, but to the specific components of evaluations that are designed to provide feedback and guidance to improve future performance.

Awarding of grades. Clinical education courses are graded according to the TUN grading scale in the Catalog. The course syllabi detail objectives, grading criteria, and course requirements. Final grades are assigned by the DCE based on input from the CI recorded in the CPI and additional requirements outlined in the syllabus.

Student self-assessment/goals & objectives.

Prior to the first day of the clinical rotation, the student should complete a self-assessment through completion of the Student Goals & Objectives assignment. At the start of all clinical rotations, each student should meet with his/her CI to discuss expectations for clinical performance as well as to

set goals and objectives for the rotation. This conversation should include a review of the Students Goals & Objectives Assignment, schedule, homework assignments, specific duties to be assigned, limitations of the student's activity, and an explanation of the basis on which the student will be evaluated. The student and the CI should refer to the both the general and specific objectives and outcome expectations for the rotation as described in the course syllabi and the Clinical Performance Instrument (CPI). The student is responsible for ensuring he/she understands the CI's expectations and should take this opportunity to clarify any issues regarding roles, responsibilities, and expectations.

Mid-term and Final clinical conference.

An additional conversation should occur at the midpoint of the rotation for the assigned clinical instructor (CI) and student to review the completed Midterm Clinical Performance Instrument (CPI) Evaluation and for the CI to provide the student feedback on performance to date and suggestions for improvement in the latter half of the experience. The DCE or a Faculty member will also contact the student and the CI either via phone, email and/or a clinical site visit to assure the student is progressing as expected. Students and Clinical Instructors are encouraged to contact the DCE prior to the midterm check-in if any issues arise.

Clinical Performance Instrument

The SOPT has selected the Physical Therapist Clinical Performance Instrument (CPI) developed by the American Physical Therapy Association as the assessment tool for clinical performance. The CPI includes 18 performance criteria, with visual analog scales (VASs) for each criterion. Sample behaviors are included in shaded boxes for each criterion. Space for comments is provided, as well as boxes to indicate when the performance is of significant concern, exceptional ability, or not observed. A narrative comment is required by the CPI for each criterion.

Academic Warning and Counseling.

Academic counseling can be informal, verbal or written by a course instructor, DCE, SOPT Program Director, Faculty Advisor, Clinical Instructor or SCCE. Any graded component receiving a grade below 75% is considered Academic Counseling to a student without further action by the course instructor.

Additionally, any areas of concern identified by an assigned Clinical Instructor and outlined on a CPI evaluation is also considered Academic Counseling to a student without further action by the course instructor. Instructors may advise students of study methods, peer tutoring, or other resources/mechanisms to resolve situations required academic counseling

Using the CPI.

All students and CIs must complete the one-time, free online training on using the CPI, prior to the start of a students' rotation. The full CPI should be reviewed by the CI and student at mid-point and at conclusion of each full-time Clinical Experience (1, 2, and 3). The CPI reviews should provide feedback to the student as to his/her specific areas of strength and weakness and to offer guidance for improvement in the future. CIs should take the opportunity not only to assess what the student has done, but to offer advice for how the student can do better. Any notation of significant concern should

be accompanied by anecdotal comments and examples of unacceptable behavior. The mid-point and final reviews should be performed face-to-face. Both CI and student must sign the CPI before submission to the DCE. The student's signature is not necessarily an indication of agreement, rather it is an acknowledgement the evaluation was reviewed, and that the student understands the content.

Release of prior CPIs to clinical sites.

The student's self-assessment serves as a transition between subsequent rotations. Prior CPI evaluations and comments will not be released although areas in which a student requires additional training may be disclosed in a discussion regarding progress.

Evaluation of Clinical Sites

Following each rotation, students are expected to complete an evaluation of the CI, site, and overall rotation experience using the Clinical Rotation Evaluation form included in the Appendix. Feedback from these forms may be shared with clinical sites. Students wishing to keep their feedback confidential may request so in writing to the DCE.

Grade Calculation

Clinical grades will be calculated by the DCE based on the graded components as listed in the course syllabi. A clinical grading rubric will be used to insure consistency in grading.

Dismissal from a clinical site.

A dismissal from a clinical site constitutes a course failure. Students will be required to repeat the clinical rotation and may be subject to disciplinary action and/or dismissal from the program based on the circumstances of their dismissal.

Incomplete grades.

An incomplete grade (I) is permitted only when the student is currently passing the course, in cases of exceptional circumstances, and following consultation with the instructor. In such cases, a specific written agreement between the instructor and the student specifying the time and manner in which the student will complete the course requirements. The time for completion of the course requirements will not exceed the end of the next academic term.

Clinical remediation.

Accreditation criteria for Physical Therapy programs require the faculty to assure each student has demonstrated competency in each area of the program. The faculty acknowledges learning styles vary and each student may not initially master a competency so remediation of a particular component(s) of a course may be necessary. Remediation allows the student to demonstrate competency in a component of a course/clinical rotation with the help of additional time and study.

Remediation offering for this course is at the discretion of the DCE in consultation with the assigned CI and facility CCCE. Remediation is a privilege that must be earned by a student through active participation in the clinical educational program as demonstrated by regular attendance, individual initiative, and utilization of available resources. Decisions regarding remediation will be made on an individual basis after considering all pertinent circumstances in each case.

Remediation is completed within a short, but reasonable time following an unsatisfactory clinical performance. Remediation of a clinical rotation may alter/change your ability to start subsequent clinical rotations on-time and may hamper the student's ability to complete the curriculum with their cohort as well as requiring the student to pay additional tuition and fees. Students who disagree with remediation assignments may file an academic grievance after discussing the issue with the faculty member.

If remediation is offered for a clinical internship course the DCE, CI and/or CCCE will assign required activities for remediation, possible learning contract and estimated length of additional clinical time allotted for remediation.

Clinical Failure.

Any student receiving a clinical grade **below 80% or F or not meeting minimum clinical standards on their Final Clinical Performance Instrument (CPI) Evaluation** for a clinical rotation is considered to have failed the course. A student who fails a clinical rotation will be referred to the Student Promotions Committee for assessment and recommendations. **Unless contrary to these recommendations a failed rotation must be repeated; except in cases where the failure occurs during a clinical remediation or is a second course failure.** [sv2] Repetition of a clinical rotation may delay the student's completion of the curriculum, and consequently, graduation. If a student successfully repeats a rotation, the letter grade of the successful completion will replace the failing grade of the initial attempt.

Students who have failed a clinical rotation may be required to complete additional coursework prior to repeating their clinical rotation and may return to the clinic with a clinical learning contract. A student who fails any two clinical rotations, including remedial rotations, or unsatisfactorily remediates a clinical rotation may be recommended for dismissal. Students who fail a clinical rotation due to egregious safety and/or professional behavior issues may be recommended for dismissal from the program. Students are referred to the Handbook and to the TUN Catalog for details on dismissal.

Disputes and Appeals

If a student disagrees with the clinical evaluation offered by a CI or the final grade awarded by the DCE, he /she should first set up a meeting with the DCE to discuss the matter. Following this discussion, the DCE may modify the grade, documenting fully the rationale for the change. If the DCE upholds the initial grade, the student may appeal the grade using the student grievance procedure for academic issues as outlined in the TUN Catalog. Grade appeals must be directed to the course faculty within two business days of submission of the final grade. Decision of the course faculty will be communicated to the student within two business days of when the appeal was received.

ACADEMIC INTEGRITY AND PROFESSIONALISM

Students will conduct themselves as professionals and, as such, are expected to demonstrate good judgment and the use of appropriate professional ethics when making decisions. The SOPT adheres to TUN policies regarding Academic Integrity and Student Conduct. Students are encouraged to familiarize themselves with the provisions in these policies which may be viewed on the TUN website at:

- Academic Integrity: <http://tun.touro.edu/wp-content/uploads/AcademicIntegrityPolicy.pdf>
- Student Conduct: Student Catalog (Appendix C, pgs. 224-234) available at <http://tun.touro.edu/wp-content/uploads/2010/07/Touro-University-Nevada-2014-2015-Catalog-04202015.pdf>

In addition to institutional and departmental policies, students of the SOPT will comply with the Code of Ethics for the Physical Therapist as prescribed by the APTA (http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf).

Violations of academic or professional integrity are of grave concern. Transgressions of these crucial policies will be handled according to the disciplinary processes of the SOPT and of the institution. All incidents involving academic integrity must be reported to the Program Director and, if necessary, to the Dean of Students. Students determined to be in violation of policies covering academic integrity will be given a failing grade and may be subject to probation, suspension, or dismissal. Documentation of the incident will become a permanent part of the student's academic record. Students may attend classes while a charge of academic dishonesty is being adjudicated.

Proven or admitted instances of academic dishonesty will normally result in the student receiving a failing grade for the course and recommendation of suspension or dismissal by the Student Progression Committee. Disciplinary action from the program will be reviewed by the Program Director and the Dean of Students who have final authority.

Essential Functions for Admission and Continued Enrollment. The SOPT faculty identified those intellectual, ethical, physical, and emotional capabilities required to practice physical therapy. Students are required to consistently demonstrate and achieve the levels of competence required by the faculty for each of the essential functions to be admitted, enrolled, continue through completion, and graduate from the school. Once enrolled in the program each candidate for the DPT degree must be able to demonstrate professional behavior while quickly and accurately learning, integrating, analyzing, and synthesizing information and data to be able to perform as a member of a healthcare team. ***Students are referred to the SOPT Student Handbook for the list of defined Essential Functions.***

Professional behaviors grading. Students determined by the instructor to be behaving in an unprofessional manner will be subject to discipline as described in the SOPT Student Handbook.

Students who misbehave may be removed from the class and/or be subject to formal warning, reprimand, or the deduction of professional behavior points.

The instructor reserves the right to deduct a maximum of 9% from the course grade for unprofessional behavior. No warnings are required prior to assessing penalties for unprofessional behaviors or violations of academic integrity. Students will be notified by email of the unacceptable behavior and the point deduction to be made. Normally, behavior deductions will range from 1-3%. Behaviors involving academic integrity or egregious offenses of student conduct will be assessed the maximum deduction of 9%. Professional behavior point deductions are cumulative. Students who accumulate ≥ 9 -point deduction in a single term or a cumulative total of ≥ 27 professional points deductions across the program will be referred to the Dean of Students and may be subject to probation, suspension, or dismissal. Students demonstrating unprofessional behavior in multiple courses or other program activities may be requested to resign from the program after a disciplinary due process.

Unprofessional behavior. Unprofessional behaviors are described at length under the Code of Student Conduct (Appendix C) of the TUN Catalog and include violations of the policies covering Academic Integrity and the ethical principles of their profession. Students who demonstrate disregard for the rules of the institution or program, or who demonstrate selfishness, rudeness, or inappropriate language or actions will be subject to discipline. Examples of unprofessional behavior include, but are not limited to the following:

- Tardiness
- Inattentiveness or sleeping during lectures or student presentations
- Talking to others during lectures or student presentations
- Failure to silence cellular telephones or other electronic devices during class or laboratory sessions
- Use of personal electronic devices (I-Pods, MP3 players, and cellular devices) during class or laboratory sessions
- Surfing the web during lectures or presentations
- Hostility or an adversarial attitude towards faculty or students
- Impaired behavior due to drug or alcohol use
- Instant messaging, text messaging, or emailing during class
- Unauthorized use of any technology device in the classroom during testing or attempts to communicate with another individual to convey testing information or access information

MISCELLANEOUS POLICIES

Confidentiality (HIPPA Statement).

Student participating in clinical rotations may be requested to discuss cases based on actual patients in order to improve the quality of future patient care and as a learning activity. Students should not make copies or prepare summaries of patient information unless the information has been de-identified.

Students may not present information to classmates outside of the treatment setting without de-identifying the patient information.

In order to assure that no protected health information is disclosed as provided by HIPAA; each student is responsible for assuring that the following information has been de-identified *before leaving the clinical setting*.

- a. Patient name.
- b. Patient address.
- c. Patient geographic location smaller than a State or Country.
- d. Identifiers of relatives, employers, household members of the individual.
- e. Names of any real person including healthcare providers.
- f. All elements of dates (except year) for dates directly related to an individual, including
 - a. Birth date,
 - b. Admission date,
 - c. Discharge date,
 - d. Date of death,
 - e. Ages over 89 years (indicate 90+).
- g. Telephone numbers.
- h. Fax numbers.
- i. Electronic mail addresses.
- j. Social Security numbers.
- k. Medical Records numbers.
- l. Health Plan beneficiary numbers.
- m. Account numbers.
- n. Certificate/license numbers.
- o. Vehicle identifiers.
- p. Device identifiers and serial numbers.
- q. Full face photographic images and any comparable images.
- r. Healthcare facility.
- s. Any unique identifying number, characteristic (hobbies, employment, etc.), or code; or
- t. Any identification code that could be used to re-identify individual. (*Information abstracted from US Statute: 45 CFR Part 164.514 Other requirements relating to uses and disclosures of protected health information.*)

In selecting a clinical case for course-related activities, students are encouraged to select a commonly seen case. If a complex, unique case, treatment, or a case reported in the public press is selected, the student must secure a release of information and informed consent to use the case. Every attempt identity and confidentiality of patients, family, and other health care providers involved in the case.

Appendix 1: Request to Establish a Clinical Agreement Form

Request form to start an affiliation agreement with a clinical site the SOPT does not currently affiliate with for Clinical Experiences.



SCHOOL OF PHYSICAL THERAPY
REQUEST TO ESTABLISH A CLINICAL AGREEMENT FORM

Person Requesting Agreement: _____

Student Faculty Facility Representative Other _____

Date Submitted: _____

All information is required. Incomplete forms will not be reviewed.

Site Full Name: _____

Physical Therapy Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

Upon submission of this form, if the above clinical site agrees to a new affiliation agreement for placement of this student; student will be assigned and clinical assignment preference changes will not be permitted once accepted.

Describe the reason for wanting this agreement:

What contact have you, or others acting on your behalf, had with this facility?

To be considered for a **2021 Clinical Internship Timeframe**, this form must be returned to the DCE no later than **5:00pm** on:

For office use only below:

Appendix 2: Clinical Request Form

This form is used by students to indicate their preferences for assignments to clinical facilities. The DCE has the option of revising this form or using a computer-based survey form to collect this information.

The DCE will notify students of available clinical facilities and the timeframe when this form is to be submitted. Forms submitted prior to the request period or after the deadline, will not be considered.



Student Name: _____ Class of _____

Preference for Course:

- Clinical Experience I
- Clinical Experience II
- Clinical Experience III

Assignment to the Clinical Experiences is an on-going process during the student’s enrollment. Students have the opportunity to submit clinical site preference requests by submitting the Clinical Request Form (CRF); completion of the CRF is **OPTIONAL**.

Students not submitting or submitting a CRF after the deadline will be scheduled based on curricular requirements and rotation availability without consideration of any preference or personal needs. Due to the availability of clinical sites, the SOPT cannot guarantee placement of clinical sites in any geographic location. Transportation, housing, and other expenses of clinical education are the responsibility of the student.

Students are advised to type or print. Illegible entries will be disregarded.

Section 1. Location preference (Duplicates are not permitted).

In the space below, rank your three (3) highest location/City preferences for this rotation.

1. _____
2. _____
3. _____

Use the following space to explain your rationale for these location/city preferences. You may also list specific clinical sites in the space below. Consideration may, or may not, be given to the rationale in facility assignment.

Section 2. Extenuating Circumstances

Please list any extenuating circumstances that the DCE should be aware of when assigning your rotation. Include any known circumstances that might cause you to miss time at the clinical rotation.

To be considered, this form must be returned to the DCE no later than **5:00pm** on:

Appendix 3. Declination of Clinical Assignment Form

This form must be completed by a student declining a clinical assignment. The form must be submitted to the DCE.



SCHOOL OF PHYSICAL THERAPY
CLINICAL ASSIGNMENT DECLINATION FORM

Student Name: _____ Class of: _____

Date Declination Submitted: _____

Declination of Rotation:

- Clinical Experience I Clinical Experience II Clinical Experience III

Students are advised to type or print all requested information: illegible and/or incomplete forms will not be accepted.

Name of Clinical Site you are declining: _____

Describe in detail your reason for declining this clinical rotation:

Declination of Assignments: Students who decline clinical rotations will be placed last on the list of students to be placed and will be placed according to the clinical internship slots available at the time of this declination. If clinical education slots are not available, due to the time to secure additional clinical rotations, declination of a clinical rotation and subsequent re-assignment may hamper the student's ability to complete the curriculum with the cohort class as well as requiring the student to pay additional tuition and fees.

Student Signature: _____ Date: _____

DCE Signature: _____ Date: _____

Appendix 4: Clinical Learning Contract

This form is used by the student and clinical instructor to formalize the expected learning in the clinical site.

Student Name:

Clinical Instructor:

This document is intended to serve as an aid for students, clinical instructors (CI) and DCE in developing individualized educational plans for the clinical rotation. Student and CI should refer to the course objectives, outcome expectations, and the Clinical Performance Instrument to guide the development of a Learning Contract.

Step 1: Discussion: The student and CI should discuss during the first two days of the rotation, the learning experiences available at the facility including patient care, professional practice, and practice management opportunities. The CI and student should reach a consensus on expectations based upon clinical rotation outcome expectations and student professional behavior expectations. Use the reverse side to document the discussion as needed. This form may also be used in situations requiring a learning contract as part of a clinical rotation or at any time when a remediation of behaviors or skills is necessary during a clinical rotation.

Step 2: Faculty Goals for Learning Contract: The DCE and/or CI will formulate their goals for the assigned student no later than the end of the first week based on rotation expectations, student goals, actual performance, ability levels, and patient populations within the assigned setting. In cases of behavioral and/or skill remediation, goals will be formulated within 3 days of notification to the school of student issue/concern and identification of need to institute a learning contract.

Goal 1:
Strategies
Goal 2:
Strategies
Goal 3:
Strategies
Goal 4:
Strategies

Step 3: Student Goals

The student should list the three most important goals to be accomplished during this rotation, as well as specific strategies used to achieve these goals. Use additional pages as needed. Goals should be developed by the assigned student and given to the CI no later than the end of the first week of the rotation. In cases of behavioral and/or skill remediation, goals will be formulated within 3 days of notification to the student regarding the issue/concern identified and need for corrective action.

Goal 1:
Strategies
Goal 2:
Strategies
Goal 3:
Strategies

****Additional Comments:** Failure to adhere to these goals will result in discontinuing this rotation and a failure in this course. No appeals will be accepted regarding this contract when signed by all parties.

Student Signature _____ Date: _____

Clinical Instructor Signature _____ Date: _____

DCE Signature _____ Date: _____

Appendix 5: Request for Leave from Clinical Rotation

This form is completed by the student prior to any leave. Leave must be approved in all cases.



Student Name: _____ Class of: _____

Date Request Submitted: _____

Clinical Rotation:

- Clinical Experience I
- Clinical Experience II
- Clinical Experience III

Type of leave requested:

- Personal
- Family
- Medical /Extended Illness
- Maternity
- Professional

Students are advised to type or print all requested information: illegible and/or incomplete forms will not be accepted. All leave requests must be received **no less than 14 days** prior to the date of requested leave. Requests received after this time may not be acted upon and/or denied.

Student must be in good standing related to clinical performance at assigned clinical site (ex: student not under clinical learning contract and/or remediation plan). Assigned CI, clinical site CCCE, DCE and/or SOPT Program Director have discretion to deny request.

Dates of Requested Leave: _____

Reason for leave:

Action plan to make up missed clinical rotation hours:

Student Signature: _____ Date: _____

CI/SCCE Signature: _____ Date: _____

Submission of this leave request does not constitute approval and students should not assume a request has been granted until they are in receipt of a signed copy of this form indicating approval by DCE.

- Approved Denied *Please fax request to SOPT at 702-777-3055

DCE Signature: _____ Date: _____

Appendix 6: Clinical Rotation Evaluation

This form is completed by the student at the end of the clinical rotation and submitted to the DCE.



SCHOOL OF PHYSICAL THERAPY
CLINICAL ROTATION EVALUATION

Clinical Site: _____ Student: _____

Clinical Instructor: _____

Course: Clinical Experience I Clinical Experience II Clinical Experience III

Dates of Rotation _____ to _____

All possible efforts will be made to ensure the anonymity of students completing evaluations unless the student chooses to share this evaluation with the clinical site.

Please mark the rating that best fits each statement. When finished submit to the DCE.

Evaluation of Clinical Site	Agree Strongly	Agree	Agree Somewhat	Disagree	Disagree Strongly	Unable To
Provides a good variety of pathologies for this setting						
Orientation to facility was provided						
Offers students adequate work, storage, parking space						
Provides a supportive learning environment						
Overall is a good site for DPT students						
I would consider employment in this facility in regards to company, employees/staff.						
Comments (required for ratings of Somewhat Agree or lower)						

Evaluation of Clinical Rotation	Agree Strongly	Agree	Agree Somewhat	Disagree	Disagree Strongly	Unable To
Goals and objectives are clear						
Scope of student activities, including limits, is clear						
Scope of activities is appropriate for level						
Clinical teaching is evident among professional staff						
Average number of patients per day for student						
Average number of visits per day for facility						
Number of days worked per week by student						
Number of PT at facility _____ No. of PTA's _____ No. PT Students _____ No. PTA Students _____						

Comments (required for ratings of Somewhat Agree or lower)

Evaluation of Clinical Instructor	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Unable To Assess
Serves as a good professional role model						
Takes advantage of teaching opportunities						
Communicates effectively with patients						
Communicates effectively with students						
Communicates effectively with members of healthcare team						
Demonstrates application of Evidence-Based Practice						
Integrates Differential Diagnosis into patient management						
Demonstrates Autonomous Decision-Making in practice						
Promotes and practices patient-centered care						
CPI evaluations were discussed adequately with me						
Comments (required for ratings of Somewhat Agree or lower)						
Please describe the teaching style of your CI. How did you adapt to this style?						

All possible efforts will be made to ensure the anonymity of students completing evaluations.

Please submit this evaluation to the DCE.

Student Signature _____ Date _____

*Electronic signature acceptable

Appendix 7: DCE Evaluation

This form is completed by the student at the end of the clinical rotation and submitted to the SOPT Program Director.



SCHOOL OF PHYSICAL THERAPY
DCE EVALUATION

Clinical Site: _____ Student: _____

Clinical Instructor: _____

Course: Clinical Experience I Clinical Experience II Clinical Experience III

Dates of Rotation _____ to _____

Please mark the rating that best fits each statement.

This section should be emailed or printed and given to the SOPT Director in a sealed envelope.

Evaluation of DCE/Faculty	Agree Strongly	Agree	Agree Somewhat	Disagree	Disagree Strongly	Unable To Assess
Rotation schedule was confirmed at least 4 weeks prior to the start						
The clinical seminar orientation provided by the DCE prior to Clinical Experience was helpful						
There was adequate communication between the DCE and clinical site						
DCE /faculty were available to respond to my concerns						
The DCE responded to my concerns in a timely manner						
Follow-up support by DCE/faculty was available						
Comments (required for ratings of Somewhat Agree or lower)						

Additional Comments:

All possible efforts will be made to ensure the anonymity of students completing evaluations.
Please submit this evaluation directly to SOPT Director Dr. Laymon.

Student Signature _____ Date _____

Appendix 8: COVID 19 – Release Form

This form is required to be completed and on-file at TUN for all students completing clinical rotations and/or ICE experiences.

RELEASE

Name of Student	Touro ID No.	Program
Emergency Contact Name	Emergency Contact Phone	Emergency Contact Email

1. I would like to participate in in-person clinical rotations at placement sites and/or other practical experiences (“Experiential Opportunities”) to continue or complete my degree requirements.
2. I was given, and acknowledge that I have, other options for my Experiential Opportunities, including a delayed start and/or participation via remote electronic mediums, if available, (distance learning, e-conferences, live webinars, remote grand rounds, etc.) based on then current state, federal and accreditor standards and requirements.
3. After considering all of the options, I have decided to pursue Experiential Opportunities to satisfy my _____ degree _____ requirements.
4. I understand that my participation at all Experiential Opportunities may involve encounters with patients or other individuals who may be or have been exposed to, suffering and/or dying from COVID-19.
5. I will conduct myself safely as required to protect myself and others at all Experiential Opportunities I am attending, including maintaining good hygiene and wearing adequate Personal Protective Equipment (masks, gloves and other personal protective gear) at all times and as mandated by the rules of my then current Experiential Site.
6. However, I understand that the above precautions, even if followed, are no guarantee against sickness, injury or death, and I assume all risks in connection with my Experiential Opportunities.
7. I release Touro College, and each of its entities, respective officers, trustees, employees, contractors, volunteers, agents, anyone acting under its control or on its behalf, and each of their respective affiliates and related entities and successors and/or assigns from all liability in connection with my Experiential Opportunities. This release is unconditional and binds all of my successors.

Read, Acknowledged and Agreed:

x _____
Name of Student
Date: _____