

CARROLL UNIVERSITY



Clinical Education Manual



Overview and Introduction

The mission of the Clinical Education program is to train entry-level physical therapy students who embrace evidence-based practice and demonstrate core values in the physical therapy profession. This manual aims to strive for our mission and provide information, policies, and procedures for all directly involved in clinical education. This includes students, clinical instructors, site coordinators for clinical education, and the academic faculty. The clinical education process successfully prepares competent clinicians only through the coordinated efforts of all parties involved.

An introduction with resources organizes the manual's structure, the DPT curriculum and faculty, part-time clinical education, and full-time clinical education. The student is expected to abide by the policies and procedures established in this manual. The policies and procedures are subject to change as the curriculum and/or the Program requires.

Thank you to all those involved in providing Carroll University DPT students the opportunity to become competent and impactful clinicians.

Table of Contents

Contact Information.....	5
Introduction to Clinical Education	6
Philosophy of Clinical Education	6
Structure of Clinical Education.....	6
Important Resources.....	6
DPT Program Curriculum	7
Part-Time Clinical Experiences.....	9
Integrated Clinical Experience Curriculum.....	10
Full-Time Clinical Experiences.....	11
Requirements of Clinical Education	11
Student Roles & Responsibilities During Academic Semesters	12
Exxat Online Clinical Education Database Profile	12
Benchmark Courses	12
Registration.....	12
Housing.....	12
Transportation.....	12
Required Documentation and Forms (includes medical req.).....	13
Medical Documentation	12
Infection Control.....	13
HIPPA.....	13
Health Insurance.....	13
Background Check.....	13
CPR Certification	16
Student Roles & Responsibilities During the Clinical Experience.....	17
Attendance.....	17
Dress	17
Professional Conduct.....	18
Cell Phone Use	19
Conflict Management	19
Assessments	20
Midterm Check-In.....	21
Grades.....	21
Coverage	22
Clinical Instructor Appreciation.....	22
Clinical Education Policies and Procedures	23
Clinical Experience Placements	23
Conflict of Interest for Placements	24

Setting Requirements	24
Clinical Experience Dates	24
Cancellations	25
Program Dismissal	25
DCE Roles & Responsibilities	25
Clinical Site Roles & Responsibilities.....	25
Clinical Affiliation Agreement (Contract)	26
Establishment and Evaluation of Clinical Sites	26
Procedure for Establishing New Sites.....	26
Evaluation of Clinical Sites	27
Clinical Instructor Rights and Privileges.....	27
Policy Regarding Complaints External to Due Process	27
Glossary of Terms	29
Appendix 1: First Come First Serve Policy.....	34
Appendix 2: Application/Interview Placement Policy	35
Appendix 3: New Affiliation Request Form	36
Appendix 4: Policy for Students on Probation	37
Appendix 5: Clinical Internship Evaluation Tool (CIET)	38

Clinical Education Team

Program Director

Sara Deprey, PT, Ph.D., DPT
Professor of Physical Therapy
Neurology
sdeprey@carrollu.edu
262-951-3051

Placement & Admissions Coordinator

Katherine Jansen, PT, DPT
Physical Therapy Program Coordinator
CarrollDPTClinEd@carrollu.edu
262-951-3146

Director of Clinical Education

Ashley Knuth, PT, DPT
Clinical Associate Professor of Physical Therapy
Pediatrics and Neurology
CarrollDPTClinEd@carrollu.edu
262-951-3096

Integrated Clinical Experience Coordinator

Lois Karnuth, PT, DPT
Clinical Assistant Professor of Physical Therapy
Anatomy, Kinesiology, Orthopedics
lkarnuth@carrollu.edu
262-951-3145

Program Faculty & Staff

Jason Bennett, PT, Ph.D., SCS, ATC
Associate Professor of Physical Therapy
Ortho, Sports
jbennett@carrollu.edu
262-951-3034

Rita Deering, PT, DPT, Ph.D.
Assistant Professor of Physical Therapy
Women's Health, Pregnancy & Postpartum, Neuro
rdeering@carrollu.edu
262-951-3047

Lindsey Palmen, PT, DPT
Clinical Associate Professor of Physical Therapy
Kinesiology, Graduate Support
lpalmen@carrollu.edu
262-951-3048

Vickie Ericson, PT, DPT
Clinical Assistant Professor of Physical Therapy
Geriatrics, Neuro
vericson@carrollu.edu
262-951-3033

Victoria Kowalewski, PT, DPT, Ph.D.
Clinical Assistant Professor of Physical Therapy
Neuro, Physiology, Geriatrics, Acute & Post-Acute Care
vkowalew@carrollu.edu
262-951-3050

Karene Boos, PT, JD, DPT
Clinical Associate Professor of Physical Therapy
Professional Practice, Interprofessional Collaboration
kboos@carrollu.edu
262-951-3049

Amy McQuade, PT, PhD
Clinical Associate Professor of Physical Therapy
Physiology, Acute Care, Lymphedema
amcquade@carrollu.edu
262-951-3040

Kimberly Klug, PT, DSc
Clinical Assistant Professor of Physical Therapy
Pediatrics
kklug@carrollu.edu
262-951-3038

Tamara Miller
Assistant Professor of Physical Therapy
Evidence, Statistics
tbmiller@carrollu.edu
262-951-3147

Ann Johnson
Administrative Assistant-Physical Therapy
Amjohnso@carrollu.edu
262-951-3043

Introduction to Clinical

Philosophy of Clinical Education

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

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

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

Structure of Clinical Education

The Carroll University Entry-Level Physical Therapy Program has integrated clinical education into the curriculum through course laboratories, including simulations, as well as both part-time and full-time clinical experiences. The integrated curriculum is designed to reinforce didactic content and increase student exposure to a diverse clientele representative of current physical therapy practice. Various individuals, including patients of all ages, caregivers, and the community, are utilized in courses to facilitate student learning. There are three part-time integrated clinical experiences that expose the students to wellness and prevention across the life span. Full-time Clinical Experience I and II are strategically placed at the beginning of Year 2 and Year 3 of the curriculum and Clinical Experience III and IV are terminal experiences following all didactic coursework. Full-time clinical experiences are planned to provide students with supervised clinical practice across multiple clinical settings to aid in preparing physical therapists consistent with the department's mission.

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

Patient's right to refuse

Patients have the risk-free-right to refuse to participate in full-time clinical education or treatment by a student. Patients/clients provide informed consent to being involved in the clinical education educational experiences.

Important Resources

- [DPT Student handbook](#)
- [American Physical Therapy Association](#)
- [APTA – Wisconsin](#)
- [Commission on Accreditation of Physical Therapy Education \(CAPTE\)](#)

DPT Program Curriculum

DPT Year 1 – Fall Semester (16 credits)

- PTH 5400 - Foundations of Professional Practice (2 credits)
- PTH 5405 - Neuroscience (3 credits)
- PTH 5408 - Introduction to Patient Management with Lab (3 credits)
- PTH 5423 – Physiology (3 credits)
- PTH 5422 – Clinical Anatomy (5 credits)

DPT Year 1 – Spring Semester (15 credits)

- PTH 5401 - Statistical and Research Methods (3 credits)
 - PTH 5406 - Exercise Physiology with Lab (3 credits)
 - PTH 5412 - Tests & Measures with Lab (3 credits)
 - PTH 5414 - Advanced Kinesiology with Lab (4 credits)
 - PTH 5416 - Therapeutic Exercise with Lab (2 credits)
-

DPT Year 2 – Summer Semester (16 credits)

- PTH 6460 - Clinical Pathology (2 credits)
- PTH 6500 - Physical Agents (3 credits)
- PTH 6507 - Orthopedics I (4 credits)
- HSC 6520 – Interprofessional Education I: Collaboration, Communication, and Cultural Competency (2 credits)
- PTH 6521 - Integrated Clinical Experience I (2 credits)
- PTH 6525 - Systems Development (2 credits)
- PTH 6541 – Clinical Decision Making (1 credit)

DPT Year 2 – Fall Semester (15 credits)

- PTH 6502 – Interprofessional Practice (1 credit)
- PTH 6509 - Introduction to Pharmacology (2 credits)
- PTH 6512 - Evidence into Practice (1 credit)
- PTH 6516 - Human Motor Learning (2 credits)
- PTH 6526 - Gerontology for the Physical Therapist (2 credits)
- PTH 6535 - Applied Human Behavior (1 credit)
- PTH 6515 - Clinical Experience I (6 credits)

DPT Year 2 – Spring Semester (18 credits)

- PTH 6503 - Inter-Professional Collaborative Practice (1 credit)

- PTH 6506 - Motor Control (4 credits)
 - PTH 6508 - General Medicine I (4 credits)
 - PTH 6517 - Orthopedics II (4 credits)
 - PTH 6530 - Professional Practice II (2 credits)
 - PTH 6531 - Integrated Clinical Experience II (2 credits)
-

DPT Year 3 – Summer Semester (10 credits)

- PTH 7622 – Professional Practice III (1 credit)
- PTH 7642 – Clinical Decision Making II (1 credit)
- PTH 7611 – Clinical Experience II (8 credits)

DPT Year 3 – Fall Semester (16 credits)

- PTH 7606 - Neurological Disorders (4 credits)
- PTH 7607 - Orthopedics III (3 credits)
- PTH 7608 - General Medicine II (4 credits)
- PTH 7619 – Elective (1 credit)
- PTH 7621 - Integrated Clinical Experience III (2 credits)
- PTH 7635 - Pediatric Care (2 credits)

DPT Year 3 – Spring Semester (17 credits)

- PTH 7615 - Clinical Experience III (8 credits)
- PTH 7616 - Clinical Experience IV (8 credits)
- PTH 7618 - Evidence Into Practice II (1 credit)

Part I: Part-Time Clinical

Purpose of Integrated Clinical Experiences in the PT Program

The Carroll University Physical Therapy Integrated Clinical Experience is dedicated to educating and honing the skills of aspiring student physical therapists, by synthesizing clinical practice with didactic coursework. Driven by a team of compassionate faculty and students attuned to the needs of clients and the surrounding community, the focus remains committed to promoting physical therapy across diverse demographics. The program embodies a forward-looking perspective, equipping its clientele with the tools and skills to attain and sustain optimal well-being.

The purpose of the ICE course sequence is to seamlessly integrate patient management skills, professional core behaviors and core values into experiential clinical learning, fostering cultural competence throughout. The Physical Therapy Program's Integrated Clinical Experience (ICE) course sequence provides students with a progressive learning journey. In the Introductory phase (ICE I), students integrate foundational knowledge into real-world contexts, focusing on patient management, professional behavior, critical thinking, and reflection at an introductory level with non-complex clients. The Intermediate phase (ICE II) advances skills into more complex settings, emphasizing comprehensive examination, guided decision-making, and continued reflection. The Terminal phase (ICE III) refines knowledge through advanced patient management, independent critical thinking, and comprehensive self-assessment. These on-campus clinical learning experiences ~~also~~ occur in various settings, allowing students time to practice and integrate physical therapy patient management skills and professional behaviors at each level each semester before a subsequent full-time clinical experience. Within the ICE experiences, students are tasked with applying and integrating prior and ongoing coursework to achieve learning outcomes and provide quality physical therapy service. These experiences lead to the development of well-rounded student physical therapists equipped to provide high-quality care and contribute to the well-being of diverse patient populations, who are well-prepared for their full-time clinical experiences.

Summary of Requirements

Students are required to attend and be an active participant in all ICE experiences. Details of each experience and assessments are outlined in the respective course syllabi. Students are expected to provide formal feedback for each of these experiences upon course completion. Students must achieve at least an 80% score for each experience assessment. If a student is unsuccessful in an ICE course or a specific experience in the course, they will be required to complete remediation to address any deficiencies the course instructors identified. In the event that the 80% threshold is not met in a particular experience, the course coordinator will determine the appropriate remedial measures. Consistent with the guidelines of the Entry-Level Doctor of Physical Therapy Program and Clinical Education, unsafe, unprofessional, unethical, or illegal behaviors may reduce course grades. In instances of incomplete assignments, the discretion of the course coordinator may lead to point deductions or remedial actions. The

course coordinator, in consultation with the Director of Clinical Education (DCE) and the student, will create and execute a remediation plan. The final authority for ICE grading resides with the course coordinator.

PTH 652 I: Integrated Clinical Experience I

This course is during the fourth semester, beginning of Year 2.

Participation in this clinical learning experience provides students opportunities in a variety of settings to apply knowledge and skills learned in didactic coursework at an introductory clinical level as a student physical therapist. Students integrate patient management skills and professional behaviors from previous and current didactic course work to optimize physical function, movement, performance, health, quality of life, and well-being for patients/clients in the community. Critical thinking skills are applied as students work with community populations. Reflection on experiences promotes self-assessment and professional growth at an introductory clinical level. All practical experiences occur under the supervision of faculty in consultation with community partners.

PTH653 I: Integrated Clinical Experience II

This course is held during the sixth semester, in the end of Year 2

Participation in this clinical learning experience provides students opportunities in a variety of settings to apply knowledge and skills learned in didactic coursework at an intermediate clinical level as a student physical therapist. Students integrate patient management skills and professional behaviors from previous and current didactic course work to optimize physical function, movement, performance, health, quality of life, and well-being for patients/clients in the community. Critical thinking skills are advanced and applied as students work with community populations. Preparation and reflection on experiences promotes self-assessment and professional growth at an intermediate clinical level. All practical experiences occur under the supervision of faculty in consultation with community partners.

PTH762 I: Integrated Clinical Experience III

This course is held during the final Fall didactic semester, in the middle of Year 3

Participation in this clinical learning experience provides students opportunities in a variety of settings to apply knowledge and skills learned in didactic coursework at a terminal clinical level as a student physical therapist. Students integrate patient management skills and professional behaviors from previous and current didactic course work to optimize physical function, movement, performance, health, quality of life, and well-being for patients/clients in the community. Critical thinking skills are refined and applied as students work with community populations. Preparation and reflection on experiences promotes self-assessment and professional growth at a terminal clinical level. All practical experiences occur under the supervision of faculty in consultation with community partners.

Part II: Full-Time Clinical

Carroll University's Physical Therapy curriculum encompasses four comprehensive full-time clinical experiences. The curriculum strategically integrates Clinical Experience I and II, weaving them seamlessly throughout the student's learning journey. Clinical Experience III and IV, on the other hand, serve as culminating terminal experiences that follow the entirety of didactic coursework. Commencing with Clinical Experience I, a foundational 6-week placement at the conclusion of the fourth semester, students embark on their clinical immersion. This is followed by Clinical Experience II, an intermediate 8-week placement in the sixth semester, allowing for further skill refinement. The pinnacle of clinical training arrives with Clinical Experience III and IV, both terminal 8-week placements thoughtfully positioned within the final semester, marking the readiness for entry-level professional practice.

Full-time clinical experiences, characterized by a commitment of at least 35 hours per week, are designed to tailor to the dynamic landscape of healthcare. The Clinical Education Team coordinates clinical placements, to provide students with a comprehensive spectrum of settings and diverse patient populations, fostering a well-rounded professional development. Integral to this process is the avenue for students to offer formal feedback after each course, thereby contributing to the ongoing enhancement of the program. Specific details can be readily accessed in the corresponding course syllabi for more insight into student assessment procedures.

Requirements of Full-Time Clinical Education

We want to ensure that you, the student, are fully equipped to excel in your clinical experiences while upholding the standards outlined in the Student Roles and Responsibilities sections below. In addition to abiding by those responsibilities during academic semesters, please pay careful attention to the following directives tailored specifically for your clinical encounters and adhere to both roles and responsibilities during the clinical experiences.

The CU PT Program requires:

- **Full Commitment:** Embrace the notion of full-time clinical engagement, the Carroll University Physical Therapy Program requires each student to follow their Clinical Instructors full-time schedule.
- **Adapting to Change:** Recognize the dynamic nature of healthcare and appreciate that your clinical experiences may vary. Adaptability is key as you respond to diverse patient care needs within this ever-evolving landscape.
- **Comprehensive Exposure:** Your clinical experiences are structured to provide a holistic view of patient care. Embrace the variety of scenarios presented to you, contributing to a comprehensive skillset.
- **Feedback Loop:** Your input matters. After each course, you are encouraged to provide formal feedback on your experiences. Your insights contribute to program refinement.

Remember, your commitment to these clinical experience guidelines enriches your learning journey and reflects your dedication to becoming a competent and compassionate healthcare professional. Thank you for your attention to detail and your unwavering dedication to your growth and the well-being of those you serve.

**Students are responsible for maintaining currency in certifications throughout the Program.*

***The Clinical Education Team will confirm medical documentation and CPR certification verification.*

Student Roles and Responsibilities: *During Academic Semesters*

Exxat Online Clinical Education Database Profile

Carroll University PT Program utilizes the Exxat-Steps clinical education management software to organize the process for clinical placements and student program required documents.

Students will receive an invitation from Exxat to access and create their online account in the fall semester of their first year in the professional phase of the program. Clinical education faculty will provide instructions at each stage of the program as to the requirements related to the profile. Students are responsible for completing and updating their online Clinical Profile throughout the duration of the program.

At least **eight weeks** before the clinical experience begins, students are responsible for:

- a) Reading the information on the clinical site in the Exxat database.
- b) Writing an introductory letter to the SCCE for the experience site using the provided template and uploading it to the Exxat profile along with the course syllabus
- c) Completing or updating the Exxat profile information and medical records PRN within the Exxat database.

Benchmark Courses

Each semester of the professional phase, the DCE meets with students to discuss information relative to the clinical education program. The information presented is relative to class level and is vital to understanding and completing requirements related to full-time clinical experiences. Attendance in these Benchmark Courses is required.

Registration

Students must be registered for the clinical experience course (PTH 515, PTH 613, PTH 615, and PTH 616) prior to the start of the clinical. Failure to register prior to the first day will delay the student's start date for their clinical experience.

Housing

The student is responsible for finding housing and for housing costs that may be incurred by the student at each placement site. Information on potential housing resources may be found in the student survey of the clinical site on Exxat. Additionally, some sites may indicate that they could be contacted regarding housing. In order to plan ahead for the cost of housing, students are encouraged to consider the semesters that include full-time clinical experiences and modify loans and other financial sources accordingly. Students must be aware that although infrequent, clinical placements can change at the last minute due to unforeseen circumstances that may alter planned housing arrangements.

Transportation

The student must have access to transportation to and from the assigned clinical placements and is responsible for all costs incurred for transportation. The student must be able to get to the site on time and meet the transportation needs of the site. Students must be aware that although infrequent, clinical placements can change at the last minute due to unforeseen circumstances that may alter planned transportation arrangements.

Program Required Documentation and Forms

Students are responsible for completing, uploading, and updating, as needed, all program-required documentation and forms. All documentation and forms will be housed in the students' Exxat account and sent to the student's clinical site prior to each clinical experience. For student participation in clinical education experiences, you must comply with the host site policies. Students will work with the program's clinical education team to provide evidence and compliance of vaccination status for both the Program and clinical experience requirements.

The following is a list of documentation and forms required by the Carroll University Physical Therapy Program:

- Student Profile: Students complete or update this information prior to each clinical placement in the My Profile section of the Exxat database. Accurate completion of this information will facilitate planning of an individualized learning experience for the student. Information should be fully completed for the clinical site faculty to view prior to sending the Exxat profile link invitations.
- Infection control procedures: Training occurs in PTH 5408 Introduction to Patient Management.
- HIPPA: Training in HIPAA requirements occurs in HSC6520 - Interprofessional Education I: Collaboration, Communication, and Cultural Competency.
- Background Check: All students must complete a Standard and Wisconsin Caregiver background check in Year I of the program, with additional checks run as needed. When a background check identifies a prior unlawful activity, the program does not guarantee clinical experience placement or accommodation. Results of the background check are shared with program constituencies as appropriate.
- Health Insurance: Students are required to have health insurance. Those who are covered by a family or personal policy must provide a copy of the insurance card. If the card does not include the student's name, proof of the student being dependent on the plan is required. For students without their own coverage, a group insurance policy is available through the University (see Program Handbook for further information)
- Emergency Medical Services: If student is injured or becomes ill during a full-time experience, the clinical facility will provide emergent or urgent medical care as appropriate, consistent with their capability and policies. Students will bear financial responsibility for charges associated with said treatment.
- Liability Insurance: All health science students, including DPT students, are required to purchase professional liability insurance on a yearly basis. The insurance is paid and processed through the University's legal department. A periodic review of the policy by the University counsel is performed to guarantee appropriate coverage and billing.
- Medical Documentation: Students are to compile and upload immunization proof and other required forms into the Exxat database in the first semester in the professional

phase of the program. The due date for uploading all medical documents is November 1st. Students should always maintain the original verification documents for their records and should not give the sites or program the original physical documentation. The student is responsible for the cost of any required lab tests, x-rays, immunizations, or any other medical test required by the clinical facility unless otherwise indicated. The clinical site is to inform the Program if there are additional health requirements (i.e. drug screen), and the Program will notify the student. Students are responsible for maintaining current health requirements throughout the duration of the program.

Program-required immunizations (based on CDC recommendations):

- MMR
- Hepatitis B vaccine
- Varicella immunization or titer
- Tdap
- Annual Flu Shot
- Annual TB skin test

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

MMR

- Proof of 2 documented vaccinations (from childhood or adult) via uploaded state immunization registry OR immunization form signed by physician or other healthcare provider (NP, PA, etc.)
- OR Positive Antibody titer for all 3 components, lab reports required.
- IF negative/ LOW or equivocal titer, then a booster or 2 dose series is required and depending on your HCP recommendation.

Hepatitis B

- Positive Surface Antibody titer OR 3 documented vaccinations or 2 Heplisav-B vaccinations via uploaded state immunization registry OR immunization form signed by physician or other health care provider (NP, PA, etc) OR official declination form for Carroll University.
- IF negative/ LOW or equivocal titer, then a booster or 3 or 2 Heplisav-B dose series is required and depending on your HCP recommendation.

Varicella

- Proof of 2 documented vaccinations (from childhood or adult) via uploaded state immunization registry OR immunization form signed by physician or other healthcare provider (NP, PA, etc.)
- OR a Positive Antibody titer with lab results.
- If titer is negative/Low/equivocal, must repeat series of 2 doses. Depends on your HCP recommendation.
- History of Disease is acceptable.

Flu shot

- Documented vaccination for the current flu season via any official document with the date.
- Prescriptions/receipts are accepted.
- Annual requirement.

Tuberculosis (TB) Details

- Initial and Annual Tuberculosis Screening: If a student has never had a PPD (TB skin test), or if it has been more than 12 months since the last PPD, then the student is required to have the two-step method of testing done. The two-step requires placement of 2 separate PPD skin tests 7 to 21 days apart. If it has been less than 12 months since the last PPD, then only a single-step test is required on an annual basis. If it has been more than 12 months to the day since the last PPD, then a two-step test will be required. All skin tests must be read within 48 -72 hours, or another test must be done.
- TB Test Documentation: A record of the initial 2-step testing and all subsequent annual single-step test results must be kept. The original and updated annual documents will be uploaded to the Exxat database. Acceptable documents are a PPD reading without an adverse reaction or a QuantiFERON Gold Test with a report of no infection. Noncompliance with this policy may result in clinical site refusal to host a student for a clinical rotation and may delay graduation.
- If the PPD is positive (10mm and above), a chest x-ray is **required**, along with the x-ray date, a copy of the physician's report, and the physician's recommendations for treatment if appropriate. An x-ray older than one year will be accepted if the student has completed the full INH treatment and has been symptom-free for one year. If the student did not complete the entire treatment or has had symptoms in the last year, the student will need an annual x-ray.
- **Note**: Students who have received the Bacille Calmette-Guerin Vaccine (BCG) may want to consider a TB blood test (Quantiferon TB Gold or T-Spot) in lieu of a TB skin test because there is a higher rate of false positive TB skin tests in people who have had the BCG vaccine. Even if a student has

had the BCG vaccine, a TB skin test or blood test is still required since the vaccine is not effective for all strains of TB.

Covid-19

- All students will be participating in on-campus patient care experiences and will be required to follow the Carroll University College of Health Science COVID-19 vaccination policy. At the time of this manual update (August 2023) the Covid-19 vaccinations is **NOT** required, however, students will need to comply with host site policies. Students should be informed that program wide Covid vaccination may be instituted dependent on future disease impacts, host site policies, and CDC recommendations.
- The Program's COVID-19 vaccine policy and requirements will be updated frequently throughout the year as more data and information becomes available from the CDC, County and State Public Health Departments, the University, and health care partners.

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

CPR Certification:

CPR certification will be required by the third semester of the Program. The Program will offer CPR training options in the second or third semester of the DPT program.

Some students may choose to become or have been certified before they enter the Program. The following are CPR certification guidelines if students choose to complete CPR before entrance into the Program.

The CPR certification must be through the American Heart Association*. Certifications must include CPR and AED for adults and pediatrics, including 2-person rescuer and bag valve mask. Courses must include completing in-person skills checks. Approved course:

- American Heart Association BLS for the HealthCare Provider
- A more rigorous certification course, such as EMT or OEM, may be approved at the Program's discretion.
- *Students are responsible for maintaining currency in certifications throughout the Program*

Additional medical requirements may be mandatory based on the student's clinical site. These requirements can include, but are not limited to, drug screens, additional TB tests, additional background checks, or physical exams. Students are responsible for completing any of these

additional site-specific requirements per the required due date of the clinical site. The DCE and/or clinical site staff will notify students of these requirements. Students are responsible for any costs associated with additional site-specific requirements not otherwise covered by the company or facility.

Student Roles and Responsibilities: *During Clinical Experience*

Students are required to adhere to and maintain all requirements during the academic semester along with roles and responsibilities for clinical experiences.

Attendance

Promptness and attendance are mandatory during the clinical experience. Absences for communicable illness, health emergencies, family emergencies, presentations at Program approved professional conferences and early NPTE testing are the only standard excused absences allowed during clinical experiences. Conference presentations are limited to one per rotation and time absent from the experience is to be minimized. When at a professional conference, the student will attend educational sessions during official conference hours and shall submit proof of attendance. All other absences are generally considered unexcused and are not acceptable with consequences subject to DCE discretion. If a situation arises in which a student feels strongly that he or she has a valid request for an exception to this policy, it is the student's responsibility to discuss their particular situation with the clinical coordinators promptly. After discussion regarding a student request, decisions by the DCE regarding whether the requested absence will be considered excused or unexcused are final. If a student does not discuss their particular situation with the DCE and clinical facility in a timely manner, the absence will automatically be considered unexcused. If a student has any questions regarding the attendance policy, it is his or her responsibility to clarify with the DCE.

***If a student is unable to attend their regularly scheduled shift, it is important to inform both the DCE and the Clinical Instructor as soon as possible. Ideally, this should be done before the shift begins or as soon as possible afterwards. Please provide them with all necessary details regarding your absence.**

The absence must be made up. The plan for making up the time as determined by the student in conjunction with the CI/facility must be in writing and submitted to the DCE. Make-up time is dependent upon clinical faculty and facility availability and must be approved by the DCE. The required number of weeks for each experience **must** be completed before the end of the academic semester to earn a passing grade for the experience. For the final experience, the student will not be allowed to graduate until the make-up time has been satisfactorily completed. If an absence in any clinical experience is not made up and/or not all weeks are fully completed, this may result in a failing grade for the course.

If the student's Clinical Instructor is off on a typically scheduled day due to an observed Federal Holiday, the student should make every effort to work with another therapist or discipline that may be working that day. If the clinic is closed due to the observed Federal Holiday, the student does not have to make up those hours.

Dress Code and Personal Appearance

At Carroll University's Program of Physical Therapy, we emphasize the importance of professional attire to uphold the standards of our program and the field. During both on-campus

and clinical site experiences, students are expected to adhere to the following dress code guidelines:

Students participating in on-campus activities, including labs, seminars, and meetings, should dress in a manner that reflects professionalism and respect for the learning environment. Neat and presentable attire is encouraged.

The following general guidelines apply:

- Professional Attire: Regardless of clinical facility requirements, students are expected to always dress professionally. This includes well-fitting and clean attire, including a collared shirt/oxford shirt/golf shirt/dress shirt with khakis or dress pants.
- Shoes: Closed-toe dress shoes or clean casual shoes are required in the clinic setting at all times.
- Hair: Shoulder length or longer hair should be secured to prevent interference with patient care.
- Jewelry: Jewelry should be conservative and not hinder daily activities or pose safety risks. Earrings are permissible, but other visible body piercings, such as the tongue, nose, or eyebrows, should be covered or removed.
- Tattoos: Highly visible or offensive or vulgar tattoos should be covered during clinical experiences to maintain a professional appearance.
- Nametag: University provided nametag should be worn at all times during clinical experiences. This identifies you as a professional student.

Faculty and clinical sites are responsible for ensuring appropriate dress standards for students.

Clinical Site Experiences:

Professionalism in appearance is crucial during clinical site experiences to ensure you represent both yourself and our program effectively. All students are required to follow the clinical facility-specific dress code. In the absence of such guidelines, refer to the Program's Dress Policy for guidance.

Professional Conduct

Physical Therapy is a human service profession. One of its central tenets is the value of human dignity. This value is reflected in conduct that demonstrates sensitivity to the physical and psychological well-being of others and honesty in all endeavors. The Program in Physical Therapy endorses the philosophy and behaviors embodied in the Carroll University Mission and Ethos statement, and the American Physical Therapy Association Code of Ethics and Core Values. The Program expectations of the student's professional behaviors are based on these documents and the University, College, and Program policies and procedures.

Because students are professionals in training, they are expected to demonstrate professional behaviors in words, actions, attitudes, responses, and communication during their role as a student. To reflect professional behaviors during the training years of their career, students are expected to inform faculty of any situations that may adversely affect the educational experience and to seek clarification as needed.

Please refer to the **Carroll University Physical Therapy Program (CUPT) Professionalism Policy** posted on the [Carroll DPT Canvas Resources Page](#).

Cell Phone Use

The use of personal cell phones is **not** permitted during your scheduled clinical experience hours, regardless of clinic rules. It is essential that respect and professionalism is demonstrated while at the clinical sites, and during patient care, which includes your full attention to your CI and patients.

Conflict Management Guidelines

In the course of your clinical experience, it's possible that challenges or issues may emerge related to student performance or the student/CI (Clinical Instructor) relationship. The following steps provide a clear pathway for addressing such situations:

1. **Notification to DCE:** At the earliest opportunity, inform the Director of Clinical Education (DCE) about the issue that requires attention. Keep the DCE informed as the situation unfolds.
2. **Initial Discussion:** You and your CI should meet promptly to discuss the problem. During this discussion, define the issues and collaborate on designing a solution for resolution. This discussion and plan must be documented and shared with the DCE.
3. **Involvement of Site Coordinator:** If the initial discussion does not lead to a satisfactory outcome, and if applicable, involve the Site Coordinator of Clinical Education (SCCE) in a second discussion. Notify the DCE if this step is taken. The DCE must approve any modifications to the resolution plan. Revised plans should be documented and signed by both you and the CI.
4. **Facility/Department Leadership Involvement:** If the issue persists, and if relevant facility or department leadership (e.g., supervisor, director, manager) is separate from the CI/SCCE role, consider involving them for further discussions. Notify the DCE if this step is taken. Any updates to the resolution plan must be submitted to the DCE. Document and sign revised plans.
5. **Ongoing Communication:** Maintain ongoing communication with the DCE regarding the identified problem. The frequency of this communication will be determined based on the specific case. Follow-up and monitoring of the situation will be decided mutually.
6. **Next Steps:** If the solution doesn't bring resolution within the expected timeframe, the DCE will determine the appropriate next steps.

Potential Outcomes:

- ☐ The issue is successfully resolved, and you complete the experience.
- ☐ The experience might be terminated early by the clinical site or the DCE. This could result in an unsatisfactory grade for the course and delay in progression in the Program.
- ☐ You continue the experience until its scheduled end date, but with an unsatisfactory grade for the course.
- ☐ These guidelines are designed to ensure a fair, transparent, and structured approach to conflict resolution, aiming for the best possible outcomes for all parties involved. Your proactive engagement in this process contributes to your professional development and the quality of your clinical experience.

Summary of Full-Time Clinical Experience Assessments

- ☐ Site Required Forms and Onboarding
 - Students must upload all required documents into the Exxat database, including current immunizations, CPR, and background checks. SCCEs and Clinical Instructors will be given access to these records. All records **must** be current through the last day of the experience. It is the student's responsibility to maintain the currency of these records throughout the program.
- ☐ Student Assessments:
 - CI Details and Scheduled & Details Information
 - Initial Orientation Form
 - Weekly SOAP Note
 - CIET Midterm
 - CIET Final
 - Physical Therapy Student Evaluation of Site
 - Physical Therapy Student Evaluation of Clinical Instruction
 - Time Sheet

Upon completion of the experience, all required assessments and paperwork must be completed and uploaded to the designated platform as noted in the course syllabus. The final grade for the course will be submitted to the registrar once all required forms have been satisfactorily completed and submitted.

CIET: Clinical Internship Evaluation Tool (Appendix 5)

The Clinical Internship Evaluation Tool (CIET), developed by the University of Pittsburgh, is a comprehensive assessment instrument for evaluating student performance during all full-time clinical experiences. To ensure a structured evaluation process, the following steps are to be followed:

1. CI and Student Evaluation: The Clinical Instructor (CI) and the student utilize the CIET to evaluate the student's performance. The evaluations are conducted at both midterm* and final evaluation points.
2. CIET Form Completion by Student: The student must fill out the assessment form by providing ratings and comments to support their ratings. After completing the form, they must submit it to their CI before the deadline set by the course.
3. CIET Form Completion by CI: If more than one CI is involved in the evaluation, only one CI is authorized to log in and provide comments on the CIET form. This allows for coordination between CIs and ensures a consolidated evaluation.
4. Evaluation Discussion: During the evaluation process, the CI and student discuss the student's performance based on the CIET assessment.
5. Midterm CIET Deadline: For Experiences II, III, and IV, the midterm CIET must be completed no later than Friday of the 4th week of the experience. Experience I's completion deadline is Friday, the 3rd week.
6. Final CIET Deadline: The final CIET assessment must be concluded and submitted by the last day of the respective experience.

By adhering to these guidelines, we maintain a structured and consistent evaluation process that contributes to accurate assessments of student performance throughout their full-time clinical experiences.

****Students with a history of probation status in the program or under closer monitoring due to specific circumstances must have a midterm phone call with the DCE. The student must establish this appointment by Friday of the first week of the rotation. The student must discuss potential times with the CI and block the clinic schedule during the call time.***

Grades

All full-time clinical experiences are graded on an A-F scale. Students are expected to meet course and program objectives, demonstrate appropriate progression on the CIET instrument, and ensure all assignments and prerequisites are turned in by the due dates.

The student must demonstrate appropriate progression in attaining the clinical experience course objectives. Performance level on the CIET on all 18 performance criteria is expected to be as follows:

Experience	Expected Performance Level
At the end of Experience I (CIET)	Professional Behaviors: Most of the time or Always Patient Management: Below Global Rating Scale: ≥ 3
At the end of Experience II (CIET)	Professional Behaviors: Most of the Time or Always Patient Management: At that level for familiar patients Global Rating Scale: ≥ 6
At end of Experience III & IV (CIET)	Professional Behaviors: Always Patient Management: At that level for all patients OP Ortho Global Rating Scale: ≥ 8 OP Ortho Patient Management: At that level for familiar patients specialty or other settings if their first time in that setting. Global Rating Scale: ≥ 6 Specialty or other setting

The results of the terminal clinical experience are utilized as an indicator for attaining clinical education learning outcomes and meeting entry-level performance.

Upon successful completion of the clinical experience, the expected outcome is a final CIET rating of "Always" for all Professional Behaviors and an "At that level" rating for all patients across all Patient Management criteria. Situations in which these ratings aren't achieved will be evaluated on a case-by-case basis, considering factors such as the student's prior exposure to the setting and the complexity of the caseload.

The final grade is assigned by the Program's Director of Clinical Education (DCE). This evaluation incorporates ongoing communication between the CI, Course Instructors, and the student throughout the clinical experience. The DCE employs a grading rubric consisting of six distinct objectives: Final CIET - Professional behaviors, Final CIET - Patient management, Weekly SOAP note content, Course-required paperwork, Professionalism, and Attendance and punctuality.

In the event that the DCE becomes aware that the student's preparation for the board exam is affecting their clinical performance, the student's grade may be affected adversely. Ultimately, the DCE determines

whether the student has met the clinical objectives and fulfilled the requirements for the clinical experience, utilizing a comprehensive assessment process to ensure fairness and accuracy in grading.

In the case of a failed rotation, students have the opportunity for one repeat attempt*. When faced with a failed rotation, students must adhere to a remediation plan as directed by the Director of Clinical Education (DCE). This plan entails, at minimum**, retaking the same type of practice setting where the failure occurred. The timing of this remedial experience is contingent upon clinical facility and faculty availability. Regrettably, a student will face dismissal from the program if they receive a grade of D or F for a second time.

**Relevant information about the student's unsatisfactory performance will be communicated to the remedial site to ensure their success.*

***Additional forms of remediation may be deemed necessary. For the remedial experience, students must register and cover the associated tuition cost. This process ensures clear guidelines for addressing failed rotations while offering opportunities for improvement and growth.*

Coverage

Emergency Medical Services: If a student is injured or becomes ill during a full-time experience, the clinical facility will provide emergent or urgent medical care as appropriate, consistent with their capability and policies. Students will bear financial responsibility for charges associated with said treatment.

Liability Insurance: All health science students including DPT students are required to purchase professional liability insurance on a yearly basis. The insurance is paid and processed through the University's legal department. Periodic review of the policy by the University counsel is performed to guarantee appropriate coverage and billing.

Clinical Instructor Appreciation

Prior to each experience, students will receive a Carroll University thank you note and gift to give to their CI(s) at the end of each rotation. Students will also receive information near the end of each rotation from the Clinical Education faculty regarding the opportunity to submit a nomination for their CI as the Clinical Instructor of the Experience. One CI winner per experience will receive a gift in appreciation of their dedication to the Program and the PT profession.

In-Services

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

Clinical Education Policies and Procedures

To foster an optimal educational journey for students and to uphold strong ties with our academic partners, a series of policies and procedures have been established. It is the responsibility of each student to acquaint themselves with and adhere to these policies and procedures concerning clinical education. Failure to adhere to these policies may lead to disciplinary measures, at the discretion of the Director of Clinical Education (DCE) and/or the Program Coordinator. Your awareness and adherence to these policies and procedures contribute significantly to maintaining a positive learning environment and professional relationships.

Clinical Experience Placements

Placement Process: The responsibility for orchestrating placements in full-time clinical experiences lies with the Director of Clinical Education (DCEs) and the Program Coordinator. The strategic process of arranging clinical placements for all experiences initiates on March 1st of the year before the intended placement. To ensure that all students fulfill the Program and Accreditation requirements for graduation, the DCEs retain the authority to secure a suitable clinical placement at a facility and in a setting as deemed appropriate. This process guarantees a cohesive and well-structured clinical experience that aligns with our program's goals and accreditation standards. It is emphasized that students must refrain from initiating direct requests for clinical placements from potential sites. All placement requests must be channeled exclusively through the DCE, without exceptions.

Students input into their placement assignments in various ways, including:

Wish list ranking process: In Exxat, a list of sites dedicated to providing clinical experiences for students will be available in the placements section. After confirming the required number of spots, students will be asked to rank their preferred slots on the Wishlist. They will have one week to complete and submit their rankings. Exxat's auto-placement algorithm will then assign a clinical placement to each student. If a student fails to submit their Wishlist by the deadline, they will need to wait until the auto-placement process is finished for all other students before choosing from the remaining spots.

Expedited placement processes: Preceding the Wishlist ranking and auto-placement process, students are afforded the choice to request a placement through a National Contract Site Request, New Site Affiliation Request, or the First Come First Serve Policy. The Placement Coordinator will administer a survey before March 1st to determine student preferences, including their preferred location, setting, and the opportunity to provide any additional preferences and potential housing if they would like to travel.

National Contract Request Process: Students can submit specific requests for placement opportunities nationwide via their yearly placement survey. The Placement Coordinator then undertakes proactive outreach to clinical partners in the student's preferred location and works with the site and student to determine the most appropriate placement. Students are allowed to submit one request at a time per experience. Once an adequate number of appropriate placements has been secured for a particular experience, National Contract Requests currently in process will be terminated, and any additional requests will not be accepted.

New Site Affiliation Request: Refer to Appendix 1

Application/Interview Placement Policy: Refer to Appendix 2

First Come First Serve Policy: Refer to Appendix 3

Conflict of Interest:

Due to a conflict of interest, students are not to be assigned a clinical experience at a placement where any of the following are true:

- Where any family member(s) or family friend(s) is/are employed within the same department
- Where the student is currently or has previously volunteered, shadowed, or employed.

Students must disclose to the DCE any conflict of interest before the placement process. Failure to disclose may result in removal from the placement. If a student is unsure if a particular situation would be considered a conflict of interest, the student must contact the DCE to discuss it further.

For all clinical experience assignment processes, exceptions or accommodations to these policies are not made for students' personal needs, such as needs related to spouses, children, financial hardship, or location of housing.

Students or any personal contacts (i.e. family, friends, coworkers, neighbors, etc.) are not allowed to solicit or accept direct offers from clinicians for future clinical placements. Students should strongly discourage their contacts to avoid acting on the student's behalf. If a student breaches this protocol by independently seeking a clinical placement from a site, it must be noted that the student will forfeit the opportunity to be considered for that placement. Maintaining the integrity of this process is crucial for ensuring fairness and equal opportunity for all students involved.

Setting Requirements: To provide sufficient breadth of clinical experience, students are required to have experience placements in multiple settings. Of the four required clinical rotations, a student must have at least one experience in outpatient orthopedics and one rotation in the category of "other." The "other" category may include, but not limited to: OP or IP Neuro, OP or IP Pediatrics, IP Acute, IP Rehab, Skilled Nursing Facility, Home Health, Oncology, Vestibular, Women's Health, Aquatics, Lymphedema, Manual Therapy, and Sports Medicine. The Director of Clinical Education, along with the student, will monitor student placements to ensure an adequate breadth of clinic settings throughout the four clinical experiences.

Students are allowed to have more than one clinical rotation within the same organization, i.e. Aurora or Rehab Care, as long as it is with a different CI in either a different experience setting or location.

Clinical Experience Dates: The start and end dates for each rotation are determined by the DCE. Changes in these times are made at the discretion of the DCE or per facility/SCCE request.

The week off between Clinical Experience III and IV and the week after Clinical Experience I, II, and IV, should not be counted on as planned vacation time. This time may be needed for making up missed time, accommodate for altered start/end dates, or to complete any remediation. Any plans made for these weeks must be flexible and able to be cancelled. Students are responsible for any costs incurred due to a necessitated change in housing or transportation arrangements.

Cancellations: A confirmed clinical site will not be cancelled by the school except in extreme extenuating circumstances. If a clinical site cancels a placement, the clinical team will work to find a replacement site to the best of their ability. Replacement strategies typically begin with sites not yet chosen from the Wishlist and expand to include new opportunities offered after the Wishlist is completed.

Program Dismissal: If a student fails to meet academic progression standards and is dismissed from the Program, that individual is no longer a student at Carroll University and, therefore, cannot attend clinical experiences after receiving the dismissal letter. The DCE will communicate relevant information regarding the case to the clinical site.

Director of Clinical Education Roles and Responsibilities

The DCE is responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum. These responsibilities are a component of the DCE's job duties that also include teaching, scholarship, and service.

All communication related to clinical education matters should be directed to the DCE to ensure that matters are appropriately addressed promptly.

The DCE serves as the department representative to the many community partners and stakeholders involved in clinical education, including frequent and effective communication regarding the program.

The DCE collects and analyzes data related to clinical education and shares this information with the Department faculty regularly.

The DCE is responsible for managing and maintaining the currency of the clinical education database.

The DCE collaborates with the PT Program Coordinator, who may be involved in communication-related to clinical education matters.

Clinical Site Roles and Responsibilities

Site Coordinator of Clinical Education (SCCE): The SCCE of record will receive the Annual Clinical Placement Request email on March 1st of each year. The SCCE in collaboration with the DCE will confirm student assignments.

Clinical Instructors:

The CI must be a licensed physical therapist with at least one year of clinical experience and a desire to be involved in clinical education. Being a Clinical Instructor is a significant time commitment participation on a non-salaried basis.

The CI/SCCE will orient the student to the facility and clarify expectations of the student.

The CI will complete or sign off on all specific course-required assessments promptly, which may include: weekly progress notes, midterm check-ins, midterm and final assessments, and CI survey.

The CI will comply with jurisdictional laws and regulations relative to physical therapist practice and supervision of student physical therapists.

The CI is to demonstrate effective clinical teaching skills. In the *Physical Therapist Student Evaluation of Clinical Instruction* form, an overall minimum score of 3 (1-5 scale with 5 being the most positive response) is expected.

The CI is expected to communicate with the SCCE and DCE in a timely manner if they have any concerns regarding student performance. Timely communication will allow all stakeholders to participate in conflict management according to the policy outlined in this manual to facilitate the student's successful completion of the rotation.

Clinical Affiliation Agreement (Contract)

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

Establishment and Evaluation of Clinical Sites

Procedure for Establishing New Sites

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

Contact is made between the DCE and the SCCE or Department of Physical Therapy at the prospective facility. The DCE describes the Physical Therapy Program and asks if the facility is interested in participating in the clinical education curriculum. The DCE also solicits information about the site to ensure an appropriate match. Students or any personal contacts (i.e. family, friends, coworkers, neighbors, etc.) are not allowed to initiate the clinical affiliation agreement process.

The following information is made available to the sites as requested:

- Clinical Education Manual
- Clinical Course Syllabi
- Course Descriptions
- Course Sequence

If it is mutually agreed to utilize the facility as an experience site, both parties shall establish and sign an affiliation agreement. If the affiliation agreement is originated by Carroll University, a Physical Therapy Addendum will be included. Each party shall maintain a signed copy of the document(s).

Evaluation of Clinical Sites

Clinical sites are evaluated by several different methods:

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

Clinical Instructor Rights and Privileges

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

Policy Regarding Complaints External to Due Process

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

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

1. When possible, the Program Director will discuss the complaint directly with the party involved within 14 business days of receipt of the complaint.
 - a. The Director will attempt to address the complaint and identify a satisfactory resolution.
 - b. The Director will document the outcome of the complaint and keep the report on file for five years. The report will also be sent to the complainant.

- c. If the complaint is outside the Director's scope, the Director will report the complaint to the appropriate personnel based on the nature of the complaint.
2. If dissatisfied with the discussion with the Program Director, or if the complaint is against the Program Director, the involved party may submit an oral or written complaint to the College of Health Sciences Dean, Dr. Tom Pahnke, by telephone at 262-951-3158 or via email at tpahnke@carrollu.edu.
3. If the party feels that an additional review is necessary, the complainant may contact the Office of the Provost and Vice President of Academic Affairs, Dr. Mark Blegen, by telephone at 262-524-7364 or via email at mblegen@carrollu.edu.
4. If the party would like to speak to the Program's Accreditation organization, they may contact the Commission on Accreditation in Physical Therapy Education (CAPTE) at 703-706-3245 or by email at accreditation@apta.org.

The University and Program prohibit retaliation against any individual following a complaint submission

Glossary of Terms



[From the American Council of Academic Physical Therapy (ACAPT), February 26, 2019]

This glossary of terms was developed after a review of the physical therapy literature, extensive discussion and debate by the ACAPT Common Terminology Panel, and engagement of key stakeholders within the physical therapy clinical education community.

The Glossary is divided into major categories and, as applicable, definitions are referenced.

CLINICAL EDUCATION INFRASTRUCTURE

<i>Clinical education</i>	A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.
<i>Clinical education agreement</i>	A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites or individual providers of clinical education that specifies each party's roles, responsibilities, and liabilities relating to student clinical education.
<i>Clinical education curriculum</i>	The portion of a physical therapy education program that includes all part-time and full-time clinical education experiences as well as the supportive preparatory and administrative components.
<i>Clinical education experience</i>	Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings. While the emphasis is on the development of patient/client physical therapy skills, experiences may also include inter-professional experiences and non-patient/client service delivery such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.
<i>Didactic curriculum</i>	The component of the physical therapist professional education program that is comprised of the content, instruction, learning experiences, and assessment directed by the academic faculty.

Full-time clinical education experience	A clinical education experience in which a student is engaged for a minimum of 35 hours per week. Full-time clinical education experiences designated to achieve the minimum number of weeks set forth by CAPTE are directed by a physical therapist clinical instructor. ^{5,7} An integrated clinical education experience may be a full-time clinical education experience.
First full-time clinical education experience	The first clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week.
Intermediate full-time clinical education experience	A clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week and returns to the academic program for further completion of the didactic curriculum.
Terminal full-time clinical education experience	A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapist professional education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or last terminal experience is entry-level performance.
Integrated clinical education	<p>Integrated clinical education is a curriculum design model whereby clinical education experiences are purposively organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities and values that occur prior to the terminal full time clinical education experiences.</p> <p>Integrated experiences are coordinated by the academic program and are driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment.</p> <p>For integrated clinical education experiences to qualify towards the minimum number of full-time clinical education weeks required by accreditation (CAPTE) standards, it must be full time and supervised by a physical therapist within a physical therapy workplace environment or practice setting.</p> <p>ICE=Integrated Clinical Education</p>
Part-time clinical education experience	A clinical education experience in which a student engages in clinical education for less than 35 hours per week. Part-time experiences vary in length. A part-time clinical education experience may be considered an

	integrated clinical education experience depending on the design of the experience and the learning objectives.
Physical therapist professional education program	Education comprised of didactic and clinical education designed to assure that students acquire the professional knowledge, skills, and behaviors required for entry-level physical therapist practice.

CLINICAL EDUCATION SITES

Clinical education site	A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the educational program(s) through a contractual agreement.
Clinical education environment	The physical space(s), and/or the structures, policies, procedures, and culture, within the clinical education site.

CLINICAL EDUCATION STAKEHOLDERS

Academic faculty	Educators and scholars within the academic institution dedicated to preparing students with the skills and aptitudes needed to practice physical therapy.
Academic institution	University or college through which an academic degree is granted.
Clinical education consortia	National and regional groups that include academic and clinical education faculty for the purpose of sharing resources, ideas, and efforts.
Clinical education faculty	The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Site Coordinators of Clinical Education (SCCEs), preceptors, or clinical Instructors. While the academic institution does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.
Clinical instructor (CI)	The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience

Director of Clinical Education (DCE)	Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.
Physical therapist student	Student enrolled in a CAPTE-accredited or approved developing physical therapist professional education program. Students should not be referred to as a physical therapy student.
Preceptor	An individual who provides short-term specialized instruction, guidance, and supervision for the physical therapist student during a clinical education experience. This individual may or may not be a physical therapist as permitted by law.
Site Coordinator of Clinical Education (SCCE)	A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.

CLINICAL EDUCATION ASSESSMENT

Clinical performance assessment	Formal and informal processes designed to appraise physical therapist student performance during clinical education experiences. Assessment may be formative or summative in nature and performed for the purposes of providing feedback, improving learning, revising learning experiences, and determining successful attainment of student performance expectations during clinical education experiences.
Clinical performance evaluation tool	A valid, reliable, and multidimensional clinical performance assessment tool utilized to determine if, and how well, a student meets established objectives during clinical education experiences.
Entry-level physical therapist clinical performance	Performance that demonstrates knowledge, skills, and behaviors consistent with effective, efficient, and safe patient/client management to achieve optimal outcomes.
Supervision	Guidance and direction provided to a physical therapist student by the preceptor or clinical instructor. This varies based on the complexity of the patient/client or environment; jurisdiction and payer rules and regulations; and abilities of the physical therapist student.

Appendix I

First Come First Serve Policy

When facilities offer slots for a particular clinical experience, they indicate whether the slot is dedicated to Carroll or is a first come first serve choice. A dedicated slot means the facility is reserving that spot for a Carroll student. When a facility indicates that a placement is first come, first serve, the first school to respond with a student name is awarded that placement. The following procedure will be followed for first come, first serve site selection.

1. The DCE will notify students when a first come first serve placement is offered via Microsoft Teams posting. The facility name, location, type of experience, and number of spots available will be indicated.
2. Deadline dates for response will depend on site demand.
3. Students express interest in the site by responding to the Microsoft Teams post by the designated deadline. Students should only submit their names if they have a serious interest in the placement.
4. If only one student expresses interest in the opportunity, that student's name will be submitted to the site. If more students express interest than placements are available, the *Placement Coordinator/DCE* will randomly select which student's name will be submitted to the site.
5. The *Placement coordinator/DCE* will contact the facility to request the placement for the student(s) and notify the student whether or not it was confirmed, as another university may have already secured the placement.
6. Once a site is confirmed, it is not canceled unless *extreme* extenuating circumstances arise. All decisions by the *DCE* are final.
7. If no one chooses a first come, first serve placement and the site has not been assigned, the offer will remain on the Wishlist. The *Placement Coordinator/DCE* will contact all FCFS sites before the Wishlist ranking process to determine whether unclaimed offers are still available. If the placement is no longer available, it will be removed from the list prior to the Wishlist ranking process.
8. Students may request a FCFS placement that was not chosen initially at any time after the original offer. There is no guarantee that the placement will still be available when requested.

In order to retain the required number of clinical placement opportunities for each class for an experience, first come, first serve opportunities that are not selected when initially offered may be assigned to students not yet placed via a random number generator or may appear on the Wishlist.

Appendix 2

Application/Interview Placement Policy

1. Procedure for Assigning Specialty Rotations

To accommodate the unique nature of various specialty physical therapy settings, any slot that is dedicated to Carroll in a specialty setting is awarded through an application-based procedure rather than being placed on the Wishlist. Therapists often prefer to work only with students who express a strong desire to practice in the specific specialty field after graduation. This procedure intends to ensure the best fit between a student and the clinical site and prevent students from choosing an opportunity due to the location of the site.

1. Students will be notified that a specialty rotation is available.
2. Students will be required to submit their resume and write a brief letter of interest about 1 page in length to the Placement Coordinator/DCE. This letter will include will address the following:
 - Why are you interested in this specialty?
 - Why do you feel you would be a good match for this site?
 - Why are you interested in the particular placement being offered?
 - After reading and evaluating the essays, the decision will be made by the Placement Coordinator/DCE.

2. Other Interview or Application-based Rotations

- Clinical facilities may require their own application or interview process before awarding a clinical placement. This may include a written essay and/or phone interview. These placements are very competitive between students from multiple PT Programs.
- Students will be notified of these application-based slots as they become available.
- Students who apply for an application-based slot must inform the DCE once the application is submitted and provide updates as appropriate.

Appendix 3

New Affiliation Request Form

Students can submit a New Affiliation Request Form if they would like to have a future clinical placement at a site that Carroll University PT Program currently does not have an affiliation agreement with. Students must first check the Map of Affiliation and National Contract list to ensure the site is not already a clinical partner with the Program. If the site is not on the Map of Affiliation or National Contract list, the student can email this completed form to CarrollDPTClinEd@carrollu.edu. Please note that new affiliations can take several months to complete.

1. Clinic Name: _____

Address: _____

Website: _____

Contact Person (if known): _____

Desired Setting: _____

Reason for requesting:

2. Clinic Name: _____

Address: _____

Website: _____

Contact Person (if known): _____

Desired Setting: _____

Reason for requesting:

Appendix 4

Policy for Students on Probation or with Learning Contracts

- ❖ **This policy applies to students currently on probation for failure to meet academic standards the previous semester, students who have been on probation at any time since entering the program, and students who have a learning contract for any other reason.**
- 1. Prior to, or within the first week, of each experience, students will either meet or be in phone/e-mail contact with their academic advisor to establish or review and update their learning contract. Learning contracts must include at least one element related to successful performance in the clinical environment.
- 2. Students on probation must disclose to the CI on the first day of the clinical that he/she has not met academic progression standards in the past (semester GPA fell below 3.0 or failed a previous pass-fail course) or other specific reason for the student's learning contract. Students can professionally relay this information however they prefer and are not required to use the word "probation", i.e. a student can identify that they struggled or had a C in a particular course. Students share the learning contract with the CI on the first day, including the course and/or content area(s) in which he/she had difficulties and the specific strategies that he/she has in place via the learning contract, and asks the CI for support and guidance in these particular areas throughout the clinical. The CI should be invited to add any additional suggestions to facilitate success.
- 3. Student responsibilities during clinical experiences:
 - a. Email DCE within first week to confirm disclosure as above. The student should direct the CI to contact the DCE with any questions or concerns.
 - b. Midterm calls must be scheduled with the DCE. It is the student's responsibility to schedule a time with the DCE as early as possible.

Appendix 5

Clinical Internship Evaluation Tool (CIET) Instructions

Introduction

The Carroll University Physical Therapy Program recognizes that in the present-day healthcare environment, a student graduating from an entry-level physical therapy program must be ready to “hit the ground running.” The graduate should be able to manage patients efficiently while achieving an effective outcome skillfully. We strive to achieve this goal through both the didactic and the clinical education portions of our curriculum. Following this philosophy, we have adapted the CIET, which the University of Pittsburgh developed. This clinical performance tool evaluates the student against a benchmark. For this tool to be an effective and reliable measure, students *must* be rated against the standard of a competent clinician who meets the above criteria. If students are rated against the standard of an entry-level practitioner, this tool will not provide a uniform evaluation method and will set too low of criteria.

Using the Form

This form is composed of two sections. The first section, **Professional Behaviors**, evaluates Safety, Professional Ethics, Initiative, and Communication Skills in the clinic. Safety behaviors address whether the student is following all health and safety precautions required at your facility, along with taking any other measures needed to maintain both the patient’s safety and their own safety. Professional Ethics addresses the student’s knowledge of, and compliance with, all rules, regulations, ethical standards, legal standards, and their professional appearance and conduct in the clinic during all interactions. Initiative addresses the student’s ability to maximize all opportunities for learning during their clinical affiliation, begin to problem solve independently, seek out, accept, and implement constructive criticism, and develop teamwork and flexibility in the clinical setting. Communication Skills looks at both their ability to verbally communicate with patients, families, and other healthcare professionals along with their written skills with documentation, home programs, and other required paperwork.

When evaluating the student on **Professional Behaviors**, *the frequency of appropriate behavior is the construct being measured*. The occurrence of the appropriate behavior is rated as: *Never* (0% occurrence), *Rarely*, *Sometimes* (50% occurrence), *Most of the Time*, or *Always* (100% occurrence). From the onset of the fieldwork experiences, we expect that the student shows safe, professional behavior and demonstrates a great deal of initiative. **Note that you cannot mark “Not Observed” on these behaviors.** You may mark “not observed” for Communication Skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals, this would be “not observed.” If there are any concerns, or if you have positive feedback for the student, please elaborate in the “Comments” section. We expect the student to “*Most of the Time, or Always*” demonstrate **Professional Behaviors** in the clinic.

The second section, **Patient Management** evaluates the student’s ability to manage a patient with an effective outcome efficiently. It is divided into four sections: Examination, Evaluation, Diagnosis/Prognosis, and Intervention. These elements of patient management are defined in the APTA Guide to Physical Therapist Practice. The examination includes all aspects of gathering data from the patient, including obtaining a history, a systems review, and performing tests and measures. The evaluation is the analysis and synthesis of the data gathered to determine a diagnosis and plan of care for the patient. The student should demonstrate the development of their critical thinking skills during the evaluation process of patient management, including determining the patient’s impairments and functional limitations. Diagnosis/Prognosis involves all aspects of developing a plan of care for the

patient, including determining a diagnosis for physical therapy management (not the medical diagnosis), determining the prognosis or outcome for this episode of physical therapy care, determining the appropriate frequency and duration of care including criteria for discharge, and determining the appropriate treatments. Intervention includes the student's ability to apply the treatments, perform patient/family education, monitor the patient's response to treatment and adapt accordingly, and recognize when the outcome has been reached. For all areas of patient management, the student should use the best available evidence in their decision-making.

When evaluating the student's **Patient Management** skills, please remember that the student should be compared to a 'competent clinician who skillfully efficiently manages patients to achieve an effective outcome.' This form is designed for use with all patient types, and in any clinical setting; thus, the student should be evaluated based on your clinic population and the expectation for productivity/efficiency in your specific clinic. In considering the student's scores for their Patient Management skills, please review the following definitions first.

Types of Patients:

Familiar presentation: Could include any of the following: a patient diagnosis/problem that is seen frequently in your setting, a patient with a diagnosis that the student has evaluated and treated more than once, a diagnosis that was explicitly covered in the student's didactic curriculum, a patient who does not have a complex medical history or complicated course of care for this episode of care in physical therapy.

Complex presentation: This could include a patient problem/diagnosis that is rarely seen, a patient problem/diagnosis that the student did not cover in their didactic curriculum, a patient diagnosis that is rarely seen in this clinic, or the patient who has had a complicated course of care for the present episode of care or complex medical history.

Level of Clinical Instructor Support:

Guidance: The student is dependent on the CI to direct the evaluation/patient treatment; either the CI is present throughout the patient interaction, or the student needs to discuss with the CI after each step of the evaluation and treatment. If the student requires the guidance level of support for an item on the Patient Management Scale for the majority of the patients they are seeing, then they should be marked at **Well Below** for that item.

Supervision: The student is able to carry out the evaluation and treatment but needs to be monitored to correct minor errors in technique or to facilitate decision-making. The student can make the correct clinical decisions with only a few verbal cues/suggestions from the CI. The CI is not directing their decision-making. If a student requires supervision for an item for patients with both a familiar and a complex presentation, they should be marked **Below** for that item. If they only require supervision for patients with a complex presentation, then they should be marked **At That Level for Familiar Patients**.

Independent: A student is considered "independent" if they are directing the evaluation and treatment and getting an effective outcome. If a student comes to the CI for consultation about a patient's evaluation or plan of care, or clarifying a clinical decision, this is not considered "Supervision". When the student is at the "independent" level of CI support for an item on the Patient Management Scale, the student demonstrates the skills of a competent clinician. If they are independent only for patients with a familiar presentation, they would be marked **At That Level for**

Familiar Patients. If they are independent for all patients, then they would be marked **At That Level for all Patients**.

Please score the student on **Patient Management** items as follows:

Well Below: The student requires Guidance from their clinical instructor to complete an item for all patients.

Below: The Student requires supervision and/or has difficulty with time management while completing the item for all patients. The student could continue to require Guidance for the patient with a more complex presentation while only needing Supervision with the patient with a familiar presentation.

At That Level for Familiar Patients: The student independently manages patients with a familiar presentation; they are at the level of a competent clinician with these patients when performing an item. Students require Supervision to manage patients with a complex presentation, and they are below the level of a competent clinician for these patients.

At That Level for all Patients: The student independently manages patients with a familiar presentation and patients with a complex presentation. The student can carry an appropriate caseload for your clinic and achieve an effective outcome with patients. The student is at the level of a competent clinician in your setting.

Above: The student is performing above the level of a competent clinician in your clinic. Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher-than-expected caseload. The student actively seeks out and develops independent learning opportunities. The student serves as a mentor to other students and provides resources to the clinical staff.

Please use the comment page for specific areas of concern and/or positive feedback. In addition to adding comments, please checkmark whether the student has met the clinical benchmarks for this affiliation. The student should have provided you with clinical benchmarks specific to their affiliation.

Global Rating Scale: On the last page, you are asked to make a global rating about how the student compares to a competent clinician on an eleven-point scale from 0 to 10. The bottom of the scale indicates a student *Well Below a Competent Clinician*, and the top represents a student *Above a Competent Clinician*. Please use the sliding scale and the indicator to mark the level where you feel your student performs for their overall clinical performance.

On the last page, please also indicate whether the student is performing at a satisfactory level for their current level of education. The clinical benchmarks for their affiliation are the minimal expectations for the affiliation, so if they are not meeting them, then they are not performing at a satisfactory level. Please let the DCE know immediately if there is a problem in any area of **Professional Behaviors** or if the student needs to meet their clinical benchmarks promptly. In the comment section, please explain a *No* response and give an overall summary of the student's performance.

Please complete this form and review it with the student at the midterm and the end of the clinical experience. Do not hesitate to call the Carroll University Department of Physical Therapy at any time during the clinical with questions or concerns regarding using this tool or the student's performance.

REFERENCES:

American Physical Therapy Association. Guide to Physical Therapist Practice, ed. 2. Physical Therapy 81 [1]. 2001

Sackett et al. Clinical Epidemiology A Basic Science for Clinical Medicine. 1991.

World Health Organization (2001) International Classification of Impairments, Disabilities and Health. Geneva: World Health Organization.

Clinical Internship Evaluation Tool (CIET)

STANDARDS & BENCHMARKS		RATING				
PROFESSIONAL BEHAVIORS	Never	Rarely	Some - times	Most of the Time	Always	Not Observed
SAFETY						
1. Follows Health and Safety Precautions (e.g. Universal/Standard Precautions)						
2. Takes appropriate measures to minimize risk of injury						
3. Takes appropriate measures to minimize risk of injury						
Comments:						
PROFESSIONAL ETHICS						
1. Demonstrates compliance with all regulations regarding patient privacy, confidentiality, and security. (e.g. HIPAA, DOH, PA PT Practice Act)						
2. Demonstrates positive regard for patients/peers during interactions						
3. Demonstrates cultural competence; shows tolerance of						
4. Adheres to ethical and legal standards of practice, including Practice Act and APTA Code of Ethics						
5. Maintains appropriate appearance and attire in accordance with the facility's dress						
6. Maintains appropriate professional conduct and demeanor as per the Code of Professional Conduct						
7. Demonstrates awareness of patients' rights and responsibilities						
Comments:						

STANDARDS & BENCHMARKS			RATING			
PROFESSIONAL BEHAVIORS	Never	Rarely	Some - times	Most of the Time	Always	Not Observed
INITIATIVE						
1. Recognizes and maximizes opportunity for						
2. Implements constructive criticism						
3. Utilizes available resources for problem solving						
4. Is a positive contributor to the efficient operation of the clinic through the demonstration of teamwork and flexibility						
Comments:						
COMMUNICATION SKILLS						
<i>Communicates verbally with precise and appropriate terminology and in a timely</i>						
1. With patients and families/caregivers						
2. With healthcare professionals (e.g. MD, nurses, insurance carriers, case managers,						
<i>Communicates in writing with precise and appropriate terminology and in a timely</i>						
3. Documentation standards (e.g. concise, accurate, legible; conforms with standard procedures)						
4. With professionals (e.g. documentation, letters, plans of care, etc.)						
5. With patients and families/caregivers (e.g. patient home programs, etc.)						
Comments:						

STANDARDS & BENCHMARKS			RATING		
PATIENT MANAGEMENT	Well Below	Below	At that Level	Above	Well Above
EXAMINATION					
1. Obtains an accurate history of current problem					
2. Identifies problems related to activity limitations and participation restrictions using standardized outcomes instruments when available					
3. Performs systems review and incorporates relevant past medical history					
4. Generates an initial hypothesis					
5. Generates alternative hypotheses (list of differential dx)					
6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses					
7. Recognizes contraindications for further tests and measures					
8. Demonstrates appropriate psychomotor skills when performing tests and measures					
EVALUATION (Analysis and synthesis of exam results; critical thinking skills)					
1. Makes correct clinical decisions based on the data gathered in the examination (confirms/disconfirms initial and alternative hypotheses)					
2. Identifies impairments in body structure and function; activity limitations; and participation restrictions					
3. Administers further tests and measures as needed for appropriate clinical decision making					
DIAGNOSIS/PROGNOSIS					
1. Determines a diagnosis for physical therapy management of the patient					
2. Determines expected outcomes (using standardized indices of activity limitations and participation restrictions where applicable) of physical therapy interventions (goals)					
3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals					
4. Determines appropriate duration and frequency of intervention; considers cost effectiveness					
5. Determines criteria for discharge					
INTERVENTION					
1. Adheres to evidence during treatment selection					
2. Applies effective treatment using appropriate psychomotor skills					
3. Incorporates patient/family education into treatment					
4. Incorporates discharge planning into treatment					
5. Assesses progress of patient using appropriate measures					
6. Modifies intervention according to patient/client's response to					
7. Recognizes when expected outcome has been reached and makes appropriate recommendations					
8. Recognizes psychosocial influences on patient management					

STUDENT NAME: _____

Please comment here on the specific areas of concern or areas of strength.
Examination:
Evaluation:
Diagnosis/Prognosis:
Intervention:

1. **Global Rating of Student Clinical Competence**

On a scale from 0 to 10, how does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes?

Place an "X" in the box which best describes the student.

0	1	2	3	4	5	6	7	8	9	10
<i>Well Below a competent clinician</i>			<i>At the Level of a competent clinician</i>				<i>Well Above a competent clinician</i>			

2. **Is the student performing at a level that is satisfactory for his/her current level of education?**

_____ Yes

_____ No

If no, please explain: _____

Student Signature: _____ Date: _____

Clinical Instructor Signature: _____ Date: _____