DEPARTMENT OF REHABILITATION AND
MOVEMENT SCIENCE
PHYSICAL THERAPY PROGRAM

CLINICAL EDUCATION MANUAL

Addendum to the RMS Graduate Student Handbook

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Information in the Manual may be subject to change; changes will be communicated in as timely a manner as possible.
Students/CE Faculty can access the current Manual on the CNHS home page.
I. CLINICAL EDUCATION PROGRAM

A. STATEMENT OF PHILOSOPHY

The physical Therapy Clinical Education (CE) program at the University of Vermont is an integral part of the curriculum, providing students with exposure to and experience in clinical practice at different stages throughout the educational program. It provides students with opportunities to integrate acquired classroom knowledge with clinical practice and fosters development of effective skills, attitudes and behaviors needed for professional competence. It affords each student a chance to be exposed to a variety of health care settings to better understand the scope of the profession and societal health care needs.

The following principles and tenets are the foundation of our philosophy and serve to guide decision making and planning in the areas of clinical and academic education:

1. The faculty of the P.T. program values close partnerships with affiliated clinical education facilities. These partnerships are necessary to ensure continuity between academic and clinical knowledge, skills, and behaviors. We commit to the partnerships by maintaining frequent and timely communication, inclusive of on-site visits.

2. The clinical education and academic portions of the curriculum promote development of a generalist practitioner who is ready to enter practice in a variety of settings as a new graduate. Implicit in this is the academic preparation and clinical monitoring of the requisite skills, knowledge, and behaviors that are needed for contemporary generalist practice.

3. Responsibility for learning rests primarily with each student. Academic and clinical faculty serve as coaches and facilitators of knowledge, skills, attitudes and behaviors; however, students are supported to develop abilities and skills to effectively utilize resources of varying sorts and form meaningful applications to clinical practice.

4. Preparation for evidence-based practice provides students with a spirit of inquiry as well as effective modeling of professional practice that is responsive to the needs of society. As such, students are educated to thoughtfully and respectfully analyze and question theories and methods of practice and clinical education faculty are expected to be role models for this and support students in their application of evidence-based practices.

5. Self-assessment is the cornerstone of professional development. Students are involved in multiple self-assessment activities throughout the curriculum including clinical education experiences.

B. GENERAL OVERVIEW

The clinical education program is comprised of 36 weeks of full-time CE experiences. It affords the student the opportunity to practice in settings representative of those in which physical therapy is commonly practiced. Clinical Education exposure to both out-patient, and in-patient health care settings is imperative to understand the scope of the physical therapist's roles and responsibilities, the health care needs of a community, as well as the variety of diagnoses/conditions that physical therapists encounter. The clinical education program gives the student an opportunity to integrate acquired classroom knowledge with clinical practice, develop skills that can be acquired only in the clinical setting and, by fostering a supportive environment for the student, implement effective communication and professional behaviors with patients and health care providers. Clinical education experiences are varied, so that
students are prepared as general practitioners. Students are required to have in-patient and out-patient experiences with patients who are of varying ages and who have a variety of musculoskeletal, neuromuscular, or cardiovascular-pulmonary conditions.

The first Clinical Education Internship occurs for six weeks at the end of the first year. Students then complete the academic curriculum during the remainder of the 2nd year and the Summer of the 3rd year. The remaining 3 full-time CE Internships occur during the 3rd year – Fall and Spring semesters. These are all 10 weeks in length.

All 4 clinical Internships may occur at clinical facilities throughout the U.S. but the majority of contracted CE sites are located in the Northeast and the East coast. Students participate with the Directors of Clinical Education in the selection of clinical education sites. Internship selection and placement will involve student input. In an effort to promote fairness and even-handedness, individual student factors or requests cannot be tailored to specific personal situations. Students under ADA accommodations will be offered consideration to meet their learning needs and students with young children may be given consideration also. However, personal relationships, responsibility for care and housing of pets during internships etc. are generally not given consideration and should be planned for well ahead of time.

**Students are responsible for travel expenses, room, board, and living expenses during each clinical internship, so advance planning for this is strongly recommended.** In general, it is expected that students will be assigned to several clinical internships that are out of Vermont and will require relocating for the duration of the internship. For example, Vermont has a limited number of in-patient clinical settings – both acute care and acute rehabilitation - so most students will need to go out-of-state for these experiences. While students are enrolled in their Internships, communication is maintained via electronic courseware where course materials are posted and communication modes are established.

Professional Seminars are an integral part of the PT curriculum and occur throughout the first year of the PT program and fall semester of the second year. Professional Seminars are designed to help students become informed about the process of Clinical Education and a variety of other professional issues. Clinical Education Handbooks which contain more specific information about each Clinical Education Course/Internship are distributed prior to the commencement of each internship.

**C. CLINICAL EDUCATION DEFINITIONS/ABBREVIATIONS:**

To ensure optimal communication, the following definitions are provided:

A. **Director of Clinical Education/ Academic Coordinator of Clinical Education (DCE/ACCE):** The physical therapy faculty member who develops, organizes, supervises, coordinates and evaluates the clinical education component of the physical therapy curriculum.

B. **Center Coordinator of Clinical Education (CCCE):** The physical therapist employed and designated by the clinical education site to organize, direct, supervise, coordinate and evaluate the clinical education program in that facility.

C. **Clinical Instructor (CI):** The physical therapist employed by the clinical education facility who is designated by the Center Coordinator of Clinical Education to supervise and evaluate the performance of physical therapy students.

D. **Clinical Education Facility (CEF):** An accredited or approved health care facility that provides physical therapy students with learning experiences and patient access for the development of professional competencies.
E. **Clinical Education Contract**: The written, legal document which defines the agreement developed between the academic facility and the clinical education facility. It outlines the rights and responsibilities of all parties.

F. **Clinical Site Information Form (CSIF)**: A document which is completed by the CCCE providing information about such things as patient service areas, number of beds, background of staff members, etc. as well as pertinent student information such as availability of housing, work hours etc.

G. **Clinical Performance Instrument (PTCPI Web)**: The on-line evaluation tool, developed by the A.P.T.A., that is completed by the student and the CI at mid-term and the close of each clinical Internship

H. **Physical Therapy Education Manager (PTEM)**: An electronic data base which stores information about clinical education sites

I. **Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSE)**: A document, developed by the A.P.T.A., completed by students at the end of each clinical experience providing feedback to the clinical /faculty as well as the academic program about the quality of the clinical education experiences.

**D. RESPONSIBILITIES OF PARTICIPANTS**

1. **OF THE UNIVERSITY**

   a. Assign students for CE experiences who have met the academic pre-requisites for participating in a CE experience.

   b. Prepare students for clinical education through seminars and meetings in order to provide information about policies and practices concerning clinical experiences, including HIPAA and OSHA training.

   c. Assign students to clinical education experiences that encompass: management of patients/clients typical of those commonly seen in practice across the lifespan and continuum of care; common practice settings; interaction with physical therapist role models whose practice is consistent with UVM’s philosophy of practice; opportunities for involvement in interdisciplinary care; and experiences that are supportive of the achievement of expected student outcomes.

   d. Involve the students in the selection process of clinical education sites as much as is feasible.

   e. Complete and communicate the clinical experience assignments after having consulted the clinical sites concerning availability of placements.

   f. Ensure that students have met all requirements including: immunization/health; current CPR certification; health insurance; HIPAA and blood-borne pathogen education requirements; liability insurance program as well as any others requested by the clinical site.

   g. Complete a mid-term visit or phone conference during each full-time clinical internship, and discuss the clinical performance of the student with the CI and/or CCCE and student.

   h. Be available to the clinical education faculty and student to offer assistance if problems arise during a clinical experience.
i. Take action if the clinical site requests termination of the clinical placement of any student whose clinical performance is unsatisfactory or whose physical and/or mental health renders her/him unable to perform the essential requirements of the program with or without reasonable accommodation.

j. Assign a grade for each Clinical Education course after receiving pertinent information from the clinical education faculty and student.

k. Provide clinical sites with feedback about their clinical education program. This may be derived from student assessments of clinical experiences and/or input from the DCE or other faculty members.

l. Contribute to the professional development of the Clinical Education faculty and assist clinical sites with development and management of effective clinical education programs.

2. ......OF THE CLINICAL SITES

a. Provide the student with an orientation to the facility including: facility and department rules and policies including HIPAA and OSHA, procedures concerning handling of emergency codes (fire alarms, incident reports, etc.), layout of department and facility, working hours, dress code, reporting of absences, educational opportunities (clinics, in-services, rounds), record keeping system, etc.

b. Provide the student with a clinical instructor(s) who has a minimum of 1 year experience, is an effective and ethical clinical teacher/practitioner, communicator, and, is committed to the clinical education process. It is preferable that each clinical instructor has completed the APTA Clinical Instructor Education Credentialing course and possesses skill in communication, principles of supervision, formative and summative evaluations and planning learning activities.

c. Provide a clinical environment that allows for effective teaching and learning. This may mean that the CI has a modified workload at the beginning of the clinical experience in order to allow the CI and student to have teaching and learning time together. It is expected that the teaching and learning will be a shared responsibility of the student and the CI.

d. Assess the student’s level of ability and skill/knowledge within the specific setting. Utilize the Clinical Performance Instrument (PT CPIWeb) for the purpose of evaluating student performance and for providing formative and summative feedback. It is expected that the CI will use the suggestions provided in the instructions for use of the tool and document performance effectively.

e. Promote student’s use of evidence-based practice and integration of academic skills/knowledge and behavior with the realities of clinical practice. Preparing students to be effective and efficient as life-long learners in the clinic is an important extension of the academic learning.

f. Provide practice opportunities that encompass all roles and responsibilities of a physical therapist within the setting inclusive of:
   1. Professional Practice expectations: accountability; altruism; compassion/caring; integrity; professional duties; communication; cultural competence; clinical reasoning; evidence-based practice; and, education.
   2. Patient/Client Management expectations: including screening; examination; evaluation; diagnosis; prognosis; development of plans of care/intervention
3. **Practice Management expectations**: prevention, health promotion, fitness and wellness; management of care delivery; practice management; consultation; and social responsibility and advocacy.

   g. Provide role-modeling, mentoring and constructive feedback to the student, with opportunities for discussion of student’s attempts to develop an effective approach of addressing ethical, moral and communication issues that may arise.

   h. Provide effective communication with the university regarding the status of the clinical education program, including substantive changes, and student performance/status

   i. Obtain consent from patients/clients to have a physical therapy student be involved in clinical care.

   j. Provide information to students regarding location and costs of emergency services should they be needed while student is at the facility.

3. **OF THE STUDENT**

   a. Maintain professional liability insurance that is purchased through a university group policy.

   b. Register and pay for all Clinical Education courses during the registration period for the upcoming semester. **Students who have not registered by 1 month prior to the internship start date will not be allowed to engage in Clinical Education courses.**

   c. Complete pre-requisite academic, health and other requirements. Students must have a yearly review of immunizations. Students are required to demonstrate adequate titers for several diseases. History of immunization is not adequate. Students are offered the option of receiving the hepatitis B vaccination or signing a waiver if they choose not to be inoculated. Students who choose not to be inoculated for hepatitis B must perform their clinical internships at sites which do not require such inoculation. Availability of clinical sites that do not require inoculation for Hepatitis B is not guaranteed. Prior to the commencement of each clinical education internship, a consent/dissent form will be sent to the affiliation sites to document student’s inoculation status. Some sites will require a physical exam with proper documentation; it is the student’s responsibility to review the site materials available, verify requirements with the site, complete requirements, and submit appropriate paperwork to the Clinical Education Assistant in a timely manner.

   The health assessment/exam can be arranged through the University of Vermont Student Health Service or with a licensed family health care provider. It is each student’s responsibility to complete this process **by the established deadlines.** Failure to meet the deadlines for this may delay communication to a student’s assigned clinical site and possibly jeopardize a student’s ability to be there.

   d. Provide evidence of: current CPR certification; adequate titers for immunizations (see Health Requirements section); Hepatitis B immunization or signed statement of declination; and, annual HIPAA education and OSHA training. In addition, some clinical education sites may require, through terms of the contract, drug testing, criminal background checks and various other health related requirements. It is the student’s responsibility contact the facility to find out what these are, and then fulfill these and any other additional requirements in a timely manner prior to the commencement of each clinical education experience; timelines will be decided by the clinical site.
e. Provide evidence of current health insurance; either UVM’s or own health insurance or show proof of coverage for health insurance under parent or spouse/partner policies.

f. Students are responsible for costs of transportation, housing, meals, uniforms, and other expenses associated with each clinical education experience; it is advisable to plan for these expenses early in the program.

g. Abide by the policies and procedures of the clinical education site regarding dress code, working hours, assigned workdays, holidays, patient care guidelines, documentation, attendance, and attendance at rounds, team meetings, staff meetings, in-service training, etc. Assigned work hours may vary and can include weekends, holidays and 10-hour days; advanced knowledge of site schedule and planning for it is highly advisable.

h. Arrangements must be made to make up any absence of more than one sick day per clinical internship. These arrangements will be made in consultation with the DCE and the CCCE/CI. Make-up time for excused absence for illness, family emergency or attendance at approved professional conferences is at the discretion of the CCCE and DCE. Students should not plan vacations or other time off during an internship without prior approval of the DCE(s). Also, time off for taking continuing education courses is not approved during the course of a clinical internship.

i. Review the clinical site files to become informed about specific requirements for dress, health examinations, pre-clinical assignments, etc. of the clinical center, and sign off that the contract has been reviewed for the assigned clinical placement.

j. Complete a Student Data Form prior to each clinical experience, providing the CEF with pertinent information about individual goals, learning style, prior learning experiences and competency. Some sites will also request additional information that will require completion prior to the beginning of the CE experience.

k. Complete required assignments for each CE experience: in-service educational presentation, professional project, case presentation etc. and return evaluation forms to UVM.

l. Complete a reflective mid-term and final self-assessment using the PTCPI Web. These performance self-assessments should be discussed with the CI as part of the mid-term and final evaluation process and will be reviewed by the DCE(s) and/or faculty.

m. The PT Student Evaluation: Clinical Experience and Clinical Instruction (PTSE) form needs to be completed and discussed with the CI/CCCE prior to the end of the CE experience and returned to the DCE or Clinical Education Assistant.

n. Expedite the submission of the evaluation(s) of the Educational Presentation or Case Study Presentation as well as the CI Signature page of the PTSE to the DCE or Clinical Education Assistant at the University of Vermont within one week after the clinical experience ends, by communicating with the CI regarding plans for doing so. No grade will be assigned until the completed materials have been submitted/received.
Completion of a weekly record is strongly recommended for the purpose of practice opportunities for self-assessment, development of goals and plans in a timely fashion, as well as noting progress on previously set goals.

Assume responsibility for maximizing learning during each clinical experience as evidenced by:
- Commitment to learning
- Effective utilization of information
- Effective and timely communication
- Informed, responsible decision-making
- Continuous regard for all
- Effective provision/utilization of feedback

Students will not be placed at Clinical Education facilities in which they are or have been employed, have close family members who are or have been employed, have received scholarship funds or bonuses or have a commitment for employment upon graduation. It is the student’s responsibility to initiate communication of such employment arrangements, potential arrangements or relationships with the DCE.

Access the Clinical Education Blackboard course on the internet at least weekly while on each clinical internship to stay informed of any communications from UVM and to contribute to the CE discussion board/blogs. If the CE site does not have or allow you access, utilization of a community library computer may be necessary.

Access UVM e-mail at least weekly for notices re: clinical education matters. The DCE and other faculty only use the UVM e-mail server, so students may need to have their UVM e-mail forwarded to an e-mail account that they regularly check.

Clinical Education Contracts: Read and sign-off on each Clinical Education contract by the established deadline communicated by the DCEs and CE Assistant for each internship. The purpose of this is to become acquainted with individual or atypical pre-requisites that a site may have that are not within the general mandatory university requirements. Students who have not done this by the assigned deadline will not be allowed to engage in clinical education internships.

Notification of Criminal Charges, Arrests, or Indictments: All students must immediately notify the CNHS Associate Dean (or her/his designee) of any criminal charges, arrest or indictments other than minor traffic violations throughout the duration of the DPT program. DUI/DWI is NOT a minor traffic violation and must be reported. The Associate Dean will meet with the student to discuss charges, arrest or indictments and an appropriate plan of action.

E. POLICIES/PRACTICES/PROCEDURES

1. Site Selection Process for New Clinical Education Sites

The process for selection of new clinical education facilities may be initiated in the following ways:

1. By a clinical facility communicating an interest in affiliating with the University of Vermont and subsequently developing a contractual relationship after the DCE has communicated with the site and deemed it to be appropriate for clinical education purposes

2. University of Vermont DCE communicating an interest in affiliating with a clinical facility; and,
3. a student expressing an interest in a particular clinical facility. However, only the DCE may screen and contact the prospective clinical education site(s). Students are asked NOT to call a new site as clinical facilities have requested that this process be followed. Acquisition of new clinical education sites is dependent primarily on the needs of the clinical education program and the educational value of each site. The number of requests from students is limited to 1 new site; inquiry into this site is based on availability of similar clinical facilities that are already contracted, and as DCE time permits.

- Students requesting inquiry into a new site should e-mail the DCE with the following information:
  - Full Name, location, phone number and web address of site; if a specific contact person is known, send that along also but do not call the site to find this out – the DCE will
  - Reason for being interested in this site: eg. housing nearby, relatives/friends nearby; plan to return to this area post graduation; specific specialty interest not currently available on master list etc.
  - Specific internship(s) being requested – 1, 2, 3 or 4
  - Specific type of rotation(s) being requested

Students must not call clinical sites directly. If a student wishes to initiate discussion of a new site s/he may discuss the site with the DCE to determine if it will meet the needs of the clinical education program. If it is determined by the DCE that it may meet the needs of the program, the DCE or the Clinical Education Assistant will contact the site. Once this initial contact is made and information about the philosophy and content of the student program offered by that particular facility is ascertained, the DCE will determine whether or not to proceed with further dialogue with the site. If a decision is made to pursue further information, the following criteria, drawn from the A.P.T.A. Guidelines for Clinical Education sites, are evaluated:

- Is there a person designated as a CCCE to coordinate the assignments and activities of the student?
- Does the clinical site have specific criteria for selection of CIs? Is there a plan for having CIs become credentialed through the APTA Clinical Instructor Training Course?
- Is there a development program for the CIs? In what ways does the CCCE serve as a resource for skill development of the CIs?
- Does the clinical site have a written statement of philosophy regarding clinical education? If so, is it compatible with that of the academic program?
- Is there a student manual and process for orientation of students to the clinical environment?
- Does the clinical education site have specific objectives for clinical education?
- Do students and clinical education faculty (CIs and CCCEs) meet on a regular basis to discuss student progress?
- Are CIs willing to complete an evaluation tool at mid-term and final and discuss results with the student?
- What type of learning experiences are offered to students? Are CIs comfortable/skilled with use of evidence based practice?
- Does the physical therapy staff demonstrate characteristics such as expertise in content and educational methods, contemporary knowledge, flexibility, supervision, evaluation, positive working relationships, etc.?
- Are support services available for students such as computer access including internet, housing, food, parking, desk space, etc.?
- Is the clinical education facility accredited by an external agency?
- Is there clarity in the various roles and responsibilities of personnel at the clinical site?
- What type of clinical education letter of agreement or contract does the clinical education facility use? Will they accept UVM’s or have one of their own?
- Is there a completed, up-to-date CSIF?
What is the ownership of facility; per cent of referrals from any one physician? Does a referral for profit arrangement exist?

If it is decided that both programs share similar and/or compatible objectives and goals for clinical education, the formal process of becoming a contracted clinical site is begun. It generally takes a minimum of **3 -6 months** and more likely will take **6-9 months or longer**, for a contract to become finalized. Therefore, careful consideration of timing of the request in relationship to the clinical education assignment process needs to be considered by students.

Students who follow the process and don’t depart from its intent generally will have first option for being assigned to this site if contract negotiations are completed in time for adequate planning.

### 2. Clinical Education Site Selection/Placement Process

#### a) Overall Goals:
The primary goal of clinical education is to have students acquire competence in entry level physical therapy professional practice, patient/client management, and practice management in health care settings representative of those commonly seen in PT practice. Students are required to fulfill 4 Clinical Education experiences prior to graduating; including but not limited to at least one outpatient (OP) experience and one inpatient (IP) experience. The first internship occurs at the end of the first year in an orthopedic out-patient setting for 6 weeks. See the definitions for OP, IP, and Specialty below. One of the three 10 week internships during the 3rd year will need to fulfill the IP requirement. In addition, students will submit choices for additional OP, Specialty/Other, or IP (as available) internships. Students are given a list of clinical sites offering internships for each clinical experience. Given the limited availability of some types of inpatient clinical internships, the DCEs may reserve the option not to place a student in two inpatient experiences until all students have been assigned to at least 1 inpatient experience. Students are asked to select facilities that will provide the following experiences by the end of the program:

- **INPATIENT SETTINGS:** Rehabilitation/Skilled Nursing/Sub-acute/ Acute Care/Long Term Acute Care (LTAC)

  - **Rehabilitation/Skilled nursing/sub-acute rehabilitation setting:** Patients/clients in this setting are generally seen from 2-6 weeks for an episode of care, dependent on the diagnosis. Diagnoses may include neurological, orthopedic, cardio/pulmonary/vascular disorders as well as complex multi-system conditions; examples are stroke, amputations, reconstructive joint replacements, brain injury, multiple sclerosis, chronic emphysema etc. This area of practice generally provides for a consistent caseload, development/involvement in specific plans of care and long-term discharge planning.

  - **Acute Care or Long Term Acute Care:** Patients/clients in this area of practice may have a variety of medical/surgical conditions and may only be hospitalized from 1-7 days for short term stays and longer for long term acute care, dependent on diagnosis and status. Because patients/clients may only be in this setting for a short period of time, students have the opportunity to demonstrate effective and efficient screenings, examinations and interventions that frequently focus on functional abilities and training, critical thinking, problem prioritization, flexibility, and development of short term discharge plans. Examples of this type of setting include major medical centers/hospitals, community hospitals, burn units and intensive care units and some long term acute care hospitals (LTAC).
• **OUTPATIENT SETTING:** Out-patient/Ambulatory Care
  ▪ In this setting students may see a wide variety of patient/client problems that encompass all systems. Outpatient Physical Therapists treat a variety of diagnoses across the lifespan including musculoskeletal issues, neurological deficits, arthritis, post-surgical patients, incontinence, balance deficits. The focus is on identifying impairments, establishing a relationship of impairments to functional limitations or disabilities, development/implementation of effective plans of care, and involvement of discharge planning, incorporating pertinent community resources.

• **SPECIALTY/OTHER SETTINGS:** Special interests that students may have such as pediatrics, home health, out-patient rehab, women’s health, wellness/fitness, industrial/occupational health, school systems etc. These practice settings are an option for students in addition to fulfilling one OP and one IP setting. A ‘Specialty/Other’ internship may fulfill an out-patient or in-patient setting requirement based on whether patients are staying overnight or being seen as out-patients. A DCE will identify the type of setting. ie. Acute pediatrics would fulfill a student’s In-patient requirement; Home Health would fulfill the out-patient requirement.

Each health care setting provides unique experiences to assist students with understanding the scope of physical therapy services. Gaining clinical experience in a variety of settings will assist students with understanding how to acquire the knowledge, skills and behaviors needed for professional practice regardless of the type of clinical setting in which they might be working.

Students will be assigned to an internship site with which the University has a contract and offers an experience during the dates specified for the internship. As the assignments are likely to be at a distance from the university, students must plan for travel and living arrangements. Generally, clinical education experiences must fall within the dates specified for the specific CE course. Under unusual and unforeseen circumstances such as a student illness, injury or failure, assignments may be arranged outside of the dates specified; however, this is not guaranteed. If a student fails an internship, it is likely that the student will not be re-assigned until barriers to success are addressed. The student will work with the DCE, and potentially clinical and academic faculty to develop a plan for academic, and/or clinical remediation.

**b) Placement Process for Clinical Education internship Courses**

**Clinical Internship 1 Placement Process:**

The Placement process for Clinical Education I is as follows:

1. All students are assigned to an out-patient clinical facility with a focus on management of musculoskeletal/orthopedic disorders. Students are provided with a list of the clinical sites that have offered a slot for UVM students. Students review this list during Fall semester and provide the DCE with ~10 choices, including sites in and out of state. Students should consider their ability to meet any specific health or other requirements in making their choices. Most clinical sites do not offer housing for students, so students are responsible for finding their own housing for each experience. Students with documented disabilities identify their need for accommodations in writing-to the DCE by the 2nd week of the semester; this written request is also included on their choice sheet. All students seeking accommodations are required to meet with the DCE at the beginning of the semester.

2. The DCEs use a computer optimization process to place each student in the class. The DCE reserves the right to place certain students at specific clinical sites for reasons that may include: medical conditions, family situation, documented disabilities that require accommodations, or other circumstances deemed appropriate by the DCE/faculty.
3. The placement process results are communicated to students as soon as the process is complete.

4. Once assigned and within 1 week of placement notification, if students wish to request a change of site, they must contact the DCE to request a change and identify the reasons for those changes. The DCE decides if students’ requests can be honored based on a variety of factors related both to that specific site and to the student requesting the change.

5. Once the list is finalized, no further changes can be requested by students and each facility is notified by the CE Assistant, via e-mail, of the student(s) who is assigned to the respective clinical experience, the dates s/he/they will be attending, and the desired clinical rotation for that affiliation.

6. Cancellations: Clinical sites may cancel or change an internship assignment for a variety of reasons including staffing issues, patient census issues etc. These cancellations can occur at any time prior to the start of an internship and are not within the control of UVM. Should a student have a cancellation of an assigned clinical education internship, the DCE communicates this to the student as soon as possible and works with that student and clinical sites to determine if an alternative placement is available. The availability and timing of this placement is not guaranteed.

Clinical Internship 2 and Clinical Internship 3 Placement Process:

For Clinical Internship 2 during Fall semester and Clinical Internship 3, which spans Fall, Winter and Spring semesters of the 3rd year, students are provided with a list of the clinical sites in the Fall of their 2nd year that have offered an internship experience for the following year. This includes when that experience is being offered, and the nature of the experience. The placement process for these sites is as follows:

1. Students work with the DCE within a specified timeframe during the 2nd yr. Fall semester and complete choice sheets identifying ~10 sites for each internship that will meet the student’s professional development needs/interests. Students should consider their ability to meet any specific health or other requirement in making their choices. Most clinical sites do not offer housing for students, so students are responsible for finding their own housing for each experience. Students with documented disabilities identify their need for accommodations in writing to the DCE by the 2nd week of the semester; this written request is also included on their choice sheet. If any changes are needed to the accommodations provided previously by ACCESS, the student has the responsibility to contact ACCESS for changes with communication to the DCEs. All students seeking accommodations for subsequent internships are required to meet with the DCE at the beginning of the semester.

2. The remainder of the process follows steps 2-6 above described for CE 1.

Clinical Internship 4 Placement Process:

1. Given that students are engaged in CE 2 and 3 during the entire Fall semester of their 3rd year, concurrent with the time that the DCE needs to place them for CE 4, the DCE communicates CE options electronically for CE 4 at the beginning of Fall semester. CE 4 occurs during the Spring semester for 10 weeks. Information from the electronic data base is posted on Blackboard and includes the type of rotation, demographic information about the site and any specific health or other requirements. Students are encouraged to access the clinical site website and any other sources of information about the site. They may also contact the DCE and/or CE Assistant to obtain further information, eg. evaluations from previous students. Students complete a choice sheet identifying ~10 sites that will meet the student’s professional development needs and submit it to the DCE electronically, during the first half of Fall semester. Students with documented disabilities, who will be requesting accommodations for CE 4 need to notify the DCE during the Yr. 2 Spring semester if possible, and no later than the beginning of Yr. 3 Summer Semester. This allows for sufficient time to consult with
ACCESS, if needed as well as inquire into possible sites for CE 4. Students must consider the type of health care setting that will meet their requirement for an inpatient setting if they have not met that yet, as well as graduating as a generalist. Students must also consider their ability to meet any specific health or other requirements in making their choices. Most clinical sites do not offer housing for students, so students are responsible for finding their own housing for each experience.

2. The remainder of the process follows steps 2-6 above described for CE 1.

When on campus, students can access Clinical Education information through master files, containing original documents, in the Clinical Education office in 310 Rowell. The Clinical Education Assistant, or the DCEs will assist students with accessing all clinical site files located here.

c) First Come/ First Served Offers:

Some sites offer UVM an internship slot on a first come/first served (FCFS) basis; this means that the clinical facility does not reserve or hold that time slot for UVM and that other schools may request and reserve it also. An e-mail will be sent to all students notifying them of any FCFS offerings with new additions added as they are received. A student interested in an experience at one of these sites should notify the DCE and Clinical Education Assistant via ‘FCFS/Network Google Doc’ of her/his willingness to commit to having an experience at this site, if it is available. Ideally, requests should be made within 3 days after being received by the student – however, requests can be made at any time during the placement process. Should more than 1 student wish to be placed at the first come-first served site within the first 3 days of notification, the DCE will pool the names of all persons interested in a site and use a witnessed draw to determine which student will go to that site. The site is then provided with that specific student’s name. This means the student is committed to that clinical site regardless of subsequent offerings made available and/or changes in that student’s situation. The DCE will not make changes to this placement once the student has committed to the site. Students may request up to 3 FCFS sites during the placement process.

d) National/Regional Networks

A list of National/Regional Networks and website addresses will be provided to the students and are included in the Master Clinical Site List. Each national network has facilities located throughout the United States but do not typically offer specific Internship slots to PT Programs. PT Programs need to contact them if a student is interested in completing an internship at one of their sites. Both IP and OP requirements can be fulfilled via a national network placement. A student interested in a national or regional network experience should place his/her requests (no more than 3 sites) on the ‘FCFS/Network Google Doc’ at any time in the placement process. When a student makes a site request to the DCE or CE Assistant he/she is a committing to that site if the site is able to accommodate a student.

e) Request for Accommodations:

In keeping with University policy, any student with a documented disability interested in utilizing accommodations should contact ACCESS, the office of Disability Services on campus. ACCESS works with students to create reasonable and appropriate accommodations via an accommodation letter to their professors as early as possible each semester. Contact ACCESS: A170 Living/Learning Center; 802-656-7753; access@uvm.edu; or www.uvm.edu/access.

Please refer also to the Policies and Procedures for Seeking Accommodations in the DPT Graduate Student Handbook for an outline of the process.
Eligibility for services and accommodations due to a documented disability is based on an evaluation done by ACCESS – Accommodation, Consultation, Collaboration and Educational Support Services at UVM. (www.uvm.edu/~access).

As indicated on the ACCESS website, “Eligibility for services and accommodations is based on current, comprehensive documentation of disability. In general, it's to a student's benefit to provide as much information as possible in explaining the impact of a disability. When in doubt, students are encouraged to contact ACCESS for guidance at (802)656-7753 or access@uvm.edu. Documentation is reviewed by an ACCESS Specialist, and a student is notified if additional information is needed and why. Because accommodation needs fluctuate over time, disability documentation needs may fluctuate also.”

Students who feel they are eligible for accommodations should first contact ACCESS to request accommodations. An ACCESS Specialist then reviews the student’s file and a determination is made regarding the need for accommodations. If the student requires accommodations, communication among the educational specialist, the DCE as primary instructor for the Clinical Education course, and the student ensues. Frequently, with the student’s permission, the student, the DCE and the ACCESS Specialist communicate about the general accommodations that have been identified with more specific recommendations made regarding the needs of the clinical environment. Again, with the student’s permission, inquiries are made to clinical education sites that the student has requested about whether that site can provide the accommodations. If the site feels that it can do so, the student is assigned to that site. If the CE faculty at the site feel that they cannot provide the requested accommodations, the DCE continues to inquire into additional sites that the student has chosen, however, the student is not guaranteed that a site will be available.

Although not necessary, some students choose to have the nature of the disability disclosed to the DCE and the clinical site. In this case, the student provides written permission to the DCE so that more specific information may be disclosed to the clinical education site. The general approach taken is one that is based on the site’s “need to know” in order to plan the most effective learning experience. If a student chooses not to disclose the specific nature of the disability and prefers that only the specific accommodations that are being requested are discussed with a representative from the clinical site, that choice is honored by the DCE.

Examples of documented disabilities that may be eligible for accommodations are:

- Learning Disabilities
- Attention Deficit (Hyperactivity) Disorders
- Psychiatric Disabilities
- Motor/Sensory Disabilities/Systemic or Chronic Illnesses/ Other disabilities

Students with illnesses or conditions not qualifying for ACCESS services or accommodations determination should contact the DCE to discuss the specific situation. A decision regarding the impact of this condition on the ability to engage in a clinical education course would then need to be made in concert with UVM’s resources identified in the Student Manual, and possibly, the student’s respective health providers. Based on the nature of the condition or disability, specific individualized request(s) are then made to clinical sites to determine whether the necessary assistance can be provided.

### 3. Clinical Education Contracts / Review of Contracts

A Clinical Education Agreement (contract) exists between each clinical education facility and the University of Vermont. The contract may be the standard University of Vermont contract, or may have been generated by a clinical site. A student will not be sent to a clinical site for which there is no current contract. As indicated earlier under Student Responsibilities, all students are required to review the contract for each clinical education course and sign-off that they have reviewed it by the assigned deadline, prior to each internship. Students will not be allowed to begin an internship without having completed this review and submitted the contract certification form by the designated date.
4. CI/CCCE/DCE Assessment, Evaluation, Grading Criteria

Grading/Evaluation CE1,2,3, and 4:
The grading policy is based on a Satisfactory (S)/Unsatisfactory (U) grading system. The DCE has the final responsibility for assigning the grade. A Clinical education course may be repeated only once. Only one failure (“U”) is allowed in the Clinical Education course sequence. After 1 failure (“U”), students are allowed a re-take of this course but any subsequent failure (in this, or any other CE course) may result in dismissal from the DPT program. The general guidelines and criteria for grading are discussed with students during their orientation to the Clinical Education program as well as within the Professional Seminars prior to clinical experiences.

Overall Criteria: In general, requirements for a grade of Satisfactory include the following:
- Satisfactory achievement of the objectives of the Clinical Experience per documentation and communication from CI
- Achievement of passing criteria on the CPI and any other evaluation tool(s) that may be used
- Satisfactory completion of specific UVM requirements for each clinical internship. These will vary for each level of CE experience:
  - **CE 1**: Presentation of an oral Case Study (or, site requested presentation) following the UVM format and guidelines or a format recommended by the clinical education site
  - **CE 2, 3 and 4**: Educational presentation on any of the following (only needs to be one):
    - Oral presentation on a topic of mutual interest/choice – guided by the clinical staff at the CE site for what is pertinent to them
    - Oral presentation of the Systematic Review that was completed in previous coursework if of interest/pertinence to the clinical staff
    - Oral presentation of the Health Care Quality project Health Promotion Project that was completed in previous coursework if of interest/pertinence to the clinical staff
    - Presentation of an oral Case Study following the UVM format and guidelines or a format recommended by the clinical education site
  - **CE 3 and 4**: Practice Management Experience
    - Participate/observe in the management of the PT practice for a day, if possible, to learn the following:
      - Components of business functions as they relate to physical therapy practice, such as:
        - Financial management
        - Marketing
        - Human resources
        - Reimbursement
        - Regulatory influences
        - Quality management
        - Public relations
        - Rules and regulations pertinent to an ethical business practice
        - Models of service delivery
    - Completion of all required hours at the clinical site
    - Satisfactory completion of all assignments
    - Completion of the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSE) Form
Considerations in grade assignment include:

a. **CPI:** The CPI (Clinical Performance Instrument) is web based and used for all full-time clinical experiences. Students are evaluated by their clinical instructor(s) with written reports, at a minimum, at the mid-term point as well as toward the final point of the clinical education experience. The student **MUST** also complete a written self-assessment using the CPI as a component of both the mid-term and final evaluation. The student and CI ratings and comments should be compared and differences discussed and clarified. The student and CI sign off on both forms electronically to indicate review of each other’s evaluation. A student is given opportunities to practice the behaviors indicated in the criteria during each clinical experience. It is recommended that weekly meetings be established to allow for informal feedback, planning of learning experiences, and identification of learning priorities for the upcoming week. Students become familiar with the PT CPIWeb in Professional Seminars prior to commencing their clinical education experiences.

**CPI Criteria:**
The following criteria are used for each respective Clinical Education internship in determining achievement of minimum expectations on the CPI:

<table>
<thead>
<tr>
<th>Clinical Internship 1:</th>
<th>Criteria 1-16 Intermediate Level or above</th>
<th>Criteria 17,18 Advanced Beginner Level or above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Internship 2:</td>
<td>Criteria 1-5: Advanced Intermediate or above</td>
<td>Criteria 6-18: Intermediate or above</td>
</tr>
<tr>
<td>Clinical Internship 3:</td>
<td>Criteria 1-5: Entry Level</td>
<td>Criteria 6-18: Advanced Intermediate or above</td>
</tr>
<tr>
<td>Clinical internship 4:</td>
<td>Criteria 1-18: Entry Level</td>
<td></td>
</tr>
</tbody>
</table>

These criteria may be subject to change; communication and notification about any changes will occur in as timely a manner as possible, prior to the start of the respective Clinical Education experience.

b. **Case Study/Educational Presentation:** Students may be asked to complete a formal Case Study according to UVM guidelines, or educational presentation/in-service with guidance from the CI. Both the student and the CI assess the presentation upon completion and complete the designated form, with the CI indicating whether the student has met the objectives for this project. Please refer to Case Study Guidelines and Assessment Form as well as the Educational Presentation Assessment Form.

c. **A.P.T.A Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSE):** Completion of this form provides feedback to the academic program and the clinical education center and assists in the assessment of the clinical education program as well as academic preparation. The student completes this evaluation electronically during each internship and reviews it with the CI and/or CCCE during the last week. The electronic version is returned to UVM; however, the CI signs off on a hard copy of the signature page, indicating that he/she has read the student’s comments and this form is faxed back to UVM. This information is reviewed and collated by the DCEs, some of which is filed for other students to review in the selection
process and also shared with faculty for curriculum review purposes. This form must be completed and submitted to the DCE in order for a grade to be received.

**e. Site Visit or Call:** The DCE/faculty member documents discussions with the student and the CI at mid-term regarding the student’s progress in the clinical experience. Information recorded on this form is reviewed and compared with the final assessments prior to determining the grade for the clinical experience.

**Grading/Evaluation CE1 (PT370), CE2 (PT371), and CE4 (PT375):** The grading policy is based on a Satisfactory (S)/Unsatisfactory (U) grading system. If the student receives a “U” on this experience, the student has failed (equivalent to a grade of F) a professional course. Receipt of a failing grade necessitates that the Clinical Education course be re-taken at the next scheduled time. Should a student need to repeat a clinical education course, the repetition may not take place until the next equivalent clinical education course is offered.

**Grading/Evaluation CE3 (PT372, PT373, PT374):** The CE3 Clinical Education Internship is three linked courses: PT 372 (2-credit), 373 (1-credit), 374 (2-credit). This experience starts in the fall semester and is completed in the spring semester. The grading policy for PT 372, and PT 373 is based on a Satisfactory Progress (SP)/Unsatisfactory Progress (UP) grading system. The grade of SP will be assigned when a student has made satisfactory progress during each specific course (PT 372, 373) prior to the final course (PT 374) in the sequence and credit will be awarded with the grade of SP. The grade of UP will be assigned when the student's progress has been unsatisfactory and no credit will be awarded. Students will receive a grade of Satisfactory (S) or Unsatisfactory (U) for PT 374 following completion of the PT 372, 373, 374 sequence. Students must receive a grade of SP for both PT 372 and PT 373, and an S for PT 374 in order to receive credit for CE 3 and satisfactorily pass this clinical education experience. If a student receives a UP or U in any portion of the CE 3 sequence, the entire 10 week clinical internship will need to be repeated.

**CI/CCCE/DCE Assessment:** Each student receives information about his/her performance, at a minimum, mid-way through a CE experience from both the CI and DCE. If a student’s performance is identified as deficient at any time in the clinical education experience, the DCE should be notified immediately. This allows an opportunity for the DCE to work with the student and the CI/CCCE to identify the issues and develop both specific objectives and strategies to improve performance. The student is expected to be an active participant in this process and demonstrate commitment to improving performance in order to meet the standard and objectives.

**Suspension:** The CI, CCCE or DCE or department manager may suspend a student who commits any act or omission endangering the life, safety, health or well-being of a patient or staff member, or who violates any confidentiality/right to privacy of a patient or other person during the course of the CE experience. A student who is suspended will receive a “U” – Unsatisfactory which is equivalent to an “F” – Failure and may repeat the entire course when next offered, if approved.

5. **CLINICAL SITE COMMUNICATION**

It is a goal of UVM’s Physical Therapy Program to establish, support and maintain close partnerships with each clinical education site. The DCE conducts or supervises a mid-term site visit or telephone conference during each clinical experience. The DCE or a designated faculty member completes the visit or call. The visit/call is made generally near the mid-point of the experience and is intended to ascertain how the experience has gone to date inclusive of student strengths, goals and any areas in need of development. Prior to the contact, communication from the PT program to the CCCE/CIs is made to set up a convenient time and mode of communication. If problems are identified during the call/visit, discussions at that time and possibly throughout the remainder of the clinical experience may ensue with the CI and CCCE, with documentation of problems/issues If adequate improvement is not made,
subsequent contacts may be scheduled to discuss options and expectations for the remainder of the clinical experience.

If the CCCE and/or CI or student have concerns or questions about any aspect of the clinical experience, communication with the DCE is essential as soon as possible. The DCE should be notified even if all parties feel that the problem may be resolved by the end of the clinical experience. The DCE makes every effort to be available to do a site visit or phone conference should a problem situation arise or become otherwise unmanageable. Site visits for remediation of problem situations take precedence over all other scheduled visits.

As indicated in a previous section, a student who is asked to leave or is suspended, for reasons of inadequate performance, from a clinical experience by the clinical education faculty, will receive a grade of “U” – Unsatisfactory.

6. Student Information Shared with the Clinical Education Facility
Prior to each clinical experience, the respective clinical education facility receives a packet of information about the student who has been assigned there. This information includes the following:

- Student Data Sheet – completed by the student
- Goals and objectives for the clinical experience – completed by the student
- Self-assessment of current knowledge and clinical experience – completed by the student
- Verification of Health Assessment/immunization history
- Meeting of medical and any other requirements for the site
- Copies of verification of mandatory education sessions: OSHA, HIPAA, CPR
- Copies of verification of health insurance and liability insurance

Information about academic standing is not shared with the clinical education faculty at the site, as this is considered confidential information and can only be provided to the site by the student, or in special circumstances, by the DCE, with written permission of the student.

7. Student Liability Insurance
It is mandatory that every University of Vermont physical therapy student enrolls in a professional liability insurance program. Enrollment in this program begins in the fall semester of the first year with the expiration date after the completion of clinical internships in the third year. Students purchase this insurance through a Program group policy. Clinical Sites receive a copy of the policy and coverage terms prior to a student's arrival.

8. Health Requirements
   a. Students are required to meet all health requirements as designated by the clinical site and the university. This may include but is not limited to:
      - A physical health assessment/exam if requested. This can be done either by the University's Student Health Service or a licensed primary health care provider.
      - Yearly Tuberculosis clearance (Mantoux) - 2 step
      - Documentation of adequate titers for: Measles (Rubeola), Mumps, Rubella, and Varicella; students are required to demonstrate adequate titers; history of immunization is not adequate
      - Tetanus/Diphtheria/Pertussis booster; TDAP booster is required
      - Documentation of Hepatitis B vaccination and titer, or record of declination of this. Hepatitis B vaccination is highly recommended but is not mandatory for UVM purposes; however, many clinical sites require it and will not accept students who have not received this vaccine. Failure to have this immunization may limit the choices available for clinical education experiences.
      - Documentation for childhood polio vaccine
      - Any other tests that are required by the clinical site or by UVM.
Students who have not met the health requirements **will not be allowed** to participate in Clinical Education experiences. Students must have a yearly review of immunizations. Students are responsible for contacting the site CCCE, several months prior to their start date, to verify the list of requirements provided by the DCE/CE Assistant.

**b.** Students are responsible for notifying their CI or CCCE in the case of an acute illness such as a cold, sore throat, flu etc. Students must abide by the policy of the clinical site regarding illness and attendance.

**9. Other Requirements: CPR/OSHA/HIPAA/Criminal Background Check**

**CPR:** Each student is required to maintain CPR certification throughout all 3 years of the professional program. Verification of this is submitted (i.e. copy of CPR certification card) prior to each clinical experience. It is each student’s responsibility to ensure the maintenance of this certification. Failure to provide verification of this certification may mean inability to begin or continue with the assigned clinical experience.

**BLOODBORNE PATHOGENS TRAINING/OSHA:** OSHA, the Occupational Safety and Health Administration, is a division of the U.S. Department of Labor. As part of our contractual agreement with clinical facilities, all students are educated on a yearly basis on safety and health topics, primarily related to blood borne pathogens. On-line education is provided yearly on this topic; specific information re: accessing this is provided to students each year. Verification of this education is required and a copy is sent to each clinical facility.

**HIPAA:** The Health Insurance Portability and Accountability Act was enacted nationally in an effort to protect individuals’ rights to privacy and confidentiality. Students are oriented and educated in the general implications of HIPAA for patient care via on-line tutorials provided through access to the local medical center training modules. It is also the responsibility of clinical faculty of each clinical education site to orient students to the implications of HIPAA for that site as well as specific policies and procedures pertinent to their site during each clinical experience.

The Physical Therapy program at UVM is committed to maintenance of confidentiality based on our ethical, legal and moral responsibilities to protect the rights of patients. As a student engaged in clinical education experiences throughout the PT curriculum, there are many opportunities to access patient information both verbally and through written and/or electronic records, on a need-to-know basis. This is termed a *clinical privilege.* Inherent with this is a responsibility to maintain the confidentiality of this information and prevent disclosure of this information to others who do not need to know nor should know this information.

Students receive general training in HIPAA regulations. On-line education is provided yearly on this topic; specific information re: accessing this is provided to students each year. Clinical sites are expected to provide orientation to their specific procedures regarding HIPAA. Patient information used in case studies must be de-identified (see section 164.514 of HIPAA). The following specific identifiers of individual patients or of relatives, employers or household members of patients must be removed:

- Names
- All geographic subdivisions smaller than a state
- All elements of dates (except year) for birth date, admission date, discharge date, date of death and all ages over 89 and all elements of dates (including year) indicative of such age
- Telephone and fax numbers
- E-mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Vehicle identifiers and license plate numbers
Device identifiers and serial numbers
Photographs or any comparable images

Students can maintain confidentiality by doing the following:
- Hold in confidence any information about patient and families that comes to your attention. Refrain from public hallway, cafeteria or elevator conversations about patient care.
- **Do not use any social networking/electronic media to disclose, discuss or post about patient issues or staff/workplace issues.**
- Access only those records or parts of records that your clinical instructor indicates are pertinent for performance of your clinical responsibilities.
- Refrain from reviewing any Medical Record that does not pertain to your clinical responsibilities or has not been assigned by your clinical instructor.
- Refer any requests for patient information from unauthorized sources (e.g., insurance companies, friends, etc.) to your clinical instructor or his/her supervisor.
- Do not photocopy any part of a medical record without seeking written permission and following institutional policies for doing so.
- Communicate any questions about confidentiality with your clinical instructor and seek help in finding out how it is best maintained.
- Learn and follow the procedures established at your facility to meet HIPAA requirements.

**Criminal Background Check (CBC):** You may be required to undergo a criminal background check to meet the requirements of clinical education sites. A satisfactory background means no criminal history, or satisfactory review of a criminal conviction. All costs for criminal background checks will be borne by the student. Use of a contracted College vendor for obtaining a CBC is available. Students can access CBC information and specific directions on the CNHS website.

The criminal background check may include a national and international review of relevant records including federal, state and local police and court records for every geographic area in which the applicant has resided or lived for more than three months. The check may also include a check of databases for registered sex offenders and review of any dishonorable discharge from the armed forces. The check includes records of any criminal offense, including minor offenses, except for non-moving traffic offenses. The check will also be for any conviction, including guilty pleas and pleas of *nolo contendere*.

Each clinical site may have a different manner in which the CBC may be obtained and students will need to abide by their process. If a site requires a background check and UVM has been informed of this, the student will be informed prior to submitting a choice sheet; this information is also included in any site file. Given that the process differs from facility to facility and may change within the course of a year, the site-appropriate process will need to be obtained by the student, with the assistance of the DCE/CE Assistant. It is each student's responsibility to identify and comply with the clinical facility's or respective state's procedure. Failure to comply may result in cancellation of the clinical experience. Schools, pediatric facilities, early education programs and long term care facilities frequently require a CBC, but any clinical site may require one. Cost for the additional CBC is usually assumed by the student, although a few sites assume the cost.

**Drug Testing:** Some clinical education facilities may require drug testing prior to arrival at the site and/or during the course of the clinical experience. Policies vary regarding assumption of costs for this testing; frequently the student bears the cost of the testing. As with all requirements for choosing clinical sites, students are informed of the specifics,
as they have been communicated to UVM, prior to submitting their choice sheets, through the list of possible clinical sites for a specific clinical experience. There are occasions when clinical facility policies change and UVM has not been notified; in this instance, the student needs to identify and abide by the facility policies and practices.

10. **Registration for Clinical Education Courses**
All Clinical Education courses must be registered for and tuition paid by each student at least **1 month prior** to the commencement of an internship or by the designated deadline posted by the DCEs and/or the CE Assistant. Students who have not registered and/or paid will **not** be allowed to engage in Clinical Education courses.

11. **Financial aid recipients:** If you do not successfully pass an internship and are required to repeat one of your clinical internship(s), you may be ineligible for financial aid and student loan deferment in the term(s) in which you repeat the internship(s). Financial aid recipients who fail and are scheduled to repeat a clinical internship should promptly contact Student Financial Services to discuss their situation.

12. **Information Security/Patient Rights**

   a) **Use of Patient Non Protected Health Information and Clinical Facility Information**
   Students wishing to obtain information such as patient care protocols, administrative information, audit processes or any other information deemed to be under the auspices of the facility, need to request this first from the CI and, if approved, from the departmental manager or supervisor. An explanation regarding the reason for the request as well as the intended use of the information should be provided. If the facility has a policy, procedure or practice in place, this must be followed. If the request is not approved, the information should not be copied or physically removed from the clinical facility.

   b) **Use of Patient Images and Materials**
   Students wishing to use images or other materials that could identify patients and family members need to follow the facility’s policy for doing so. This generally entails speaking with the CI and department manager first. If initial approval is received, the next step may be having another person (perhaps a CI) speak with the patient about this request. If the request is approved, a formal, written facility release, signed by necessary parties, will need to be completed. Students should not initiate conversations about such a request with a patient before speaking with a CI and/or manager/supervisor.

   c) **Patients’ Rights to Refuse/Decline Care:**
   All patients have the right to refuse care provided by a Physical Therapy student. Any refusal or declination must be honored by the CI and student. A CI has the responsibility to communicate with patients that a student may be involved in his/her care and seek permission for this.

13. **Medical Insurance**
Each student is required to have health insurance. The University of Vermont makes available to its students a plan for accident and sickness insurance. The plan is designed to supplement the University Health Services Program. Enrollment in this plan is mandatory for all students not covered by family or partner policies.

14. **Professional Demeanor/Dress Code/Use of Social Media Technology**
Students are expected to follow the dress code of the clinical education facility. However, the following general guidelines apply to all University of Vermont students at any clinical experience site:
1. A UVM nametag **must** be worn at all times and may be in addition to the site provided nametag.
2. Dress should be neat and professional. Clothing selection is a reflection of professionalism. As a general rule of thumb, all body areas from the **NECK TO KNEES** should be covered, with no skin showing during any active posture assumed.

3. The following are **not** appropriate:
   - T-shirts, sweat pants or sweat shirts, shorts,
   - revealing clothing (crop tops, short skirts, shorts, Capri pants, sleeveless shirts, etc.),
   - jeans and/or jean material (denim), cargo pants
   - clothes with slogans or pictures
   - dirty and/or wrinkled clothing.
   - tattoos; need to be covered if visible
   - Body piercings except for discreet ears (with discreet, non-dangling) earrings
   - Long or synthetic fingernails; fingernails should be clipped short for patient comfort and safety
   - Work boots, open-toed or open backed footwear; tennis shoes are acceptable at some sites and not at others – students need to check with assigned sites; if permissible, only white or black, **clean** tennis shoes are acceptable
   - Dangling earrings, necklaces, bracelets, rings and ties that could interfere with safe and/or effective delivery of patient care

4. Discretion, common sense, and good judgment should prevail when choosing what to wear.

5. **CELL PHONES:** Use of cell phones, for making calls or texting, is not allowed in the clinical environment. If used during lunch breaks, please ensure that they are turned **OFF**, and left away from patient care areas when returning to the clinic.

6. **Other Social Media Technology:** Do not use any social networking/electronic media to disclose, discuss or post about patient issues or staff/workplace issues

15. **Attendance/Absences**

   **Attendance:** Attendance at all clinical experiences is MANDATORY. Students are expected to arrive promptly at the assigned time or ahead of time to prepare for patient care. If unable to be at the clinical site on the appropriate day and time due to illness or family emergency, notification of the clinical site **AND** the UVM Department of Rehabilitation and Movement Science is necessary. You may call (802) 656-3252 and leave a message if no one is there, or try to reach the DCEs at 802-656-2245 or 2682 or the CE Assistant at 3014.

   **Absences:** For Clinical Education 1-4 clinical experiences, an absence of **one day** per clinical experience is allowed **for illness or other urgent situations**. The DCE(s) should be notified of any extended absences beyond this as soon as possible. Depending on student performance and other factors, the CI and DCE may require that all days beyond the one day be made up.

   ****All requests for an absence for any reason (other than those requested by the site, or for acute illness) must first be discussed with and agreed upon by the DCE. (For example, students have attended National Conferences while on an internship.) If the DCE approves the student’s request, **the DCE will then ask permission from the CI and CCCE of the site. The student is not to contact the clinical site. ****

16. **Serious Illness or Injury/Emergency Procedures**

   **Serious Illness/Emergency Procedures:** If a student becomes seriously ill or injured, the CE site should direct the student to the nearest urgent/emergent care service, with the cost of the service borne by the student. Concurrently the CI/CCCE should contact the DCE/PT Program as soon as possible so that appropriate notification to family and follow-up of care can be discussed.

   **Illness/Injury:** Any student who is ill or injured during the time concurrent with a clinical internship may be required to produce written clearance to resume the clinical education
experience at the CE site. All documentation regarding the student’s ability to return to work must be submitted to both the CI/CCCE and the DCE. Sites may not accept a student returning to the clinic from an injury if he/she does not have full clearance to continue with the CE experience.

17. **Transportation/Meals/Lodging**
Students are responsible for the costs and logistics of all transportation, meals and lodging for all clinical education experiences. When available, information from clinical sites about possible housing options is offered. For many clinical sites, students need to have access to a car or other means of transportation.

18. **Cancellations of CE Internships**
Clinical sites may cancel or change an internship assignment for a variety of reasons including staffing issues, patient census issues etc. These cancellations can occur at any time prior to the start of an internship and are not within the control of UVM. Should a student have a cancellation of an assigned clinical education internship, the DCE communicates this to the student as soon as possible and works with that student and clinical sites to determine if an alternative placement is available. The availability and timing of this placement is not guaranteed.

19. **Clinical Education Faculty**
   a. **Definition**: A clinical education faculty member is a health professional who has agreed to provide instruction for UVM physical therapy students by serving as a CCCE or CI.
   
   b. **Selection criteria** for clinical education faculty members:
      - Demonstrated interest in providing clinical education to PT students
      - One year experience in clinical practice
      - APTA credentialing as a Clinical Instructor is highly recommended and desired
      - Physical therapist licensed/credentialed in the state in which they are practicing
      - Accepting of the responsibilities outlined in Section B of the previously described “Responsibilities of Participants”
   
   c. **Privileges and Benefits**:
      - Opportunities to attend numerous workshops provided by the New England Consortium on a yearly basis. These include APTA CI credentialing workshops (basic and advanced), held twice yearly in different New England locations as well as CCCE training courses, and courses developed as clinical education needs arise. Because the New England Consortium developed the original CI credentialing course that eventually became the APTA credentialing course, there is a significantly reduced registration fee for clinical faculty attending this course when it is sponsored by the New England Consortium.
      - **Orthopedic Exam/Intervention Web-based Videos**: Each clinical site is provided with access to our Program website (pass-worded) with ~4-5 hours of instructional video (chaptered into body regions and shorter clips for ease of use) of UVM faculty teaching selected musculoskeletal/orthopedic examination and intervention techniques; to access, go to:
         1. [www.uvm.edu/~cnhs/rms](http://www.uvm.edu/~cnhs/rms)
         2. click on Physical Therapy Program; then see box “Clinical Educational Resources” on right side and then click on Exam and Intervention Techniques
         3. user name = UVM (upper case)
         4. password = therapy (lower case)
      - Complimentary registration for the New England Consortium Clinical Faculty Institutes (held 1 or 2 times per year). The CFI has been developed by the New England Consortium as an educational program
focused on contemporary issues related to clinical education. There is no registration fee or food costs for the day.

- Educational sessions presented by UVM faculty, either at UVM, or, upon request at the clinical education site
- Invitation to Clinical Education Forums/CE courses held at UVM. Topics vary but may include discussion of curricular issues, challenging situations in clinical education, or guest speakers addressing pertinent topics in clinical education.
- Provision of textbook relevant to the curriculum, upon request.
- Opportunities to collaborate and become involved with UVM faculty on selected research/scholarship endeavors.
- For Vermont sites, the Vermont Area Health Education Centers (AHEC) may offer selected support for clinical education resources including scholarships for clinical instructor credentialing courses and purchase of educational materials.
- Invitation to the College of Nursing and Health Science’s Ziegler Research Forum, held yearly to honor Jim Ziegler, a UVM graduate who died of cancer. Speakers are selected based on reputation and contributions of quality research.
- Invitation to any other educational offerings that occur during the year.

d. **Development of Clinical Education Faculty:** The DCEs encourage development of CI/CCCE skills needed for effective clinical education. This development frequently takes place during student visits or phone calls, particularly when challenging situations arise. In addition, the DCEs support and encourage attendance at the above mentioned clinical education courses. At times, scholarships provided by UVM and AHEC have been available for attendance at Clinical Instructor credentialing courses. Utilization of APTA Guidelines for Clinical Education is also encouraged for both new CI/CCCEs as well as for those wising to assess current skills.

e. **Clinical Education Faculty Evaluation:** Clinical education faculty are encouraged, as mentioned above, to make use of the APTA Self-Assessments for Clinical Instructors as a basis for self-evaluation. Other sources of data available to the CI for evaluation purposes include: student feedback, both formative and summative, including the written student’s evaluation of the Clinical Education Experience; feedback from the CCCE regarding performance as a clinical teacher, and feedback from the DCE, particularly during the mid-term contact for a student. This feedback is based on direct knowledge of the CI/student interaction as well as pertinent discussions. During the course of a mid-term contact, the DCE or designated faculty member considers the requisite CI skills such as communication/feedback to the student, clinical instruction, supervision and overall assessment of student performance. Feedback in these domains is offered to the CI at this point in time. In addition, follow-up conversations may take place between the DCE and CI/CCCE as needed for additional feedback once the clinical experience has ended.

The CCCE, at times in collaboration with the DCE, is also responsible for identifying needs for continuing education of the clinical faculty member. Clinical education faculty who serve as CCCCEs are also encouraged to utilize the APTA Self-Assessment for Center Coordinators of Clinical Education as a basis for self-evaluation. Clinical education faculty who serve as guest lecturers are included in the evaluation of the course at the end of the semester. They receive student feedback as well as feedback from the course instructor regarding the effectiveness of their instructional skills.
F. OVERVIEW OF CLINICAL EDUCATION INTERNSHIP COURSES

1. CLINICAL EDUCATION 1  6 weeks  Summer 2 (following first year)

OVERVIEW:
This initial 6 week full-time internship provides students with an opportunity to develop an awareness and appreciation for physical therapy practice in an out-patient orthopedic practice setting. Students are involved in safe and effective patient care under the supervision and assistance of a licensed physical therapist, with a gradual assumption of increasing responsibilities. It provides opportunities to use clinical skills they have gained during the first academic year. Students have had the majority of the orthopedic academic curriculum, but will have an advanced orthopedic course at the end of their 2nd year of study. Therefore, the focus of this CE experience is on the less complex patient. A major objective of this experience is the beginning development of skills needed to manage individuals with orthopedic disorders as this is the academic background that students have had to date. The acquisition and practice of professional skills, attitudes, and behaviors is a process that begins here and continues throughout the subsequent 3 clinical internships.

Another focus of this experience is to explore and begin to experience the many and varied roles and responsibilities inherent in the life of a Physical Therapist in today’s health care environment. This includes all aspects of the patient management process including documentation, clinical care and history taking skills, as well as administrative, supervisory and advocacy roles that physical therapists assume.

It is also a time when students begin developing the self-assessment process as a basis for creating a professional development plan. Potential learning opportunities during this experience are: (1) participating with a physical therapist in the various roles of health care provider, teacher, scientist, and administrator; (2) experiencing the physical therapy department and institution or agency as the health care environment; and, (3) interacting with other health care personnel and members of the health care team. The importance of this initial experience is invaluable in helping students to bridge the gap between the “real world” of the practice environment and their evolving knowledge, skills and behaviors learned in the academic environment. A case study or other type of educational presentation is required during this internship.

2. CLINICAL EDUCATION 2  10 Weeks  Fall Semester - 3rd Yr.
CLINICAL EDUCATION 3  10 Weeks  Late Fall-Winter-Early Spring
Semesters - 3rd Yr.

OVERVIEW:
These clinical internships are each 10 weeks in length and occur consecutively in various types of practice settings with a 1 week break between them. They may occur in out-patient, acute care, rehabilitation/sub-acute care, home health, pediatric or other types of practice settings. Students are involved in and responsible for safe and effective patient care under the supervision and assistance of a licensed physical therapist. The entire academic curriculum has been delivered by this point in time so students may choose to repeat an out-patient orthopedic setting, or choose acute, rehabilitation in-patient practice settings, or a setting of particular interest to them. The focus of this second and third clinical education experiences is to help students develop and demonstrate knowledge, behaviors and skills in the entire patient management process as well as the practice management aspects of physical therapy. Prior to this, students have had two years of academic preparation, and a 6 week clinical experience. Clinical Education 1 served as an introduction to the roles and responsibilities of the Physical Therapist through exposure to the rudiments of patient care, as well as scheduling, billing, team and staff meetings, patient and family education, and communication with other personnel.
In Clinical Education 2 and 3, students are expected to build on the exposure and experience of their previous clinical experience by increasing their primary participation/responsibility in the care of patients with varying diagnoses and increasing complexities. This includes examination, diagnosis/prognosis, evaluation, progression through therapeutic interventions, patient and family education, discharge planning, billing and scheduling. Development of more independent critical thinking and clinical judgment, as well as consistent use of evidence is expected. Students should also expand their interactions to include supervision of support personnel, coordination of care with teams and staff of the facility and participation in departmental activities and meetings. The continued development of professionalism and interpersonal skills is expected.

A case study or other type of educational presentation is required during these internships. In addition it is recommended that students have opportunities to participate/observe in the management of the PT practice for a day, if possible, to learn the administrative and business management aspects of practice.

3. CLINICAL EDUCATION 4 10 Weeks Spring Semester 3rd Year

OVERVIEW:
The culminating 10 week clinical internship may occur in out-patient, acute care, rehabilitation/long term care, pediatric or other types of practice settings. Students have selected this final site based on their previous internships and the expectation of graduating with a generalist background. The DCE has worked with them to acquire a diversity of experience as well as meet their own individual professional goals and interests. Students are involved in and responsible for safe and effective patient care under the supervision and assistance of a licensed physical therapist. Students practice and refine skills, attitudes and behaviors in the patient and practice management processes to the point of entry-level performance. In addition, it is expected that the professional practice expectations of accountability, altruism, compassion/caring, integrity, professional duty, communication, cultural competence, clinical reasoning, evidence based practice and education are at entry-level.

A case study or other type of educational presentation is required during these internships. In addition it is recommended that students have opportunities to participate/observe in the management of the PT practice for a day, if possible, to learn the administrative and business management aspects of practice. See page 15 for details.

G. OVERVIEW OF UNIVERSITY OF VERMONT PHYSICAL THERAPY PROGRAM GOALS AND EXPECTED GRADUATE OUTCOMES

Departmental Goals
1. Be a department that is welcoming and diverse in all its meanings.
2. Enrich student learning experiences through the creative use of technology and teaching/learning strategies.
3. Have a national reputation for excellence in a niche area of study---needs to be defined
4. Have a fully functioning and successful interdisciplinary PhD program
5. Have faculty and students who create and disseminate new knowledge in their areas of expertise
6. Provide models for healthy lifestyle to the greater community

Graduate Outcomes
The structure, sequence and integration of courses within the physical therapy program are designed to facilitate student learning in an inter-professional environment and their ability to
1. Manage patients/clients of all ages and many cultural and socioeconomic backgrounds safely and effectively in a variety of practice environments.
2. Integrate the foundational and clinical sciences and apply knowledge to the management of patients/clients.
3. Demonstrate and articulate clinical decision-making that is based in evidence and considers the needs and desires of patients.
4. Use computerized databases for accessing, recording and storing various types of information.
5. Provide consultation as requested by patients and their associates, other health care providers, community groups or colleagues or make referrals as needed.
6. Access, analyze and critique evidence in making decisions about management of patients/clients.
7. Communicate with various constituents in a manner that reflects their level of knowledge, considers health literacy, is sensitive to cultural issues and demonstrates respect.
8. Educate others, including patients/clients and their associates, colleagues, other healthcare providers and community groups through various methods and in various venues.
9. Identify and analyze factors which affect society’s overall health, its healthcare policies, access, delivery and quality.
10. Advocate for patients and communities to improve access to physical therapy services and overall quality healthcare.
11. Apply ethical and legal principles to daily practice.
12. Demonstrate patient/client-centered care by placing their needs above one’s own.
13. Integrate quality improvement activities into daily practice.
14. Identify the basic components of good business practices, including planning, personnel supervision, resource allocation, marketing and regulatory issues.
15. Work effectively on inter-professional teams.

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