Dr. Pallavi Patel College of Health Care Sciences  
Physical Therapy Program  
3200 South University Drive  
Fort Lauderdale, Florida 33328  
(954) 262-1662

CLINICAL PRACTICUM 1 & 3  
CLINICAL EDUCATION HANDBOOK  
FORT LAUDERDALE  
April 22 - May 17, 2019

Kim B. Smith PT, DPT, NCS  
Assistant DCE: Clinical Practicum Coordinator  
(954) 262-1746  
ksmith@nova.edu

Debra Stern, PT, MSM, DPT, DBA, CLT  
Director of Clinical Education (DCE)  
Fort Lauderdale  
(954) 262-1268  
debras@nova.edu
Dear Clinical Faculty:
The Nova Southeastern University (NSU) Department of Physical Therapy is proud to partner with you and your facility in the clinical education training for our Doctor of Physical Therapy (DPT) students.

NSU’s PT Department is housed in the Health Professions Division within the Dr. Pallavi Patel College of Health Care Sciences. The program is fully accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE) and the Southern Association of Colleges and Schools (SACS). Our NSU physical therapy student body is richly diverse and is comprised of local, out of state, and international students. Our graduates are working all types of settings worldwide and have achieved positions of leadership in their respective health care communities and professional organizations.

The information and resources found in this handbook should answer most of your questions about the clinical education objectives, expectations, and students’ responsibilities. As there is a Hybrid NSU DPT program in Tampa, the information may differ slightly for each program. This is especially important if you host students from both campuses.

NSU’s clinical education team is looking forward to working with you to provide quality clinical education experiences for the students and to develop the clinical teaching skills of the CIs. We believe that the privilege of teaching tomorrow’s physical therapy professionals is a rewarding and challenging endeavor, and applaud you for sharing this philosophy. We appreciate your willingness to serve as a Clinical Instructor (CI), and/or Site Coordinator of Clinical Education, (SCCE formerly CCCE), to accurately assess student performance in a timely manner, and to communicate with the Clinical Education Team.

Only with your assistance and support, can we provide our students with the requisite clinical experiences. We are available to communicate by phone, text, email, fax or hard copy at any time should you need us throughout the clinical education experience. We want to ensure that the experience is a positive one for you, other staff, the facility, and the students. We will be communicating regularly via email, minimizing your time away from your other responsibilities. The NSU clinical education team encourages and welcomes feedback.

It is through your commitment to the profession, that we achieve our educational goals and those of the profession to graduate caring, culturally sensitive, and competent professional-level physical therapists.

Thank you for supporting physical therapy clinical education.

Debra F. Stern, PT, MSM, DPT, DBA                      Kim B. Smith, PT, DPT
Associate Professor of Physical Therapy               Assistant Professor of Physical Therapy
Director of Clinical Education (DCE)                  Assistance DCE
Fort Lauderdale Campus                                Fort Lauderdale Campus
# TABLE OF CONTENTS

## ACADEMIC PROGRAM
- Program Overview ................................................................................................................. 4
- Mission and Vision Statements ................................................................................................. 5
- PT Clinical Education Faculty Directory .................................................................................. 6
- Professional-Level DPT Curriculum ........................................................................................ 7

## GENERAL INFORMATION
- Glossary of Terms Clinical Education Overview ...................................................................... 9
- Student Prerequisites for Clinical Practicums ........................................................................... 10
- Responsibilities of PT Program to Facility ............................................................................... 12
- Responsibilities of the DCE/Assistant DCE ............................................................................. 13
- Responsibilities of Clinical Site and SCCE .............................................................................. 14
- Responsibilities of the CI .......................................................................................................... 15
- Responsibilities of Student to CI and Facility ......................................................................... 17
- Responsibilities of Student to Program ................................................................................... 19
- Rights and Privileges of SCCEs and CIs .................................................................................. 21

## POLICIES AND PROCEDURES
- Student / CI Grievance Policy .................................................................................................. 22
- CPI Web Based Training .......................................................................................................... 23
- Selection of Sites ..................................................................................................................... 23
- Assignment of clinical education experiences ......................................................................... 23
- Establishment/Maintenance of Affiliation Agreements .............................................................. 24
- Student Supervision ............................................................................................................... 24
- Professionalism and Conduct ................................................................................................... 24
- Confidentiality of Patients and Site .......................................................................................... 25
- Confidentiality of Social Media ............................................................................................... 26
- Confidentiality of Student Information .................................................................................... 26
- Confidentiality of Clinical Site Information ............................................................................ 26
- Attendance ............................................................................................................................... 26
- Absence/Tardiness Reporting Procedure ................................................................................ 28
- Employment Interviews ......................................................................................................... 28
- Conferences and Continuing Education .................................................................................. 28
- Weather Related Emergencies and Absences ...................................................................... 28
- Attire/Dress Code .................................................................................................................. 28
- Non Discriminatory Practice .................................................................................................... 29
- Change in CI ............................................................................................................................ 29
- Student Documentation .......................................................................................................... 29
- Documentation Guidelines ...................................................................................................... 30
- Grading .................................................................................................................................... 30
- Early Termination of Clinical education experience / Unsatisfactory Performance ............. 30
- Leave Of Absence .................................................................................................................... 32
- Physical Therapy Equipment ................................................................................................... 32
- Background Checks ............................................................................................................... 32
- Drug and Alcohol Testing ........................................................................................................ 32
- Insurance ................................................................................................................................ 33
- Housing, Transportation, Travel, Parking, Meals ................................................................. 33
- Gifts37 ................................................................................................................................... 33
- Safety Procedures ................................................................................................................... 34
Universal Precautions ........................................................................................................ 34
Students at Risk .................................................................................................................. 34
Accident Reporting and Medical Care ............................................................................... 35
Emergency Medical Procedures ....................................................................................... 35
Occurrence or Incident Reporting ................................................................................... 36
ADA Accommodation ....................................................................................................... 36
Evaluation of Student Progress ....................................................................................... 36
Clinical Education Faculty Meetings .............................................................................. 37
Academic Standing ........................................................................................................... 37
CI Evaluation of Student ................................................................................................... 37
Clinical Site / NSU Communication .............................................................................. 38
Risk Free Right of Patients to Refuse ............................................................................ 38

APPENDICES
A: Clinical Practicum Objectives ..................................................................................... 39
B: Electronic CPI Web-Based Training ........................................................................... 42
C: Student Progress Report ............................................................................................. 43
D: Student Clinical Education Experience Schedule .................................................... 45
E: The 5-Minute Clinical Manager .................................................................................. 46
F: CPI Grading .................................................................................................................. 48
G: Resource Information ................................................................................................. 49
NSU PHYSICAL THERAPY PROGRAM FORT LAUDERDALE OVERVIEW

NSU offers the Doctor of Physical Therapy (DPT) Program in a traditional, 3 year, campus-based program on our main campus in Fort Lauderdale. The DPT program includes single day integrated clinical experiences (ICE) and 40 weeks of full-time clinical education experiences in 2 levels. Clinical Practicum includes junior level first and intermediate full-time clinical education experiences and Clinical Education Experience includes three senior level terminal experiences.

<table>
<thead>
<tr>
<th>Clinical Experiences</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practicum 1</td>
<td>ICE (Faculty supervised): Several single day adult and geriatric experiences: SNF, acute care hospital total joint replacement program, adult out-patient 4-week First full-time clinical education experience: SNF</td>
</tr>
<tr>
<td>Clinical Practicum 2</td>
<td>ICE (Faculty supervised): Several single day adult outpatient experiences</td>
</tr>
<tr>
<td>Clinical Practicum 3</td>
<td>ICE (Faculty supervised): Several single day adult outpatient experiences. 4-week Intermediate full-time clinical education experience: Adult Outpatient</td>
</tr>
<tr>
<td>Clinical Internship</td>
<td>Thirty-two consecutive weeks of full time terminal clinical education experiences including: acute care, outpatient musculoskeletal, and rehab/neurological rehab experience experiences through the lifespan</td>
</tr>
</tbody>
</table>

The NSU professional-level program awards the DPT degree, which is a clinical doctorate. As such, regardless of your physical therapy degree, it is your experience and expertise as a clinician and clinical instructor (CI) that are highly valued and qualify you to supervise any professional-level physical therapy student. A licensed PT with an entry-level certificate, Bachelors (BS), Master’s or DPT and at least 1 full year of clinical experience, can supervise a DPT student.

NSU affiliates with a large number of facilities representative of the wide-ranging physical therapy practice settings in the United States, as well as abroad. Students complete clinical education experiences in a variety of health care settings to achieve entry-level competence as a generalist physical therapist practitioner.

The Program supports and educates students who adhere to the PT Code of Ethics (See Appendix G). Students also meet the American Physical Therapy Association’s Vision 2020 as “doctoring professionals to whom the public has direct access for diagnosis, treatment, and prevention of impairments and disabilities affecting movement, functioning, and promotion of overall health and who practice ethically and legally” and to demonstrate the core values attributed to professional physical therapy practice.
NSU MISSION STATEMENT

The mission of Nova Southeastern University, a private, not-for-profit institution, is to offer a diverse array of innovative academic programs that complement on-campus educational opportunities and resources with accessible distance learning programs to foster academic excellence, intellectual inquiry, leadership, research, and commitment to community through engagement of students and faculty members in a dynamic, lifelong-learning environment.

DR. PALLAVI PATEL COLLEGE OF HEALTHCARE SCIENCES MISSION

The College of Health Care Sciences strives to provide professionals with the skills necessary for the diagnosis, treatment and prevention of disease and disability in order to assure optimum health conditions in the community and beyond. With an unwavering commitment to ethical practice and in support of the Nova Southeastern University Core Values, the College endeavors to advance research, scholarship, and the development of leadership skills utilizing traditional educational methods, distance learning, and innovative combinations of both to achieve its educational goals.

PHYSICAL THERAPY PROGRAM MISSION STATEMENT

Nova Southeastern University’s Department of Physical Therapy prepares professional level and post-professional physical therapists with the skills, knowledge and values to effectively practice, educate, lead, and conduct physical therapy education and research in interprofessional environments. The curricula foster clinical inquiry and reasoning, professionalism, and evidence-based practice. The programs facilitate accessibility to physical therapist education through innovative instructional delivery models and promote intellectual curiosity, reflection, and lifelong learning skills. Faculty, students, and alumni actively participate in the profession through scholarship, service, collaboration, mentoring, and serving those in need of PT services locally, nationally and globally.

PHYSICAL THERAPY PROGRAM VISION STATEMENT

The vision of the Physical Therapy Programs at Nova Southeastern University is to excel and be nationally recognized for the development of professional level and post professional physical therapists who dedicate themselves to the profession and the community through clinical practice, education, research and civic engagement. A foundation will be built upon the principles of best practice, interprofessional collaboration, cultural competence and value-based consumer-centered services. Faculty and graduates will be leaders in the profession locally, nationally and internationally, supporting innovation and access to services across the healthcare continuum.
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debra F. Stern, PT, MSM, DBA, CLT, CEEAA</td>
<td>Director of Clinical Education (DCE)</td>
<td><a href="mailto:debras@nova.edu">debras@nova.edu</a></td>
<td>(954) 262-1268 (954) 393-9416 (cell)</td>
</tr>
<tr>
<td>Kim B. Smith, PT, DPT</td>
<td>Assistant DCE Clinical Practicum Coordinator</td>
<td><a href="mailto:ksmith@nova.edu">ksmith@nova.edu</a></td>
<td>(954) 262-1746 (954) 268-4770 (cell)</td>
</tr>
<tr>
<td>Rania Margonis, PT, DPT</td>
<td>Academic Clinical Faculty</td>
<td><a href="mailto:rania@nova.edu">rania@nova.edu</a></td>
<td>(954)-262-1863</td>
</tr>
<tr>
<td>Deborah D. Ferguson</td>
<td>Clinical Support Coordinator</td>
<td><a href="mailto:fergdebo@nova.edu">fergdebo@nova.edu</a></td>
<td>(954) 262-1363</td>
</tr>
<tr>
<td>Shari Rone-Adams, PT, MHSA, DBA</td>
<td>Department Chair</td>
<td><a href="mailto:srone@nova.edu">srone@nova.edu</a></td>
<td>(954) 262-1740 (954) 661-1731 (cell)</td>
</tr>
<tr>
<td>Jennifer Canbek, PT, PhD, NCS</td>
<td>Director - Professional Level DPT Program</td>
<td><a href="mailto:canbek@nova.edu">canbek@nova.edu</a></td>
<td>(954) 262-1967</td>
</tr>
<tr>
<td>Physical Therapy Department</td>
<td></td>
<td></td>
<td>Tel: (954) 262-1662 (800) 356-0026 ext. 21662 Fax: (954) 262-1783</td>
</tr>
</tbody>
</table>
# NSU Physical Therapy Program

**Professional Level Doctor of Physical Therapy**

## CURRICULUM

### First Year – Summer Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHY 5400</td>
<td>Physiology</td>
<td>3</td>
</tr>
<tr>
<td>ANA 5420</td>
<td>Anatomy</td>
<td>5</td>
</tr>
<tr>
<td>PHT 5610</td>
<td>Clinical Applications of Anatomy for PT</td>
<td>2</td>
</tr>
<tr>
<td>PHT 5611</td>
<td>Introduction to Physical Therapy</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total**: 12 credits

### First Year – Fall Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHT 6710</td>
<td>Clinical Skills I</td>
<td>4</td>
</tr>
<tr>
<td>PHT 6722</td>
<td>Integumentary PT</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6715</td>
<td>Essentials of Biomechanics and Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6717</td>
<td>Systems Management I: Medical Pathology and Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6705</td>
<td>Essentials of Exercise Physiology, Health Promotion and Wellness</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total**: 15 credits

### First Year – Winter Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHT 6720</td>
<td>Clinical Skills II</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6725</td>
<td>Cardiovascular and Pulmonary PT</td>
<td>4</td>
</tr>
<tr>
<td>ANA 5423</td>
<td>Neuroanatomy</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6707</td>
<td>Gerontology</td>
<td>1</td>
</tr>
<tr>
<td>PHT 6700</td>
<td>Evidence-Based Practice I – Introduction to Research Methods and Data Analysis</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6721</td>
<td>The Health Care Educator</td>
<td>1</td>
</tr>
<tr>
<td>PHT 6814</td>
<td>Clinical Practicum I</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total**: 18 credits

### Second Year – Summer Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHT 6810</td>
<td>Musculoskeletal I</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6810L</td>
<td>Musculoskeletal I Lab</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6815</td>
<td>Physical Agents</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6817</td>
<td>Pediatrics I</td>
<td>1</td>
</tr>
<tr>
<td>PHT 6807</td>
<td>Systems Management II: Medical Issues in the Acute Setting</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total**: 10 credits
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHT 6820</td>
<td>Musculoskeletal II</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6820L</td>
<td>Musculoskeletal II Lab</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6824</td>
<td>Clinical Practicum II</td>
<td>1</td>
</tr>
<tr>
<td>PHT 6816</td>
<td>Neuroscience</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6802</td>
<td>Evidence-Based Practice II – Using Research to Inform Clinical Decision Making</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6819</td>
<td>Pediatrics II</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHT 6821</td>
<td>Musculoskeletal III</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6821L</td>
<td>Musculoskeletal III Lab</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6830</td>
<td>Neuromuscular I</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6830L</td>
<td>Neuromuscular I Lab</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6835</td>
<td>Medical Screening and Differential Diagnosis for Physical Therapists</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6813</td>
<td>Gender-Specific Issues in PT</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6834</td>
<td>Clinical Practicum III</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHT 6823</td>
<td>The Business of Physical Therapy</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6914</td>
<td>Neuromuscular II</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6914L</td>
<td>Neuromuscular II Lab</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6915</td>
<td>Prosthetics and Orthotics</td>
<td>3</td>
</tr>
<tr>
<td>PHT 6920</td>
<td>Applied Clinical Decision Making</td>
<td>4</td>
</tr>
<tr>
<td>PHT 6906</td>
<td>Clinical Internship Orientation</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHT 6916</td>
<td>Clinical Internship I</td>
<td>5</td>
</tr>
<tr>
<td>PHT 6926</td>
<td>Clinical Internship II</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHT 6936</td>
<td>Clinical Internship III</td>
<td>5</td>
</tr>
<tr>
<td>PHT 6946</td>
<td>Wrap-Up</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

**TOTAL HOURS FOR GRADUATION = 119**
GLOSSARY OF TERMS

**Director of Clinical Education (DCE)**

The NSU DCE is responsible for planning and directing the professional-level DPT clinical education program to ensure adherence to the curriculum; university, college and program missions and goals; and professional and regional accreditation standards. The DCE coordinates the administration of the clinical education program with academic and clinical faculty, students, and clinical sites. As a liaison, the DCE is responsible for clinical site selection, development including establishing affiliation agreements in cooperation with NSU Associate Counsel, and site evaluation. The DCE is ultimately responsible for evaluating and assigning grades for each student’s clinical education progress. Additionally, the DCE follows assigned students (as Academic Clinical Faculty) during clinical education experiences. The Assistant DCE supports the DCE with the clinical education program and coordinates the junior level clinical practicum experiences.

**Academic Clinical Faculty**

NSU Physical Therapy academic faculty regularly assigned to follow students during clinical education experiences are considered Academic Clinical Faculty. They assist the DCE/Assistant DCE in evaluating and monitoring student progress related to clinical education experiences.

**Clinical Education Faculty: Site Coordinator of Clinical Education (SCCE)**

At each clinical site, the individual who coordinates, arranges, and assigns physical therapy students for clinical education is the SCCE. The SCCE communicates with the DCE and Academic Clinical Faculty at the university regarding student placement and issues between students and CIs. The SCCE is responsible for ensuring that students have quality clinical learning experiences.

**Clinical Education Faculty: Clinical Instructor (CI)**

The CI is a licensed physical therapist with a minimum of one year of clinical experience assigned to directly supervise, instruct, and evaluate the student using the electronic APTA CPI in the clinical site setting. The CI is responsible for communicating with the SCCE and DCE/Assistant DCE or Academic Clinical Faculty about student progress during clinical experiences. CI certification is encouraged, but not required. In Florida, proof of APTA CI certification is required for submission of CEHs for serving as a CI to the Board of Physical Therapy Practice.

**Clinical Support Coordinator**

The Clinical Support Coordinator is a staff member who assists with administrative duties related to the clinical education program.
STUDENT PREREQUISITES FOR CLINICAL EDUCATION EXPERIENCES

A. Successful completion of all didactic course work preceding the scheduled clinical experience including Service Learning. Incomplete “I” grades in any courses are not acceptable.

1. Successful completion of campus-based orientation course which addresses all requirements for student preparation, including maintenance of valid health insurance policy. Failure to maintain a health insurance during the clinical education experience will result in the student being either delayed from commencing or removed from clinical education experience until proof of compliance is submitted to the program.

2. Completion of all required immunizations and testing (MMR, Chicken pox, Polio, TB, Hep B, PPD with or without chest x-ray as indicated). Current/annual physical indicating free of infectious disease and negative TB testing. The student is responsible for maintaining their personal immunization record, and the student must carry this record with them to their site on the first day of each clinical education experience. Serum titers for immunization proof are acceptable in some cases. Failure to demonstrate an up-to-date immunization status on request will result in removal from the clinical education experience until proper proof of “current” immunization status is presented.

3. Maintenance of a functional cell phone and access to NSU email and Canvas. Students are expected to check their NSU email and course announcements daily for messages. It is the student’s responsibility to keep the PT Program and the Clinical Support Coordinator’s office apprised of a working cell number and current address throughout the clinical education experiences. Students are not to use cell phones in the clinic during clinic hours for any personal reasons (except family emergencies) and may be dismissed from the clinic with possibility of course failure for noncompliance to this policy.

4. Prompt completion of all documentation, and general and/or specific clinical site requirements including, but not limited to, orientation, background checks, drug screening, etc. before or during as required. In some cases, students may need to complete onboarding requirement at site, but prior to start date.

5. Provide the Clinical Education Team with evidence that he/she has reviewed the appropriate state laws, and agree to abide by all applicable laws and rules. Students demonstrate competence in Florida state law during the Introduction to Physical Therapy course by examination.

6. Completion of initial contact with assigned facility SCCE and/or CI by phone and/or email no later than 4 weeks prior to start date to obtain information needed to prepare for the clinical experience.

7. Maintenance of up to date Clinical Education Compliance Requirements. Student shall maintain a “compliance folder” including the requirements on the Clinical Education Compliance Checklist. The student delivers the folder to his/her CI for safekeeping in confidence on the first day of each clinical education experience and is returned to the student upon completion or termination of the experience unless the facility requires permanent custody.

Clinical Education Compliance Checklist:

<table>
<thead>
<tr>
<th>Student Data Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of measles, mumps, and rubella vaccine (MMR)</td>
</tr>
<tr>
<td>and proof of positive titers</td>
</tr>
</tbody>
</table>
Proof of varicella vaccine and proof of positive titers
Proof of hepatitis B vaccine series and proof of positive titers
Proof of tDAP vaccine (Tetanus, Whooping Cough, Diphtheria, Pertussis) within 10 years
Negative Tuberculosis Testing (PPD and/or X-Ray)
Seasonal Influenza Vaccination
Proof of Current Health Insurance
Certificate of Physical Exam
Level I Background Check
Level II Background Check
Proof of 10 Panel Drug Screen Results
CPR Certification

Clinical Experience Compliance Education Requirements

Students are responsible for completing the education modules below which are required before attending clinical education experiences. Each module is provided in a course throughout the curriculum.

- PHT 5611: Introduction to Physical Therapy
  - HIPAA Education Certificate of Completion
  - Blood Borne Pathogens/HIV Education Certificate of Completion
  - Medical Errors Education Certificate of Completion
- PHT 6707: Gerontology
  - Alzheimer’s Education Certificate of Completion
- PHT 6906: Clinical Education Experience Orientation
  - Domestic Violence Education Certificate of Completion
- PHT 6814: Clinical Practicum I
  - PT Clinical Performance Instrument Web Training Certificate of Completion

State Practice Act and Laws and Rules

Students will review and attest to understanding the Florida State Practice Act and associated rules for physical therapy in PHT 5611: Introduction to Physical Therapy. Students who are participating in clinical experiences in a state other than Florida will be required to review and attest to understanding the individual practice act and rules of each state in which they are placed for clinical rotations.
RESPONSIBILITIES OF NSU PHYSICAL THERAPY PROGRAM TO FACILITY

1) Development and implementation of the clinical education program.
2) Assignment of DPT students who have satisfactorily completed the academic and clinical education pre-requisite requirements for the clinical education experience.
3) Provision of Facility with:
   a. educational objectives via the Clinical Education Handbook in electronic
   b. access to electronic CPI evaluation forms, and CPI training (instructions provided in Appendix B and by email as needed).
4) Orientation of the CIs and students to NSU policies and procedures for the clinical education experience as indicated; all facilities will receive initial and periodic email communication.
5) To serve as a resource in developing quality clinical education sites and to facilitate the introduction of the PT role to the community, in general, and the medical community.
6) Provide malpractice coverage for the student during clinical education experience and evidence of same if requested.
7) Communicate with Facility on matters pertinent to clinical education e.g. meetings, workshops, educational materials, student feedback.
8) Advise students of their responsibility to comply with existing rules, regulations, policies and procedures of the Facility and the state in which the Facility is located.
9) Evaluate students through periodic site visits, emails, texts or phone calls. Evaluations will be discussed with the student and the CI and suggestions will be made for strengthening the experience as needed.
10) Maintenance of contact with the student through the Canvas, NSU email, and/or phone or texting, in an attempt to anticipate problems before they arise and to provide a support network to the student outside of the clinical education experience.
11) Provide feedback to students on progress reports (See Appendix C), journals, and reflective practitioners as indicated.
12) Maintain current affiliation agreement with clinical site/facility.
13) Determine student final grades for each clinical education experience in collaboration with the CI/SCCE. The DCE and clinical education team at NSU ultimately determine pass/fail for each student.
14) Reserve right to terminate a clinical education assignment at its discretion if it is in the best interest of the student, university, and/or facility.
15) Maintain availability via phone, email or text to SCCEs, CIs and students throughout the course of the internship.
16) Communicate regularly with facilities and students through email or other methods if preferred by SCCE or CI.
RESPONSIBILITIES OF THE DIRECTOR OF CLINICAL EDUCATION (DCE)/ ASSISTANT DCE

1) Confirm eligibility of students for clinical education experiences through communication with the program director prior to finalizing placements.
2) Provide students with information about the clinical education sites as indicated.
3) Coordinate placements and schedule clinical education experiences for individual students.
4) Arrange to provide clinical sites information regarding the assigned students, including name, contact information, length and dates of the clinical education experience.
5) Provide the SCCE/CI with information about the PT program, curriculum, clinical education objectives for the experience, student expectations for the experience, contact information of the Academic Clinical Faculty assigned to follow the student, and the evaluation process to assist with planning learning experiences for assigned students. Also provide information on privileges afforded to the CIs and SCCEs through the university.
6) Advise clinical site as to confirmation of existing start date, cancellation, or changes affecting start dates of the clinical education experience in coordination with the NSU Clinical Support Coordinator.
7) Assign Academic Clinical Faculty to students during the clinical education experiences who will maintain communication with the SCCEs and/or CIs, monitor and evaluate student progress, review course assignments, and counsel students.
8) Provide sites and students with university access # for the CPI Web and access to the online training provided by the APTA, and the other evaluative tools to be used for the clinical education experience.
9) Coordinate site visits and phone calls, when practical or necessary to review student progress during the clinical education experiences or delegate to other Academic Clinical Faculty as assigned. Note: Site visits may not be routinely made.
10) Require students to comply with all applicable NSU and site rules, regulations, policies and procedures, insuring student signed acknowledgement of Clinical Education Handbook receipt and agreement to abide by policies and procedures.
11) Establish, maintain, and review relevant clinical site agreements; request and maintain updated Clinical Site Information Forms and proof of insurance for sites being used.
12) Provide sites with Clinical Education Handbook and student data prior to start date of the clinical education experience in coordination with the Clinical Education Support Coordinator.
13) Determine final grade for internship based on the information provided in the CPI and in conjunction with any additional information provided by the CI and/or SCCE.
14) Communicate with facility as required throughout a student’s clinical education experience, which primarily will be by email.
15) Collect and update email addresses of SCCE and CI annually in coordination with the Clinical Education Support Coordinator.
16) Direct and insure issuance of appropriate TDPT vouchers and CEH certificates to CIs for supervision of students.
RESPONSIBILITIES OF CLINICAL SITE AND SITE COORDINATOR OF CLINICAL EDUCATION (SCCE)

1) The legal responsibilities of the clinical site and SCCE are delineated and governed by the current legal agreement.

2) Students should not replace regular staff and at no time may students be considered to be or represent themselves as employees of the facility at which they are interning or as physical therapists. *Nor can they represent themselves as licensed or certified in any other profession.*

3) The responsibilities of the clinical site and SCCE include but are not limited to:
   a. Ultimate responsibility for patient care.
   b. Identification and assignment of appropriately qualified PTs to supervise students during the clinical education experience.
   c. Completion of the electronic CPI Web training prior to the beginning of clinical education experience. *Note: The APTA CPI Web training is only required once. If the SCCE is not a PT, the requirement to complete CPI training is waived.*
   d. Providing student with required student information prior to start date.
   e. Providing the CI with any information that is communicated or sent to the SCCE that is also relevant or required by the CI, especially if the CI is not identified prior to the start of the clinical education experience or does not have direct email access.
   f. Completing evaluation of the DCE and/or Academic Faculty on the forms provided.
   g. Providing current email addresses of SCCE and CI to the DCE annually and at the start or prior to a scheduled clinical education experience.
   h. Communicating with the CI prior to the start date of the clinical education experience providing him/her with the NSU Clinical Education Handbook.
   i. Communicating NSU CPI web access information to the Program and CI, if CI not previously identified to the Program.
   j. Orienting the student to the applicable policies and procedures, rules and regulations or appropriate delegation of the orientation.
   k. Providing learning experiences appropriate to the student’s level of knowledge and in accordance with educational objectives and as established with the CI.
   l. Ensuring that the CI evaluates the student’s performance on the electronic CPI at the end of the internship and discussing progress at midterm for junior level clinical education experiences (for CP 1 and CP 3 as there is no midterm CPI). For seniors, CPI evaluation is due at midterm and final. If internet access is not available, hard copy forms will be provided. The process is complete when the CI and student have signed off on each other’s CPIs.
   m. Providing an appropriate environment for student learning including discussion of goals and ongoing feedback.
   n. Providing adequate time for CI-student conferences, including review of the NSU student-generated progress reports and the student-developed goals.
   o. Providing supervision of CI and serving as a resource during the clinical education experience for the CI, student and DCE.
RESPONSIBILITIES OF THE CLINICAL INSTRUCTOR (CI)

1) The CI must a) be a licensed physical therapist with a minimum of one year’s full-time experience in clinical practice, b) show evidence of continuing education or advanced certification relevant to the area in which they work, c) demonstrate a willingness to serve as a CI, d) understand the goals and philosophy of PT education and the objectives of the NSU PT Program, e) evaluate each student’s progress with accuracy, and f) supervise each student as required by state law (direct supervision). The CI must comply with the required APTA CPI training and submit an accurate email as requested to the NSU Clinical Support Coordinator in order to match the CI with the student in the CPI program. Additionally, the responsibilities of the CI are to:

   a. Provide an appropriate environment and help to arrange a variety of patient encounters necessary for an adequate learning experience for the student.
   b. Provide a minimum number of clinical hours (minimum of 36-40 hours/week or full-time equivalent) for the student to attend and participate in clinical activities at the site. During this time, the CI or designee meeting requisite qualifications must be available for supervision, consultation, and teaching.

   NOTE: If the CI has opted to complete voluntary paid overtime hours beyond the regular workweek, students should not be expected to be with the CI. If a CI is staying longer hours as a direct result of time taken up by the student, the student is expected to work the extended hours.

   c. Review and familiarize self with content and forms contained in the NSU Clinical Education Handbook.
   d. Be prepared for the student’s arrival and orient the student at the onset of the rotation with the practice/site policies and procedures and review with the student the facility and university expectations and objectives for the clinical education experience.
   e. Supervise, demonstrate, teach, and observe the student in clinical activities to aid in the development of the student's judgment, skills, and to insure proper and safe patient care; to delegate increasing levels of responsibility to the student for clinical assessment and patient management as the student's skills develop; to co-sign all medical record entries as required.
   f. Provide the student as much hands-on experience as he/she is capable of handling and is consistent with their academic level, consistent with the information provided in the Clinical Education Handbook.
   g. Provide ongoing feedback to the student regarding their clinical performance and solicit input from the student as to how they prefer to receive feedback.
   h. Participate in the evaluation of the student's clinical skills and knowledge base through the following mechanisms:

   - Direct supervision, observation, and teaching in the clinical setting during all direct patient care. Abiding by directive of no direct patient care by student if a PT is not present; PTAs cannot supervise a PT student for direct patient care.
   - Direct evaluation of student’s oral communication,
   - Assignment of outside readings, other and research to promote further learning,
   - Participation in dialogue with faculty via phone, email, texting and/or during site visits to evaluate student's progress and to assist the student's learning process,
• Assessment of medical records/documentation to evaluate the student’s ability to write appropriate and complete progress notes, histories, physical examinations, assessments, treatment plans, and discharge summaries whether it is hard copy or electronic.
• Review student’s progress by review of student self-assessment on final electronic CPI evaluations, (and mid-term if Senior Clinical Education Experience)
• Complete APTA online electronic CPI training prior to the clinical education experience to ensure accurate and timely student rating. The CI email used must match the email used for CPI access and must be provided to student for inclusion on work schedule during week 1.
• Completion of 1 final assessment (as required) of student performance using the electronic CPI or forms provided if internet access is not available
• Schedule weekly review of the student-generated NSU progress reports containing student goals providing feedback to the student for revision as indicated.

2) Promptly notify the PT Program by phone, texting or email communication and completion of the critical incident component in the electronic CPI if applicable, of any circumstances that might interfere with the accomplishment of the above goals or diminish the training experience for the student. Early notification of appropriate program personnel, should problems arise during an clinical education experience, results in early problem-solving without unduly stressing the CI and may help to avoid a diminution in the educational experience of the student.

3) Serve as a role model and maintain ethical and legal standards.

4) Respect the rights and dignity of the student. Review evaluations and provide feedback in private settings.

5) Communicate effectively with the student with constructive feedback on a regular basis. It may be during patient/client interactions, immediately after, delayed on same day, delayed on different day and may change over time.
   a. The 5-minute Clinical Manager provides the CI with a strategy for efficiently structuring interactions and providing students with feedback (See Appendix E).
RESPONSIBILITIES OF STUDENT TO THE CLINICAL INSTRUCTOR AND CLINICAL FACILITY

1) Abide by all facility policies, procedures and regulations, applicable laws including HIPAA and provide a complete “compliance folder” (on the first day of the clinical education experience).

2) Complete all site requirements prior to start date.

3) Act responsibly adhering to scheduled hours as required by the program and the clinical site, and demonstrate professional ism at all times.

4) Contact the clinical site approximately 4 weeks prior to the start date to confirm arrival and obtain relevant information for the clinical education experience.

5) Communicate with the CI on a regular basis informing as to learning style, feedback preference, and individual needs; this includes sharing with the CI where the student feels he/she “is” and where he/she “ought to be” with respect to specific clinical requirements and clinical skills. CI s are not required to accommodate to student learning style, so flexibility is key to success.

6) Review written Progress Reports as assigned with CI in a timely manner, obtain CI feedback on self-generated goals, make appropriate changes based on CI feedback.

7) Respect the knowledge and experience of the CI while being sensitive to the pressures on the CI; understand that the amount of time the CI can spend with the student may depend on the number of patients scheduled, the CI’s concern about patients or other issues, or other issues. The CI may also feel pressured by the responsibility of having an expectant, inquiring student.

8) Respect the rights and dignity of patients, CI, co-workers, and others at all times.

9) Be sensitive and respect the wishes of the patient and their willingness to share confidences or to have the student be partially responsible for their care.

10) Accept feedback, both favorable and constructive, in a positive, professional manner and integrate appropriately into performance.

11) Demonstrate a positive learning attitude at all times and take the initiative to seek out additional learning opportunities.

12) Exercise safety in all patient care tasks and activities.

13) Respect the way in which the CI deals with his/her patients. The student may choose not to adopt the same attitudes and behaviors toward the patients; however, if there appears to be an issue, it should be discussed with the CI first, then with the Academic Clinical Faculty, before a major problem develops.

14) Understand and integrate applicable laws, rules, and regulations, including the state practice act, state rules, setting regulations, etc.

15) Be sensitive to the demands the student’s presence places on the facility staff; both clinical and non-clinical, checking regularly with staff about the increased workload expected of them. If the student is aware and/or informed that the workload has increased to an unbearable level, the student should cooperate in the planning and alleviation of the situation.

16) Be appreciative of the non -clinical staff including office and other clerical staff, as well as the CI and other personnel in the department and throughout the facility.

17) Demonstrate commitment to learning: show initiative, actively engage in activities without direction of the CI, and seek to learn through questioning and outside readings and research. Report early, stay late, volunteer for activities, and know the patients well. Demonstrate active commitment to learning through self-initiation.

18) Actively engage in patient care, which may include (but not be limited to) examination/evaluation, documentation in medical records, performing and assisting in patient/client treatments, formulating differential diagnoses, prognosis, formulating plans of care, establishing goals, teaching home programs, generating appropriate referrals to other health care professional s, acting as team members, and other activities as appropriate.
19) Discuss all clinically relevant information with the supervising CI as appropriate.
20) Implement or discharge patients only when directly supervised by a licensed physical therapist.
21) Behave in a professional, ethical and legal manner, with integrity, at all times in accordance with the accepted standard of care.
22) Demonstrate to the CI knowledge of the Clinical Education Handbook on the first day of a clinical education experience and review with the CI the university expectations, objectives and assignment requirements, in addition to the expectations of the facility.
23) When required by the facility, the student must complete a project; provide an in-service or patient case presentation or other activity. If this occurs, the student must advise the Academic Clinical Faculty on the weekly progress report.
24) Demonstrate flexibility with schedules and receptiveness to changes in CI; whether permanent or temporary.
25) Respect that patients/clients have the right to refuse to work with a student.
26) Respect that participation by CIs and SCCEs is voluntary and that clinical education is an integrated and required component of the professional level education.
27) Respect the required clinical schedule, which will be different from the university calendar and not request time off.
28) Adhere to the schedule of the CI.
29) Demonstrate commitment to learning and initiative by seeking opportunities to learn, preparing for next day patients when information is available on day before, showing the CI any work done in evenings, being open to techniques used in any clinic, integrating feedback and retaining feedback.
30) Acknowledging and abiding by the ability to comply with all essentials skills and tasks required by the NSU PT Department and facility.
31) Abide by the APTA Standards of Practice, Code of Ethics, all requirements of the facility and academic program.
RESPONSIBILITIES OF STUDENT TO THE PT PROGRAM

1) Attend all clinical education experiences as scheduled.
2) Notify the Academic Clinical Faculty of any absences, incidents of tardiness, or schedule changes or changes of CI during the clinical education experience. Comply with specific policies addressing absences and tardiness.
3) Notify the program of any problems in attendance or tardiness prior to missing any clinical time. If time is missed due to an emergency, advise re: make up time.
4) Notify the program of any changes in functional performance status.
5) Complete all required assignments and paperwork for each clinical education experience by the due dates; including submission of all student data forms, progress reports, journals, reflective practitioners evaluations, etc. Listed below is a summary of the required paperwork to be completed and submitted via Canvas during each clinical education experience:
   a. **Student Evaluation of Sites** - Each student will complete an evaluation upon completion of each clinical education experience. A student’s candid thoughtful input, suggestions, and constructive criticism are welcome and necessary to ensure quality training. Students who do not submit a site evaluation will receive an incomplete (“I”) for the course.
   b. **APTA PT Clinical Performance Instrument (CPI)** – Evaluations of student performance for CLINICAL PRACTICUM 1 and 3 will occur at the end of the clinical education experience only; for Senior clinical education experiences CLINICAL INTERNSHIPS (senior level) midterm and final evaluations are expected by the CI(s) and the student using the electronic APTA CPI. CIs and students will write comments and designate on the visual rating scale continuum for each criteria as to student’s current functioning. The student will sign their own and the CI’s CPI and remind the CI of the requirement for them to sign off on their and the student’s.
   c. **Progress Reports** - All students must complete progress reports with goals for the following week or other designated period. Review and sign-off of the progress report by the CI is required on Fridays (or designated day) throughout the clinical education experience. The student must submit the report by the deadline through Canvas. Student progress reports are not graded, but are used to track the quality of the student’s clinical experiences, and setting of appropriate progressive clinical goals. The feedback from the assigned Academic Clinical Faculty focuses on whether the goals are acceptable or require revision or explanation. Students should not expect feedback every week. This information tracks curricular content and clinic relevance.
   d. **Reflective Journals** – As assigned based on course syllabus, students are required to submit reflective journals addressing a specified theme.
   e. **Reflective Practitioners** – As assigned based on course syllabus, students may be required to submit a reflective practitioner.
6) Review clinical education objectives prior to start and periodically throughout the experience to insure the objectives are addressed in self-designed goals and the appropriate outcomes are achieved at the level required for the specific experience.
7) Prepare for and participate in periodic site visits as applicable, including notification to the CI if communication has been between the Academic Clinical Faculty and the student. Students should note that on site visits may or may not be conducted locally. If a student is out of the S. Florida area, site visits are less likely to occur. Communication through email is the primary communication mode.
8) Notify the Academic Clinical Faculty by NSU email or text of any periodic or intermittent schedule changes i.e. substitute CI, change of clinic days or times as soon as student becomes of aware of same.

9) Immediately report any concerns regarding the clinical education experience, CI behavior or feedback, observation of any cultural biases exhibited by facility staff, or own performance to the DCE.

10) Comply with all policies and procedures of facility and NSU, including those contained in the applicable Clinical Education Handbook.

11) Handle differences of opinion or other problems with CI or others, which may strain the professional and educational relationship, in a mature and professional manner. If the situation cannot be resolved after exercising reasonable attempts to do so with the CI, the student is expected to advise the Academic Clinical Faculty of the issue so appropriate intervention and assistance can be rendered.

12) Present self professionally, with integrity and accountability, and practice ethically and legally in accordance with all relevant laws, rules, regulations, and standards of practice at all times.

13) Review progress reports and self-generated goals with CI on a weekly basis (or as scheduled by the program) and insure that the CI has provided input and goals have been revised to incorporate CI input before submitting the progress report to the Academic Clinical Faculty.

14) Forgo time off requests for any reason other than an emergency. Any time-off must be cleared prior with the DCE or academic clinical faculty recognizing that any missed days must be made up.
RIGHTS AND PRIVILEGES OF SITE COORDINATORS OF CLINICAL EDUCATION AND CLINICAL INSTRUCTORS

In recognition of the clinical experiences provided to the NSU DPT students, the program:

1) Offers vouchers to CI that can be used for taking t-DPT courses as a matriculated t-DPT degree seeking t-DPT student or for taking NSU offered continuing education courses. (Course offerings are available on the department Web Site at: www.nova.edu/pt). Full credit or partial credit course vouchers are offered for each student directly supervised based on the number of hours of supervision. Supervision in a 2:1 model for NSU students will be considered on an individual basis. One full voucher is required for a course. There may be associated fees for processing. Additionally, the Federal Government requires NSU to issue the appropriate tax documentation when a voucher is applied. Vouchers are valid for 3 years based on date of issue.

2) Offers continuing education courses presented by NSU academic and clinical faculty on campus at discounted rate, communicated by email.

3) Offers a limited number of continuing education at the clinical sites that regularly accommodate multiple NSU clinical education placements per year, for minimal or no fee. Request NSU faculty in the local geographic area for onsite presentations relevant to clinical education; CEHs will be issued.

4) Offers use of its libraries, including electronic library through the students, to assist with researching topics upon email request.

5) Sponsors the APTA Clinical Education and Credentialing training or provides information via email on credentialing courses being offered in Florida. All courses are listed on the FPTA Web Site on the Florida Consortium of Clinical Education page.

6) Encourages in-state and South Florida sites to participate in the FCCE and South Florida Consortium of Clinical Educators and become members as applicable.

7) Encourages students to nominate an outstanding CI for the Outstanding CI Award (in Florida) offered annually by the FCCE (note: CI must be an APTA member). Students may also nominate CIs for FCCE recognition if the CI is not an APTA member.

8) Offers opportunities to participate in student outcomes activities and wrap-up through email communication or direct phone contact.

9) Issues CEH’s to CIs who supervise NSU students, in accordance with FPTA guidelines. If a certificate is not received upon conclusion of a scheduled clinical education experience and after CI hour verification, the CI should contact the Clinical Support Coordinator, and the DCE. According to the Florida Board of Physical Therapy practice, a CI requires proof of APTA CI credentialing to apply the CEHs toward the bi-annual requirement. **Please note: APTA CI credentialing is not required to serve as a CI.**

10) Serves as resource for facilities, SCCEs, CIs and staff that participate in the clinical education program.

11) Provide annual continuing education hours (CEHs) at the community partner/alumni event in November at no cost.

12) Encourages CCCEs and CIs to have students conduct programs and research that will be helpful and meaningful to the facility.
POLICIES AND PROCEDURES FOR CLINICAL EDUCATION EXPERIENCES

STUDENT/CI GRIEVANCE

The PT Program will receive and investigate the merits of concerns and/or complaints related to the NSU PT Department and/or Program’s policies and procedures, programs, faculty, staff, and students, pursuant to NSU procedures.

Concerns and complaints related to matters involving clinical education should be presented in writing to the Director of Clinical Education, unless said person is the object of the concern or complaint. In that situation, the concern or complaint should be presented to the Director of the Professional-Level Physical Therapy Program. A written response indicating how the complaint/concern will be (or was) handled will be provided by the DCE or Director of the Professional-Level Program to the person filing the concern or complaint. The Program Director will keep secured files containing records of all written concerns and complaints received and the outcome.

Student Grievance Procedure

Students grievances pertaining to a grade, evaluations, unfair treatment or other situations related to clinical education experiences, should first appeal to their CI, if appropriate, and to their assigned Academic Clinical Faculty. If not satisfactorily resolved, the appeal should be taken to persons in the following order: DCE, then Program Director, and then Department Chair. If the student remains dissatisfied with the decision of the Department Chair, the student should follow the appeals process contained in the NSU College of Health Care Sciences Student Handbook.

Clinical Instructor (CI) Grievance Procedure

A CI who feels that they have a grievance involving a student should first attempt to address that concern with the student. If unresolved, the CI should promptly consult with the SCCE and DCE. If a satisfactory resolution cannot be reached, the complaint should be taken to the Program Director and if not satisfied with that outcome, to the Department Chair.

Discrimination and Harassment

NSU and the PT Program adhere to a policy of non-discrimination and maintenance of environments free from harassment. Unless involving the CI, Academic Clinical Faculty, DCE, Program Director, or Department Chair complaints involving matters of discrimination and harassment should be addressed to the foregoing persons in the order stated.

Problem Resolution

Every effort should be made by the CI and student to resolve complaints and concerns but if this cannot be accomplished or the CI or student is not comfortable in addressing the issue without additional assistance, the following persons should be involved: assigned Academic Clinical Faculty and then the DCE.
CPI WEB BASED TRAINING

NSU uses the APTA electronic CPI for student evaluation for all clinical education experiences. SCCEs and CIs MUST complete the approximately 2-hour APTA tutorial online prior to the start of a designated clinical education experience (See Appendix B). This is required to enable access to the online CPI for any student assessment as scheduled during the clinical education experience (see Appendix F). A downloadable certificate of completion for 2 CEHs will be awarded by the APTA.

*The PT program will provide the SCCE/CI with the instructions on how to access the CPI training via email prior to the start of the clinical education experience.* Therefore, Email addresses for the SCCE and the CI need to be current and updated annually by the SCCE. An accurate Email address is also critical so that CIs and students are correctly paired in the database for completion of the CPIs at the designated intervals.

*The APTA tutorial course does not have to be repeated once a SCCE or CI has taken the course and passed the examination.* However, once taken the course is always available for review.

Questions related to the electronic CPI and/or training should be directed to the DCE or the Clinical Support Coordinator.

SELECTION OF CLINICAL SITES

- Barring an unusual circumstance, students are advised that they will not be assigned to sites where they have been employed, are actively employed or have family that are employed, or where the students are otherwise well-known by the staff.
- All clinical education experiences MUST be completed in sites that comply with NSU guidelines and CAPTE accreditation criteria.
- Once a student is assigned and confirmed at a site, they are obligated to be at that site, and changes will not be made unless the clinical site cancels. For students leaving the local south Florida area, in the event of a cancellation, they may not be able to be placed in the same city or state. In some cases this may delay graduation and require return to the south Florida area for completion of the cancelled clinical education experience.

ASSIGNMENT OF CLINICAL EDUCATION EXPERIENCES

- Students who have successfully completed the didactic courses and all pre-requisite requirements will be assigned a clinical education placement meeting the following criteria:
  - Junior Level: 4 week SNF placement and 4 week Outpatient placement
  - Senior Level
    - One inpatient, acute care oriented facility; short term or LTACH or facility that can provide experience with high acuity patients
    - One outpatient (primarily adult musculoskeletal/orthopedics)
    - One neuro-rehabilitation (inpatient rehab, outpatient neuro, LTC, SNF, subacute rehab, pediatrics)
The Clinical Education Team considers student requests for specialty placements in the context of the requirements. The goal of the DPT program education is to graduate “generalist” practitioners. Specialization occurs through post-professional development following graduation.

- The DCE/Assistant DCE assigns students to sites that provide a depth and breadth of clinical experiences necessary to demonstrate achievement of professional-level physical and professional behavioral skills in all venues. Clinical education experiences should expose the students to richly diverse patient populations with respect to age, gender, ethnicity, race, national origin, socioeconomic status, medical diagnosis, prognosis, and disability.
- Students are assigned to sites based on several factors, including but not limited to:
  1) Program objectives for clinical learning experiences in varied settings
  2) Student performance, professional and ethical conduct during prior clinical experiences
  3) Clinical site availability
  4) Clinical site requirements
  5) DCE advisement
  6) Student preference

ESTABLISHMENT AND MAINTENANCE OF AFFILIATION AGREEMENTS

- The DCE is responsible for establishing (in cooperation with the university’s legal counsel) signed affiliation agreements/contracts between the university and the clinical site before a student begins a clinical education experience at any facility. The Clinical Support Coordinator is responsible for ensuring the signed agreement is in place prior to the student starting and communicating directly with the DCE, legal counsel and legal counsel representative if action is needed.
- Copies of affiliation agreements/contracts are maintained in a locked file cabinet in the PT Department and in the office of the university’s attorney.

STUDENT SUPERVISION

- The CI must be a licensed physical therapist with at least one year of experience, and must directly supervise physical therapy students during delivery of direct patient care.
- Students may not function in the place of an employee, or assume primary responsibility for a patient’s care. Students shall not treat or discharge a patient from care without consultation with the CI.
- Students shall perform only those procedures authorized by the NSU Department, clinical site, and CI. Students must adhere to all rules, regulations, policies and procedures of the NSU Physical Therapy Program and the clinical sites as well as state laws.
- Students should know their limits. They should not consent to assess any patient or perform any procedure that is beyond their ability.
- Non-PT professionals may supervise students only when the students are observing or when the students are not providing direct patient care.

PROFESSIONALISM AND CONDUCT

- Students abide by the APTA PT Code of Ethics (See Appendix G).
- Students are invited guests of each clinical site and, as such, should demonstrate a positive impression of themselves, Nova Southeastern University, and the Physical Therapy profession. Discretion and professional behavior are required at all times. Students shall not
exhibit any behavior that may jeopardize the health, well-being, and/or safety of patients, staff, faculty, fellow students, themselves, or others. Students who fail to demonstrate an acceptable level of maturity and professionalism may be removed and/or terminated from an clinical education experience and receive a failing grade for the clinical education experience.

- Students should refrain from discussing personal issues in the professional setting.
- Students should adhere to all policies and procedures established by the clinical site and the academic institution and the APTA Guide for Professional Conduct. Professional conduct includes, but is not limited to: cell phone use, punctuality, reliability, dependability, attendance, respectful and polite interaction with peers, instructors, patients, and others. Students should demonstrate active learning, initiative, and participate in clinical discussions and hands-on instruction.
- Students are expected to treat patients and all others with dignity and respect. Students should be sensitive to, and tolerant of diversity in all clinical situations, including the right of patients to refuse treatment by a student. Students should integrate constructive feedback from supervising professionals and respond in a thoughtful and reasoned manner that fosters respect and trust. Displays of anger, which includes demeaning, offensive, argumentative, defensive, threatening language/behavior, negative body language, or language that is insensitive to race, gender, ethnicity, religion, age, and sexual orientation will not be tolerated. Students shall not display disruptive or obstructive behavior at the university or at clinical sites. Conflicts should be resolved in a diplomatic, reasoned manner.
- Students MUST always identify themselves as PHYSICAL THERAPY STUDENTS and not mislead others to think that they are PTs. Students must wear name tags denoting PT student status and cannot wear any identification that designates any other professional status or certification obtained external to physical therapy education.
- If the facility does not dictate dress code, students will abide by the professional dress requirements of NSU; navy blue collared shirts, khaki colored slacks (no capris), NSU ID, nonskid closed shoes (not sneakers), long hair tied back, watch with second hand, no dangling jewelry.

CONFIDENTIALITY OF:
PATIENT AND SITE

- Adherence to all current HIPAA Guidelines must be maintained at all times as per university and facility policy. The following excerpt from the APTA Guide to Physical Therapist Practice is emphasized:

  1) Information relating to the physical therapist-patient relationship is confidential and may not be communicated to a third party not involved in the patient’s care without the prior written consent of the patient, unless required by law.

  2) Information derived from component-sponsored peer review shall be held confidential by the reviewer unless written permission to release the information is obtained from the physical therapist who was reviewed.

  3) Information derived from working relationships of physical therapists shall be held confidential by all parties.

  4) Information may be disclosed to appropriate authorities when it is necessary to protect the welfare of an individual or the community. Such disclosure shall be in accordance with applicable law.
• Students must maintain a copy of their NSU HIPAA training certificate(s) of completion in their compliance folders for each clinical education experience. Facilities may require additional HIPAA training.

SOCIAL MEDIA

Social media should not be used to communicate about patients, clinical sites, clinical instructors, university faculty or personnel or university activities. Students are not to “friend,” Instagram, tweet, blog, or post to Facebook, MySpace, LinkedIn, YouTube, Snapfish, Flickr or any other video sharing or other social media forms of electronic social communication. Weblogs and online forums or discussion boards are only to be used if they are part of the NSU sanctioned course work or a component of the facility’s clinical education program.

Students must comply with all clinical facility HIPAA policies and violation of such may not only result in legal action against you, but also may result in automatic failure of a clinical education experience or dismissal from the program.

STUDENT INFORMATION

• Clinical sites are expected to keep all student health and educational records received or obtained, including student compliance folders, confidential in compliance with applicable laws and standards governing student records. Unless the facility policy dictates otherwise, sites will return compliance folders to the students upon completion of the clinical education experience.
• Student information if in hard copy, such as CPIs completed by CIs and students (only those not completed electronically), outcomes and communications related to student performance are placed in the student’s clinical education file, which is stored in a locked file cabinet in the PT Department.
• The NSU PT department does not retain copies of the information in the student’s compliance folder. This is the responsibility of the student.

CLINICAL SITE INFORMATION

Site information is placed in a file marked with the facility name and kept in a locked file cabinet in the PT Department. This information includes but is not limited to the: site agreements, site requirements, correspondence with the sites and personnel, completed APTA Clinical Site Information forms if in hard copy, certificates of insurance, policies and procedures applying to students and/or the program, previous student site evaluations, and other documentation received from facilities. A clinical education data also maintains information electronically.

ATTENDANCE

• Beginning and end dates for clinical education experiences are established by the academic program and DCE in coordination with the clinical site and provided to all students. In some cases, the dates may vary from the standard program dates and students are required to comply.
  o Note: Senior clinical education experiences are scheduled with 1 – 2 weeks between start and end dates. These are part of the clinical education semester. They are made available for make up days and other activities that may be required, including required attendance at another site for onboarding. Students
should not consider this time “vacation” and need to be available for clinic activities if needed.

- Students are not permitted any absences during clinical education experiences and any and all absences will need to be made up. Any emergency excused absences will be considered on an individual basis based on a joint decision made between the facility/CI/SCCE and the DCE. Students are required to notify the Academic Clinical Faculty in advance of or at the time of emergency leading to absence. Make-up days are required, and will be scheduled at the site, or if the site is unable, at an alternate site determined by the DCE.

- While on clinical education experience, students do not follow the NSU academic calendar. Students, when in clinic, are subject to the site schedule regardless of the university holiday schedule. The student’s actual daily schedule is dictated by the facility and the CI but should be the equivalent of full-time or approximately 40 hours per week. Students will follow the work schedule of their assigned CI. If the primary CI is absent or flexed, the student will follow the schedule of the assigned covering CI.

- A normal work schedule may include longer than 8-hour workdays, weekends and/or holidays. CIs are not obligated to provide the student days off on weekdays or weekends, but should adhere to the 40-hour guideline. If the student requires additional time to complete daily tasks due to time management issues, their extended workday is not considered overtime.

- Once the schedule is established during the first week, students MUST submit the “student clinical education experience work schedule” form by email, through the Canvas course, by the middle of the first week of each clinical education experience (See Appendix D: Student clinical education experience schedule form). This form must also include accurate spelling of the CI’s name and other contact information requested.

- Students MUST advise their assigned Academic Clinical Faculty supervisor of any changes to the schedule via NSU email and text prior to the change or when aware of pending change, even for single days.

- Additionally, students may not attend clinic if they have any condition or are taking prescription medication that precludes full participation in all direct and indirect patient care activities. Illness and/or injury that restricts full participation will result in removal from clinic and possible delayed completion of the clinical experience and/or graduation. In order to return to clinic, student must be free of any external support devices, exhibit no functional impairments or limitations, and provide a physician’s note indicating the same. It is however, up to the Clinical Education Team to determine if a student can ultimately return to the clinical experience once a physician’s note is received.

Tardiness is not acceptable behavior. Hours missed must be made up. Repeated or chronic tardiness constitutes unprofessional and disruptive behavior, and may result in failure of the clinical education experience and referral to the Department’s Committee on Student Progress for disciplinary action.

- If emergencies arise on any day causing late arrival at the facility or absence, student may be excused only if the reporting procedure for an excused absence has been followed. Failure to comply with NSU’s policy on absenteeism and tardiness is grounds for failing the clinical education experience.

- During the clinical education experience, student absences/tardiness should be reported by the CI on the midterm and/or final electronic CPI report.

- It is the policy of the program to randomly contact clinical sites to verify a student’s attendance and performance through a variety of means; on site, phone, text or email.
ABSENCE/TARDINESS REPORTING PROCEDURE

- If a student is unable to be present at the clinical site for any reason (illness, injury, or family emergency, tardiness etc.) the student must:
  - Notify both the CI and the Academic Clinical Faculty supervisor by phone/text prior to the scheduled start time. All students are given the cell phone numbers of the Academic Clinical Faculty, DCE/Assistant DCE for use in an emergency and the numbers are listed in this handbook.
  - The student must contact the DCE/Assistant DCE, and must leave a contact phone number where he/she may be reached if the CI and the Academic Clinical Faculty supervisor cannot be reached.
  - The student must also email the information to the Academic Clinical Faculty.
- In cases of illness resulting in absences of two or more days from clinic, documentation by a physician of student illness and suitability to resume the clinical education experience without restrictions may be required.
- An extended absence may require termination or extension of a clinical education experience and may delay start of other Clinical education experience(s) and graduation.

EMPLOYMENT INTERVIEWS

Scheduled job interviews are not valid reasons for absences.

CONFERENCES AND CONTINUING EDUCATION COURSES

Absences for attending conferences or other scholarly activities, including but not limited to presentations at conferences, taking elective coursework, etc. will be considered by the DCE on a case-by-case basis and must be requested at least one month prior to the event. The student must make up any time off that is granted. The facility must also approve after the DCE has approved the request. Because of the short length of CP1 and CP3, requests for conference attendance, unless with and required by the CI, will not be considered.

WEATHER RELATED EMERGENCIES AND ABSENCES

Publicly declared weather emergencies such as hurricanes, floods, blizzards or winter storms, may result in local travel warnings, restrictions, or facility closures. In situations in which a student is completing a clinical education experience in an area with a declared weather emergency, students should abide by the instructions for their assigned clinical sites, public warnings and alerts. If students are advised by their assigned facilities or organization to stay home or relocate temporarily, they should follow these instructions. As with any schedule changes, students are expected to communicate the modified schedule and instructions to the DCE. Absences due to weather emergencies may be authorized as excused by the DCE for up to 3 days. Missed time beyond 3 days is required to be made up at the assigned facility. Closures of the Ft. Lauderdale campus or regional campuses do not affect students who are on full-time clinical education experiences.

ATTIRE/DRESS CODE

Students are expected to abide by the student dress code. Students must present professionally by maintaining a neat and clean appearance during clinical education experience(s) paying attention to personal hygiene and freedom from body odor and strong perfumes. Nails should be 1/8 inch or less with no chipped polish. Students MUST be prepared for every clinic in the appropriate professional dress. Students must attend class dressed in appropriate clothing or they will be sent home. In such
cases, students will be considered late or absent. Unless the clinical site requires otherwise, required
dress is: lab coat, navy blue collared NSU PT shirt, long khaki slacks slacks that do not scrape the
floor nor have frayed hems (no capris), flat, non- skid shoes with socks, name tag and NSU ID, watch
with second hand, long hair tied back, no dangling jewelry. Clothing should be wrinkle free and clean.
Student should always be attentive to personal hygiene including prevention of offensive body odor or
perfume. Shirt should be long enough so that no skin shows on trunk when arms are raised or student
bends over.

*The CI should request inappropriately dressed students to leave the clinical site and return properly
attired. Students who miss time for improper attire must make up the missed time.*

**NON-DISCRIMINATORY PRACTICE**

- Students shall deliver health care service to patients without regard to age, body type, culture,
  ethnicity, race, religion, creed, national origin, sexual orientation, socioeconomic status, disability,
  disease status, appearance, manner of speech and political beliefs, consistent with NSU policy.
  Students shall not impart any of their personal beliefs in the clinic.
- All affiliating clinical sites must adhere to this policy with regard to patients, students, and all
  others.

**CHANGE IN CLINICAL INSTRUCTOR**

- The student must notify the assigned Academic Clinical Faculty, immediately on notification of a
  CI’s absence and/or temporary or permanent change of CI. Notification specifying how long the
  assigned CI will be absent, and the name and contact information (phone number/e-mail address)
  should occur via Canvas email for the course and by phone call to the faculty’s office or cell phone as
  soon as it is known. The student must verify that the ACF or DCE received the information. *Any
designated CI must be a physical therapist.*
- In the event of the temporary absence (including time-off, illness or emergency) of an
  assigned CI, the CI or his/her designee will identify an alternate, licensed physical therapist
  with a minimum of 1 year of clinical experience to serve as CI for the student, unless the
  student is assigned for observation of another type of professional. At no time will the
  student provide patient care without having a qualified, licensed CI clearly identified and
  physically present to provide direct supervision.

**STUDENT DOCUMENTATION**

- All documentation entered into electronic or manual medical/patient records must be signed
  with the student's name clearly written, followed by the designation “SPT.” At no time may
  the student use other professional titles (e.g. PT, ATC, etc.) while on a clinical education
  experience.
- Students can only access electronic medical records as directed by the CI.
- The CI must countersign all chart entries immediately, manually or electronically.
- Students may document for Medicare Part A and B patients; providing the CI documents that
  he or she was directly involved with the patient and student at all times during the treatment.
  While this is permissible by CMS, it may flag the record.

The recommended language in documentation, per APTA Clinical Instructor Education and
Credentialing Program (CIECP) for MEDICARE is:
If the student was involved in some aspect of care delivery the documentation should indicate what the care was and if it was performed under “the licensed practitioner who directed the service, made the skilled judgment, and was responsible for the assessment and treatment.”

**DOCUMENTATION GUIDELINES**

Students should practice documentation of all types and formats as applicable to the site. Documentation should adhere to the APTA guidelines found in the Guide to Physical Therapist Practice. Documentation by students (SPT) in physical therapist programs requires co-signature (authentication) by the physical therapist. Students and CIs should refer to the APTA web site for additional details regarding documentation standards.

**GRADING**

- Clinical education experiences are graded on a Pass/Fail basis (See Appendix F). The Clinical Education Team assigns grades for courses based on the electronic APTA CPI completed by the CI and dialogue with the CI, as well as timely completion by the student of all course assignments, including but not limited to:
  - accurate, summative midterm and final self-assessments and CI comments using the electronic CPI;
  - completion of a student site and CI evaluation,
  - progress reports containing appropriate setting specific goals, and other assignments.
- The SCCE, CI, and/or student should contact the Academic Clinical Faculty as soon as it is apparent that the student is not performing at a satisfactory level to achieve the program expectations for the particular clinical experience. CIs should not wait until midterm to discuss issues involving student performance. A plan for addressing concerns will be developed with the student taking primary responsibility for the management and resolution of any identified performance deficits.
- If a student’s performance deficits cannot be resolved satisfactorily, the student will fail the clinical education experience course, and will be referred to the Committee on Student Progress. If the student meets the requirements for progress within the curriculum, the student must repeat the clinical experience in a different facility that will be designated by the DCE. Delay in graduation may result.
- Each Terminal Clinical Education Experience at the senior level is considered unique to itself (not a continuum) with student performance expected to essentially be at entry level or just below in higher Advanced Intermediate category.

**EARLY TERMINATION OF A CLINICAL EDUCATION EXPERIENCE / UNSATISFACTORY PERFORMANCE ON A CLINICAL EDUCATION EXPERIENCE**

- The SCCE, the CI, in collaboration with the Academic Clinical and DCE, may terminate an clinical education experience at any time for unsafe and/or inadequate performance, poor skill, or inadequate clinical judgment that places the patients, staff or student at risk for harm; or for unprofessional work place behavior. Removal of a student from a site results in automatic failure of the clinical education experience. If a patient is harmed because of the aforementioned reasons, the student will automatically fail the clinical education experience.
- Failure of a student to comply with all rules, regulations, policies and procedures of the clinical facility and NSU may result in early termination and failure of the clinical education experience.
- When a student is terminated from a clinical education experience, remedial work may be required prior to subsequent clinical placement. If a student must repeat a clinical education course, the DCE will assign the student to an appropriate clinical setting providing the student meets the requirements for academic progress per the CHCS Student Handbook.

- Any student who is terminated early from a clinical education experience or fails a clinical education experience will be referred to the Committee for Student Progress.

- There is no credit given for clinical time served in a clinical education experience which is terminated early. The student’s transcript will reflect an “F” for a failure or an “I” for incomplete if termination was not related to failure, depending on the circumstances for early termination.

- The PT Program and the PT Clinical Education Program adopt and expect students to adhere to all policies contained in the most current NSU College of Health Care Sciences (CHCS) Student Handbook. Any student who fails a clinical education experience course should refer to the most current CHCS Student Handbook and review policies related to Physical Therapy academic course failures, warning/dismissal sections. Based on these policies, the student may be dismissed from the program.

- The following student behaviors may result in termination or unsatisfactory completion of a clinical education experience:

  1) Inconsistent attendance – unexcused or excessive excused absence or tardiness.
  2) Chronic or frequent tardiness.
  3) Unethical, illegal, or unprofessional behavior.
  4) Inappropriate use of social media.
  5) HIPPA violations.
  6) Misconduct resulting in endangerment or causing actual harm to a patient. Or repeated or safety concerns putting patients at risk.
  7) Failure to meet course objectives including timely submission of course assignments.
  8) For the Professional Practice Criteria; 1 – 6, students should achieve ratings in the Advanced beginner to Entry – level performance categories. Ratings for Criteria 7-18 will depend on the level of the clinical education experience. (See Appendix F) Comments must be included to support rating on CPI. It is best to include specific examples. We understand the APTA CPI Training considers the first six criteria the same way as 7 – 18. However, philosophically, safety should never be at less than 100%, nor should the ability to communicate, show initiative or think be less. If the CI rates criteria 1 – 6 in accordance to the APTA CPI training based on % of patient caseload, the Clinical Education team will review the comments to ensure appropriate level of competence.

- If a student is delayed more than 6 months from starting and completing a clinical education experience, the student will be required to demonstrate competency of didactic content prior to interning at a facility. The decision of whether or not the student is ready to resume clinical education experiences will be made by the DCE in collaboration with the Academic Clinical Faculty.

- The PPCHCS Student Handbook governs student grievances and/or appeals, related to decisions of early termination. Refer to the grievance policy if there are any concerns.
LEAVE OF ABSENCE

- A leave of absence may be granted by the Program Director for extended illness or other reason resulting in absence from a clinical education experience. The student MUST request the leave prior to failure (if pending) of the clinical education experience. All student requests are considered confidential and are treated as such by the faculty. The Program Director will advise the student and DCE of the decision. The Academic Clinical Faculty or DCE will advise the SCCE/CI as soon as a determination is made. Once the Leave of Absence is over, the DCE will place the student in a clinical education setting(s) for the completion of unfulfilled clinical education requirements upon verification of student readiness. The timing and scheduling of clinical education experience placements will depend upon site availability. If medical, the request must include a doctor’s note and a doctor’s note is required to return attesting to full recovery. The clinical education team will make the final decision to return based on all paperwork required.

PHYSICAL THERAPY EQUIPMENT

- On the first day of each clinical education experience, students must bring their own, properly functioning medical diagnostic instruments and other small equipment (stethoscope, blood pressure cuff, goniometer, reflex hammer, gait belt, pocket notebook, etc.) including a clip board, pocket pad and black pens (or other as indicated), and watch with a second hand, to all clinical education experiences. Based on instruction from the clinic, additional equipment may or may not be required.
- Student are expected to review operation and manuals for proper use of equipment at the facility at the beginning of their experience or as equipment is introduced. They expectation is that is done on their own time with skill competence determined in accordance with facility policies.

BACKGROUND CHECKS

- Some facilities require background checking beyond what is performed by the university. Students placed at such facilities will need to comply with the policies of that site and assume any additional related costs. Students must maintain their LEVEL I and II background checks as required by NSU in their compliance folders. Note: In accordance with AHCA, students ARE NOT ENTERED IN THE AHCA site through the NSU checks. The VECHS system, which is also FDLE is student appropriate.
- Note: It is the right of a facility to reject a student if there is any history of any positive results on the background check.

DRUG AND ALCOHOL TESTING

- NSU has a “zero tolerance “on illicit drug and/or alcohol use by students. Students should anticipate the possibility of random drug testing at all affiliating facilities, which if performed, will be at the student(s) expense. Student should refer to the CHCS Handbook on dismissal policies.
- Positive results from drug and/or alcohol testing may result in denial or delay of a student commencing an clinical education experience, or the immediate removal of the student from the site, and an Incomplete (“I”) or failure grade (“F”) for the clinical education experience. The student will be referred to the CSP for further disciplinary action which may include
mandatory and random drug testing at the student’s expense and/or other disciplinary action including dismissal from the Program.

If a drug test comes back as “dilute” or inconclusive, the student will be required to retest on a schedule determined by the school or site, and may not be in the clinic until definitive negative results are received by the school. Students will be responsible for the costs of repeated testing. Students must include the results of drug testing in their compliance folder. Students, in sites that required drug testing, will include the additional results in their compliance folder.

INSURANCE

- **Health Insurance** - Students must provide proof of and maintain valid health insurance throughout their course of study in the PT Program. Any costs incurred for emergency care, illness, injury, and/or hospitalizations during attendance at the PT Program, including all clinical education experiences, are the sole responsibility of the student. This includes any initial and follow up testing and treatments related to exposure or injury sustained during a clinical education experience Failure to maintain health/medical insurance will result in the student being removed from the clinical education experience until proof of compliance with this policy is provided.
- A copy of the student’s health insurance card is maintained in his or her compliance folder provided to the CI on the first day of the clinical education experience. (See Student Compliance Folder).
- **Malpractice Insurance** – Nova Southeastern University covers all matriculated students on scheduled clinical education experiences for professional liability.

HOUSING, TRANSPORTATION, TRAVEL, PARKING, MEALS

- Students are responsible for all costs associated completing each clinical education experience such as housing, living expenses, transportation, travel and parking associated, including on time arrival.
- Some facilities provide or assist with housing arrangements, or provide small stipends for student interns. This is arranged on an individual basis. If a student is not sure that the method of stipend distribution is acceptable, the student should contact the DCE for verification.
- Some facilities may provide meals at minimal or no cost to the student. Students should verify arrangements for meals prior to beginning the clinical education experience. The program does not require nor request that any site provide meals. Students are allowed to use the “clinician or medical lounge” at hospitals and facilities only if/when invited by the CI or the SCCE.

GIFTS

- Students may not accept gift from patients or clients, unless it is food that can be shared with facility staff or flowers that can be displayed in the department.
- If it is the policy of the facility to provide students with gifts upon completion of the clinical education experience, the student may accept the gift.
SAFETY PROCEDURES

- Students are required to read and integrate the information regarding safety in the Campus Safety Manual published by the NSU Public Safety Department prior to commencement of clinical education experiences.
- Students are required by NSU policy to use a gait belt when working with patients during transitional movements, balance and gait training activities.
- Any documented allergies to latex products should be reported to the CI, and the student’s assigned Academic Clinical Faculty or DCE. This information should also be included on the Student Data Form completed prior to each clinical education experience and placed in the student’s compliance folder prior to beginning the clinical education experience. Each student is responsible to supply the latex-free products they may need.
- Students should be aware of the location MSDS manual in each facility and the chemicals used by the department included in the manual.

UNIVERSAL PRECAUTIONS

- The student is responsible for following OSHA Guidelines for universal precautions during clinical education experiences including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures.

STUDENTS AT RISK

If the clinical education experience poses a known, potential personal risk to the student or if the student is pregnant, the unborn child, the DCE and/or assigned Academic Clinical Faculty will review the potential risk with the student, the SCCE and the CI. If the student chooses to discontinue an assigned clinical education experience based on potential risk for the student, the student must provide the DCE with a written statement from a treating physician that details the reasons for the leave. A leave of absence, if granted, may delay graduation.

1) If a student is informed as to a potential risk and decides to continue the clinical education experience, they must provide:
   a. A written statement from the student’s treating physician containing recommendations and stating any restrictions affecting delivery of physical therapy services by the student to patients.
   b. Restrictions that may preclude or substantially limit patient care activities may result in the student being terminated from the clinical education experience.
   c. Resumption of the clinical education experience will require a physician’s clearance of the student to resume all required activities (without restrictions) and will be rescheduled based on clinic availability.
   d. In cases of pregnancy, a written Informed Consent signed by a spouse may also be required.

2) Students exposed to an infectious disease, for which they have not been immunized, will immediately inform the CI and the DCE. The student will be responsible for determining carrier status at his/her expense. Depending on the test results the student may be required to withdraw from the course or program, make up time, or require a rescheduled or an added clinical education experience which may delay graduation.

3) Students who sustain any injury, illness, or debilitating condition, during a clinical education experience (at the clinic or at home) may endanger the safety of patients, themselves, and others, and may not return to the clinic until medically cleared. Written medical clearance must indicate that the student is able to participate in all skills; direct and indirect, without any potential for endangering themselves, patients, or others.
4) Students are required to immediately notify the DCE and the Program Director or the Department Chair, of any changes in their physical condition that can potentially affect judgment and safe performance that may endanger patients, themselves, or an unborn child.

ACCIDENT REPORTING AND MEDICAL CARE

- If a student believes that he/she has been exposed to HBV, HIV, TB, or other infectious disease, especially if any of the signs or symptoms of these diseases have been experienced, the student should consult a physician as soon as possible. Ultimately, the student is responsible for initiating care after any exposure. The student may consult his/her private physician or the NSU Health Clinics for guidance and assistance. The DCE must also be notified of any potential or actual exposure. All costs, except those of initial Hepatitis B vaccination, are the sole responsibility of the student. Consistent with this financial responsibility, all students are mandated to have active health care insurance at all times while enrolled in the PT program.

EMERGENCY MEDICAL PROCEDURES

- While there is no guarantee or requirement for such, many, not necessarily all, of the clinical sites utilized by the NSU Physical Therapy Program can and will arrange for the emergency medical care of students in the event of accidental injury or illness at the student’s expense.
- The student is responsible for all subsequent costs involved in follow-up care, treatment, counseling, hospitalization or preventive care.
- In any situation involving possible exposure to blood or potentially infectious materials, students should always use Universal Precautions and try to minimize exposure by wearing gloves, splash goggles, pocket mouth-to-mouth resuscitation masks, other barrier devices, and follow all facility policies.

Procedure students should follow if exposed:

1) Using gloves, remove and dispose of all contaminated personal protective equipment (PPE). Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap, if possible. If blood is splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.
2) Report the exposure to their supervising CI AND to the DCE as soon as possible.
3) Many clinical facilities will begin the post exposure procedure(s) with the student during the second year after exposure. There is no mandatory requirement for them to do so. Any costs incurred by the student in following such a plan are the responsibility of the student. It is up to the student to ascertain costs (if any) in advance of accepting such services.
4) If a student is in the local NSU geographical area, they may go to the NSU Health Care Center to request blood testing or the Hepatitis B vaccination if they have not already received it. The vaccination series is provided to students at no cost as part of the student activity fees paid each year. Blood testing is NOT part of this free service. Students may also contact their personal primary care provider for care and follow-up.
5) If a student chooses to utilize the services on campus, the NSU Health Center has a specific set of procedures that they will follow for all post-exposure cases. These guidelines are consistent with the Centers for Disease Control (CDC) policy and procedures. These procedures include documentation, treatment and follow-up recommendations.
6) Any costs incurred at the NSU Health Care Center are the sole responsibility of the student.

OCCURRENCE/INCIDENT REPORTING

NSU’s policy is that students are required to report all occurrences or incidents that occur during clinical education experiences. The following procedure should be followed:

1) All occurrences/incidents involving students and patients must be reported immediately by phone to the student’s assigned Academic Clinical Faculty or DCE, Assistant DCE by the student and the student’s CI, and in writing via NSU email, to the PT Program.

2) The DCE/Assistant DCE must report any incidents to the NSU Risk Management Department providing minimal written documentation or oral report. The NSU HPD Risk Manager may contact the student directly and / or the CI or appropriate individual at the facility for additional information.

3) The student will promptly comply with all requirements of the NSU HPD Risk Manager regarding the incident.

4) The student must furnish the Academic Clinical Faculty with any documents notifying of a potentially compensable event i.e. professional liability claim or legal action. The DCE will furnish the written documentation or oral report to the appropriate NSU authorities.

5) The CI must complete the critical incident report in the electronic CPI or in writing if not using the electronic CPI.

ADA ACCOMMODATIONS IN THE CLINIC

Students with disabilities who request reasonable accommodations in the clinic for known conditions must meet with the DCE within one week of receiving the clinical assignment(s). Reasonable accommodations that are authorized through the NSU ADA Coordinator are subject to approval by the clinical site. In compliance with the ADA, the DCE is not permitted to discuss a student’s disability with the clinical site unless written consent is received, which allows the DCE to discuss the implications of a student’s disability on the clinical rotation prior to the student’s arrival. When written permission is not obtained, the DCE will strongly encourage disabled students to disclose information to their assigned clinical sites, SCCE and/or CI, for the purposes of making accommodations that may impact clinical performance, time management, and scheduling.

Facilities have the right to refuse placement for a student who require reasonable accommodation. The NSU PT program cannot guarantee clinical placement.

EVALUATION OF STUDENT PROGRESS

Clinical education involves the student in active learning situations in multiple practice settings, in varied health care organizations, to prepare them for the emergence and assumption of their professional role as competent clinicians of physical therapy practice. See Appendix A for the learning objectives for the applicable clinical education experience.
The purpose of these clinical education experiences is to facilitate the PT student’s skill development as required by CAPTE, based on the APTA Guide to Physical Therapist Practice and the Normative Model of Physical Therapy Education. To successfully complete clinical education experiences, students must demonstrate clinical competencies commensurate with established criteria in the three domains (cognitive, affective, and psychomotor) of learning.

**CLINICAL EDUCATION FACULTY MEETINGS**

The Clinical Education Team meets regularly and reviews the progress of students in their clinical education experiences. Their evaluation includes behavioral and clinical skill performance.

**ACADEMIC STANDING**

1. The Committee for Student Progress for the Physical Therapy Program (SPC) reviews the progress of students periodically or as needed. Their evaluation includes academic, behavioral and clinical performance.

2. A student's poor academic progress, professional misbehavior, or non-compliance with NSU and clinical site policies may be cause for referral to the SPC for the PT program.

**CLINICAL INSTRUCTOR EVALUATION OF STUDENT**

1) The CI is responsible for evaluating the student’s performance in the clinic based on regular observation and review of clinical performance criteria. Other staff members as designated by the CI, who have worked with the student, may be consulted for evaluation input. These performance assessments include both formative and summative evaluations. Formative evaluations are given as written and/or verbal feedback. It is highly recommended that feedback be given frequently to help the student improve performance on specific skills that the student is attempting to master as well on skills that the student is performing well. Summative evaluations are written summaries of the student’s progress up to that point. These are completed at midterm and final for all senior clinical education experiences and are made in reference to criteria contained in the electronic APTA Clinical Performance Instrument (CPI) and entered into the summative comments section(s).

2) When evaluating, CIs should consider the student with respect to other students at the same level of training, NSU expectations, and CPI instructions. Evaluation is essential to identifying learning difficulties and performance deficiencies. Feedback regarding student performance should be given on an ongoing basis.

3) CPI evaluations completed by the CI electronically must be reviewed with the student and signed by the CI at the end of the clinical education experience for CP1 and CP3, (and midterm as applicable in the senior terminal clinical education experiences) prior to the student’s leaving the facility at the end of the designated number of weeks. The student’s self assessment (completed prior to discussion and comparison to the CI s), using the electronic CPI should also be reviewed by the CI and any discrepancies should be discussed. The assigned Academic Clinical Faculty will review the CPIs as completed by both CI and student on the CPI Web system. Students and CIs must sign off on their own and each other’s electronic CPIs in order for the process to be considered complete.

4) The CI (and SCCE) will evaluate the DCE or assigned Academic Clinical Faculty, on forms provided or electronically following completion of a student’s clinical education experience.
CLINICAL SITE AND NSU PROGRAM COMMUNICATION

Communication regarding student progress in the clinic between DCE, Academic Clinical Faculty and CIs must be ongoing and reciprocal. At a minimum, the CI should communicate with the DCE or assigned Academic Clinical Faculty at midterm and towards the end of the clinical education experience via phone, email, texting, or on site. In the event there is concern regarding student performance, skill and/or behavior, the CI should immediately contact the student’s Academic Clinical Faculty or the DCE if the student’s Academic Clinical Faculty is unavailable. The sooner the communication, the earlier appropriate intervention and assistance can be employed to resolve facility concerns.

Telephone & E-mail: See full listing contained for contacting DCE, Academic Clinical Education Team and NSU Faculty.

Mailing Address: Mail should be addressed as follows:
Nova Southeastern University
Physical Therapy Program – Terry Building
Attention: Dr. Debra Stern, PT, MSM, DPT, DBA, CLT, DCE
3200 South University Drive
Fort Lauderdale, FL 33328

Site Visits:
The PT program faculty may conduct announced or unannounced site visits on an individual basis.

- The purpose of the site visit is to ensure ongoing assessment of the clinical educational experience provided at the site, including CI, patients, facility, and ancillary staff. The site visitor will interview the student and the CI as available, and SCCE as available. Announced site visits will be scheduled in advance.
- If a student is challenged at a facility or having any difficulties, all attempts will be made for a scheduled site visit at in-state sites. Out of state problems will likely be managed by phone, texting and email. Conferences during site visits will be held with the CI, student and other appropriate individuals as indicated.

RISK FREE RIGHT OF PATIENTS TO REFUSE TO PARTICIPATE IN CLINICAL EDUCATION

1) All physical therapy clients or patients, in any clinical site, during a student clinical education experience (i.e. single day) have the right to refuse treatment by a physical therapy student without any negative consequences or interference with an expected physical therapy treatment.
2) Students must wear student identification at all times, and introduce themselves to a patient/client as a student physical therapist. If the student is alone during the introduction, the physical therapy student (SPT) will verify consent with the patient/client to treatment by the student and inform them that it acceptable to refuse and that there will be no consequences. If the student is with the CI at the time of initial introduction, the CI should ask the patient/client if it is acceptable that a student physical therapist performs the examination, treatment or part of the treatment prior to any patient care rendered by the student.
APPENDIX A

CLINICAL PRACTICUM: OBJECTIVES

Students will be able to:

<table>
<thead>
<tr>
<th>CPI Criteria: APTA (Bulleted information is additional to the sample behaviors cited in the CPI) Expectation on the CPI is for intermediate to advanced intermediate level.</th>
<th>Learning Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Safety:</strong> Practices in a safe manner that minimizes the risk to patient, self and others</td>
<td>Psychomotor</td>
</tr>
<tr>
<td><strong>2. Professional Behavior:</strong> Demonstrates professional behaviors in all situations.</td>
<td>Affective</td>
</tr>
<tr>
<td><strong>3. Accountability:</strong> Practices in a manner that is consistent with established legal and professional standards and ethical guidelines. • Verify and interpret orders in the medical records, including telephone and verbal orders, and articulate the process within the clinic governing the process including accepting orders/referrals verbally, via phone, fax or email.</td>
<td>Psychomotor</td>
</tr>
<tr>
<td><strong>4. Communication:</strong> Communicates in ways that are congruent with situational needs.</td>
<td>Affective</td>
</tr>
<tr>
<td><strong>5. Cultural Competence:</strong> Adapts delivery of physical therapy services with considerations of patient’s differences, values, preferences, and needs.</td>
<td>Affective</td>
</tr>
<tr>
<td><strong>6. Professional Development:</strong> Participates in self-assessment to improve clinical and professional performance.</td>
<td>Affective</td>
</tr>
<tr>
<td><strong>7. Clinical Reasoning:</strong> Applies current knowledge, theory, clinical judgement and the patient’s values and perspective in patient management. • Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes while integrating CI feedback.</td>
<td>Cognitive</td>
</tr>
<tr>
<td><strong>8. Screening:</strong> Determines with each patient encounter the patient’s needs for further examination or consultation* by a physical therapist or referral to another health care professional.</td>
<td>Cognitive</td>
</tr>
<tr>
<td><strong>9. Examination:</strong> Performs a physical therapy examination using evidence-based tests and measures. • Select in consultation with the CI appropriate basic tests and measures based on patient/client presentation, consistently applying current knowledge and theory.</td>
<td>Psychomotor</td>
</tr>
<tr>
<td><strong>10. Evaluation:</strong> Evaluate data from patient examination (history, systems review, and tests and measures) to make clinical judgements. • Interpret and integrate relevant information from the medical record if...</td>
<td>Psychomotor</td>
</tr>
</tbody>
</table>
available, or through patient client history and interview, in decisions regarding basic skills (i.e. screening, assessment; tests and measures, examination, evaluation, intervention).

- Recognize and integrate the role of pharmaceuticals in medical management and the implications for rehabilitation with patients/clients.
- Able to use the International Classification of Function (ICF) to describe a patient’s/client’s impairments, activity, and participation limitations.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11. Diagnosis and Prognosis:</strong></td>
<td>Determines a diagnosis and prognosis that guides future patient management.</td>
</tr>
<tr>
<td><strong>12. Plan of Care:</strong></td>
<td>Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.</td>
</tr>
<tr>
<td></td>
<td>- Determine patient appropriateness for discharge including disposition and equipment needs.</td>
</tr>
<tr>
<td><strong>13. Procedural Interventions:</strong></td>
<td>Performs physical therapy interventions in a competent manner.</td>
</tr>
<tr>
<td><strong>14. Educational Interventions:</strong></td>
<td>Educates others (patients, caregivers, staff, students, other healthcare providers, business and industry representatives, school systems) using relevant and effective teaching methods.</td>
</tr>
<tr>
<td><strong>15. Documentation:</strong></td>
<td>Produces quality documentation in a timely manner to support the delivery of physical therapy services.</td>
</tr>
<tr>
<td><strong>16. Outcomes Assessment:</strong></td>
<td>Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.</td>
</tr>
<tr>
<td><strong>17. Financial Resources:</strong></td>
<td>Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.</td>
</tr>
<tr>
<td></td>
<td>- Apply general reimbursement concepts and identify the relationship between current procedural terminology (CPT) coding and International Classification of Disease (ICD-10) coding for the clients served in the OP setting.</td>
</tr>
<tr>
<td></td>
<td>- Apply specific reimbursement concepts: Medicare A PPS, MDS/RUGS, Medicare C Advantage Plans, Medicare Part B Functional Reporting Requirements G Codes and others as relevant to patient/client management for the patients/clients served in the various settings i.e. acute, outpatient, SNF.</td>
</tr>
<tr>
<td><strong>18. Direction and Supervision of Personnel:</strong></td>
<td>Directs and supervises</td>
</tr>
</tbody>
</table>
personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

<table>
<thead>
<tr>
<th>NSU – Specific Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Develop and integrate the core competencies of Interprofessional Collaborative Practice, including (a) Interprofessional Teamwork and Team-based Practice; (b) Interprofessional Communication Practices; (c) Roles and responsibilities for Collaborative Practice; and (d) Values/Ethics for Interprofessional Practice</td>
</tr>
<tr>
<td>20. Synthesize the needs of the community partners in service learning and reflect on aspects of the clinical experience.</td>
</tr>
<tr>
<td>21. Integrate the core values of altruism, care and compassion, and social responsibility to provide pro bono services into integrated clinical education experiences and service learning activities to positively impact the local community.</td>
</tr>
</tbody>
</table>
APPENDIX B

ELECTRONIC CPI WEB-BASED TRAINING INSTRUCTIONS

NSU Physical Therapy Program uses the APTA electronic CPI for student assessment.

1. CPI New User Training Modules (Training Modules) on the Clinical Assessment Suite Help Center (hosted by Liaison International)
   - The self-guided training includes PowerPoint modules to help you successfully use the CPI Web.
   - You can complete the training module-by-module or all at once
   - They are accessible anytime and the training is FREE.
   - Accessing the Training Modules
     1. From the Home page of the Clinical Assessment Suite Help Center:
        https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/CPI/PT/03_CI/01_APTA_PT_Training
     2. From the CPI New User Training Modules webpage:
        https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/Customer_Support_and_Resources/Webinars_and_Downloads/CPI_Training_Files

2. CPI Assessment on the APTA Learning Center
   - Post-tests:
   - Upon completion of the online course print the CEH certificate to verify your training.
   - The training needs to be completed only once. If you have already completed it for NSU or any other PT program, you need not take it again. The course remains available for review at any time.

3. CPI Access: https://cpi2.amsapps.com/
   - Recommended internet browser: Google Chrome, Firefox, or Internet Explorer (version 8) as your web browser. Do not use Safari or older versions of Internet Explorer (version 7 or below)
   - Assistance: contact ptcpiwebsupport@liaisonedu.com or call 857-304-2045:
     o If you have completed your CPI evaluation(s) and need it to be reopened.
     o Or any other assistance needed in completed your CPI evaluation(s).
APPENDIX C

WEEKLY PROGRESS REPORT

Week: Beginning Date: ___________ Ending Date: ___________

Student: CI Name: Facility:

1. **Patient Diagnoses:** For each patient observed and/or treated list the medical and physical therapy diagnoses

<table>
<thead>
<tr>
<th>Patient</th>
<th>Medical diagnosis (include verbiage/ICD-10)</th>
<th>PT Diagnosis (include verbiage/ICD-10 code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **List new procedures, skills learned/practiced or observed this week.** Describe and specify your role.

3. **List other clinical experiences (observation or participation) you experienced this week.** Examples include rounds, meetings, communication with other professionals, etc.

4. **Share some feedback or guidance provided by your CI that you found helpful** (include relevant background information). Discuss how you implemented or plan to implement this feedback.
5. **Weekly Goals:**

- **Assessment of prior week’s goals:** Discuss your achievement and/or progress in each of your goals include supportive comments. If you did not meet, a goal indicate why and if it will be ongoing.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Goals from last week</th>
<th>Status/progress towards goal/ Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Goal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective Goal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychomotor Goal #1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychomotor Goal #2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **New goals for upcoming week:** *Ensure they are objective and measurable!*

<table>
<thead>
<tr>
<th>Domain</th>
<th>Goals from last week</th>
<th>Status/progress towards goal/ Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Goal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective Goal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychomotor Goal #1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychomotor Goal #2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

______ Yes, I reviewed with my CI
______ No, I did not review with my CI because:

__________________________
Student Signature
APPENDIX D

STUDENT CLINICAL EDUCATION EXPERIENCE SCHEDULE

Complete the form providing required information and schedule representing the days and hours you are assigned to work at your current clinical education experience and post on the Canvas Discussion Board by the middle of the first week of your experience.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical education experience #</td>
<td>Dates:</td>
</tr>
<tr>
<td>Site Name</td>
<td></td>
</tr>
<tr>
<td>Type of Clinical education experience</td>
<td></td>
</tr>
<tr>
<td>CI Name</td>
<td></td>
</tr>
<tr>
<td>CI Telephone/Beeper # (Required)</td>
<td></td>
</tr>
<tr>
<td>CI Email</td>
<td></td>
</tr>
</tbody>
</table>

**Assigned hours and days:**

<table>
<thead>
<tr>
<th></th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List of assigned work-days and times if not regular: ____________________________

The above information is true and represents my actual work commitment during this clinical education experience.

Student Signature: ____________________________ Date: ____________
APPENDIX E
THE 5-MINUTE CLINICAL MANAGER
A Method for Efficient Evaluation and Feedback

The 5-minute (5 step) clinical manager is a strategy for efficiently structuring an interaction with a learner. It consists of the following steps:

**Step 1: 1-minute learner commitment; establishing goals**
So, what do you think is going on with this patient?

How would you like to treat this patient?

Why do you think the patient needs treatment?

What would you like to accomplish in this session?

**Step 2: 1-minute rationale evaluation: probe for supportive findings/evaluate the thinking leading to that commitment**
How did you reach your conclusion?

What findings support your diagnosis?

What else did you consider?

**Step 3: 1-minute praisings: reinforce what was correct/give positive feedback**
I agree with your decision(s)/conclusion(s).

I am pleased that you included…that aspect of the examination/intervention.

I appreciate your consideration of reimbursement issues…

**Step 4: 1-minute reprimands; constructive guidance about errors or omissions**
I disagree with… your differential diagnosis/conclusions/decisions.

What else do you think you might have included?

A more effective way to…

**Step 5: 1-minute take home lesson; teach a general principle**
So, in general, it's important to remember…

It is always important to think about…

In general, taking a little extra time…

Why don't you read up on this tonight and report back tomorrow…


APPENDIX F
CPI Grading

The NSU Physical Therapy Program uses the electronic APTA PT CPI for student assessment. The CI and student upon finishing a Clinical Practicum experience complete a Final CPI Assessment.

The APTA online training course is required for all PTs and students who complete the CPI. The training only needs to be completed once. If you have already completed it for NSU or any other PT program, you need not take it again. The course remains available indefinitely for review at any time.

Clinical Practicum 1 and 3 are junior clinical education experiences. All criteria ratings must be supported with completion of the comments sections. It is best to include specific examples.

For the Professional Practice Criteria 1 – 6, students are expected to achieve ratings in the advanced beginner to Entry–Level performance categories. We understand the APTA CPI Training considers the first 6 criteria the same way as 7 – 18. Philosophically, safety should never be at less than 100%, nor should the ability to communicate, show initiative or think be less. If the CI rates criteria 1 – 6 in accordance to the APTA CPI training based on % patient caseload the Clinical Education team will review the comments to ensure appropriate level of student competence.

For the Patient Management Criteria 7-18, students are expected to achieve ratings in the performance categories based on their level in the program:
- Clinical Practicum 1: Beginner to Advanced beginner
- Clinical Practicum 3: Intermediate range

To complete the CPI process the CI must sign off on the student’s CPI and the student must sign off on the PT’s CPI. The DCE/Assistant DCE will review the final CPI and email the CI pending need for clarification. A read comment is then posted directly into the CPI site.

The DCE/Assistant DCE and NSU Clinical Education team decides if a student has been successful or not. The decision is based on the CPI and any other communication that occurred during the clinical experience.

Accurate spelling of names and email addresses for the both the SCCE and the assigned CI (s) is required in order to establish CPI accounts that match the student information.

For any access to the CPI challenges, please contact: Ms. Debbi Ferguson, Academic Support Coordinator at fergdebo@nova.edu or 954-262-1363.
APPENDIX G
Resource Information

1. APTA: Core Ethics Documents http://www.apta.org/Ethics/Core/
   - Code of Ethics for the Physical Therapist
   - Guide for Professional Conduct:

   - Minimum Required Skills of Physical Therapist Graduates at Entry-level

3. APTA: Supervision Under Medicare – Students
   - Supervision of Students Under Medicare Chart
   - Implementing MDS 3.0: Use of Therapy Students
   - Use of Students Under Medicare Part B
   - http://www.apta.org/Payment/Medicare/Supervision/

4. Request for NSU Library Privileges
   - One of the privileges afforded to our Clinical Affiliates is electronic library database access. In order to create the necessary records in our system and grant access to the databases, please use the link below and fill out the information contained within the electronic form. Once complete, click on the submit button and it will automatically be sent to the designated individuals at NSU to grant you access.
   - On the authentication page for database access, you will be asked to enter your last name and your Library ID number, which we will assign and send to you via email. Access will expire at the end of each fiscal year (~June 30). To continue with this benefit, you will need to reapply each year by following the steps above.
   - https://www.nova.edu/portal/hpdlibrary/form/pt_ftl.html

49